



## AYURVEDIC FORMULATIONS FOR THE MANAGEMENT OF EPILEPTIC DISORDERS

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### ABSTRACT

Epilepsy is a most common disorder in neuropsychiatric outpatient department. Most of the times it's Diagnosis and treatment is difficult. Apasmara is a similar clinical condition described in all major classics of Ayurveda. Present modern antiepileptic drugs control the seizures but not cure this disorder. Ayurvedic therapeutics has many herbal and herbo-mineral formulations in different dosage forms viz. Churna, Kwath, Ashava / Arista, Vati / Guggulu preparations, Ghrita preparation, Oil preparation, Bhasma/ Rashaushadhis, Avaleha and Arka etc. for the management of Apasmara. By using these drugs alone or as an adjuvant with antiepileptic drugs we can not only control but can cure the Apasmara.

**Key words:** Apasmara, Epilepsy, Herbal formulations, Herbo-mineral formulations.

### INTRODUCTION

In Ayurveda, Unmada (Psychosis) and Apasmara (Convulsive Disorders) deals nearly 90% of psychiatric and psychosomatic conditions as were described in modern Psychiatry. All therapeutic text books of Ayurveda including Brihatrayee viz; Charaka Samhita, Shusruta Samhita and Astanga Hridaya have a very detailed description about these two major clinical conditions including their etiology, pathogenesis and management. Apasmara is a disease known to mankind since the time of Acharya Charaka<sup>1</sup>. In this disease remembrance (of experience of the past) and knowledge of nature of things are lost, so it is called Apasmara<sup>2</sup>. Apasmara is defined as departure of memory associated with Tamah Pravesh (entering in to darkness-unconsciousness), disgusting movements of limbs due to derangement of Dhee (intelligence) & Sattva (Mind) and patient losses his mental faculty, his discriminative power and his understanding capacity<sup>3</sup>. In Nidana Sthana chapter 8, Acharya Charaka says that Apasmara is the transient appearance of unconsciousness associated with loathsome activities (like frothing and abnormal postures of the body), due to perversion of memory, intellect and other psychic faculties. By the etiological factors, vitiation of Sharirika Doshas (viz. Vata, Pitta & Kapha) along with Manasika Doshas, Rajas and Tamas occurs and get accumulated in heart. This accumulation blocks the Sanjanavaha Srotus and leads to damage of memory and intellect and finally manifest as Apasmara. Prodromal symptoms<sup>4</sup> include palpitation, emptiness, perspiration, worry, fainting, delusion, hallucination and loss of sleep. General symptoms of Apasmara includes sudden feeling of giddiness or fainting, feeling of entering in to darkness, rotation of eye balls, convulsions in limbs and falling down unconsciousness with stretched limbs. It is also associated with tongue bite, keeping the eyes wide open or fixed gazing and frothing from mouth. On the basis of Doshic involvement and symptomatology it is of four types namely Vataja, Pittaja, Kaphaja and Sannipataja. It is very difficult to treat specially Sannipataja type and in chronic stages.

A seizure is a paroxysmal event due to abnormal, excessive, hypersynchronous discharges from an aggregate of central nervous system (CNS) neurons. Epilepsy describes a

condition in which a person has recurrent seizures due to a chronic, underlying process. This definition implies that a person with a single seizure, or recurrent seizures due to correctable or avoidable circumstances, does not necessarily have epilepsy. Epilepsy refers to a clinical phenomenon rather than a single disease entity, since there are many forms and causes of epilepsy. The annual incidence of new cases of Epilepsy after infancy is 2070/100000. Prevalence of epilepsy in European countries is about 0.5% while in developing countries is up to five times higher than developed countries<sup>5</sup>. A wide range of antiepileptic drugs are available and in 80% cases it is controllable only by using a single drug<sup>6</sup>. Modern antiepileptic drugs suppress the seizure, but do not cure the disorder<sup>7</sup> and also having adverse effects, contraindications and sometimes requires lifelong treatment.

**AYURVEDIC MANAGEMENT OF APASMARA (EPILEPSY):** Ayurveda has described following line of management for the Apasmara.

- **Removal of Etiological Factors**
- **Sanshodhan chikitsa:** The described principle of management is as follows. In Vataja Apasmara – Vasti (medicated enemas), Pittaja Apasmara – Virechana (purgation), Kaphaja Apasmara – Vamana (emesis).
- **Bahi Parimarjana Chikitsa** eg. Massages, fumigation etc.
- **Shanshamana Chikitsa:** It includes oral use of different single and compound Herbo-mineral formulation.
- **Vegakaalina Chikitsa:** Treatment during attack of seizures and primary aim is to bring back the consciousness of the patient eg. Pradhmana nasya (strong nasal insufflations) etc.
- **Rasayana Chikitsa<sup>8</sup>:** As it is chronic disease, one should use the Rasayana drugs like Vacha, Guduchi, Shankhpushpi etc.
- **Sattvavajaya Chikitsa** – It is the non-pharmacological approach for treating the mental disorder and equal to psychotherapy. It should be aimed to make the patient happy and satisfied.

**AYURVEDIC FORMULATIONS FOR MANAGEMENT OF APASMARA:** Following single and compound formulations can be used for the management for the Apasmara.

Types of formulation	Name of Formulation	Comments / Original Description
<b>Single drugs<sup>9</sup></b>	Brahmi	Medhya (intellect promoting)
	Shankhapuspi	Medhya and used in Apasmara, insomnia etc.
	Jyotismati	Used as memory enhancer
	Sarpagandha	Antipsychotic drug
	Vacha	Used as Resuscitative drug
	Rasona	Used as anodynes
	Satavari	Balya and Rasayana
	Kustha	Fumigation drug
<b>Churna (powdwer)</b>	Saraswata Churna <sup>10</sup>	Nootropic and cognition enhancer
	Kalyanaka Churna <sup>11</sup>	
	Apasmarahara Yoga <sup>12</sup>	Originally described in Bhaisajya Ratnakara .
	Sarpagandhachurna Yoga <sup>13</sup>	Used in hysterical fits, insomnia etc.
<b>Kwath (decoction)</b>	Mansyadi Kashaya <sup>14</sup>	Used in hysterical fits, insomnia etc.
	Dasamula Kashaya <sup>15</sup>	Used as anupana in Apasmara along with Kalyanaka Ghrita.
<b>Ashava / Arista (fermented preprations)</b>	Ashwagandharista <sup>16</sup>	
	Kumaryasava <sup>17</sup>	
	Sarswatarista <sup>18</sup>	
	Chandasava <sup>19</sup>	Given by Pn. Sree Madanlal
<b>Vati / Guggulu preprations<sup>20</sup></b>	Shiva Gutica	Originally described in .A.S.U.49/193
	Mahayograj Guggul	Given by S.S.Madhyama Khanda 7/56-60.
	Saptavinshati Gugglu	Originally described in B.R. Bhagandaradhikara 16-18.
	Mansamrita Gutika	Originally described in Sahasrayoga Gutika Prakarana -68
	Mritasanjeevani Gutika	Originally described in Sahasrayoga Gutika Prakarana-66
	Vijayasatvadi Vati	Contain cannabis
<b>Ghrita prepration<sup>21</sup></b>	Kalyanaka Grita	Originally described in A.H.U.6/26-29
	Tiktaka Ghrita	Originally described in A.H. C. 14/2-4
	Dadhika Ghrita	Originally described in A.H.C14/13-19
	Dhanvantara Ghrita	Originally described in A.H. C. 12/19-22
	Panchgavya Ghrita	Originally described in A.H.U. 7/18
	Brahmi Ghrita	Originally described in A.H.U. 6/23-24
	Mahakalyanaka Ghrita	Originally described in A.H.U. 6/27-29
	Mahapanchgavya Ghrita	Originally described in A.H.U. 7/18-23
	Mahachetasa Ghrita	Specially for insanity & epilepsy
	Kusmanda Ghrita	-do-
Siddharthaka Ghrita	-do-	
<b>Oil prepration<sup>22</sup></b>	Chandanadi Tail	Originally described by Yoga Ratnakara- Rajyakshma Chikitsa
	Bala Tail	Originally described in A.H. C. 21/72-79
<b>Bhasma/ Rashausadhies<sup>23</sup></b>	Rajata Bhasma	Originally described in R.T.Taranga 16
	Svarna Bhasma	Originally described in R.T. Taranga 15
	Svrnamakshika Bhasma	Originally described in R.T. Taranga 21
	Hartal Bhasma	Originally described in R.R.S. -3
	Chaturbhuja Rasa	Originally described in R.S.S. Unmada chikitsa
	Chaturmukha Rasa	Originally described in B.R. Vatavyadhi Adhikara

	Chintamanichaturmukha Rasa	-do-
	Yogendra Rasa	-do-
	Vatakulantaka Rasa	-do-
	Swashkuthara Rasa	Originally described in Y.R. Shwas Chikitsa
	Apasmarahara Rasa	Originally described in Rasa Yoga Sagara
	Apasmarari Rasa	-do-
	Tapyadi Lauha	Used in acute stages
	Bhuta Bhairava Rasa	Originally described in Yoga Ratnakara
	Smritisagara Rasa	-do-
	Astamurti Rasayana	
<b>Avaleha</b>	Chandravaleha <sup>24</sup>	By Acharya Yadava Ji Trikam Ji
<b>For external application / Nasya (nasal drops) etc.</b>	Kayasthadya Varti <sup>25</sup>	For external use
	Shankhkeetadi Nasya <sup>26</sup>	Used as nasal drops
<b>Arka</b> <sup>27</sup>	Rasonadi Arka	As adjuvant drug
	Chandrasah Arka	By Shree Gopalji Kuwanr Ji
B.R = Bhaisajya Ratnawali, A.H.U. = Astanga Hridaya Uttara tantra, A.H.C. = Astanga Hridaya Chikitsa Sathana, R.T. = Rasa Tarangini, R.R.S. = Rasa Ratna Samucchaya, R.S.S. = Rasendra Sara Sangraha, Y.R. = Yoga Ratnakara, S.S. = Sharngadhara Samhita.		

## DISCUSSION:

Ayurveda has described three types<sup>28</sup> of managements specially for psychiatric and neuropsychiatric disorders viz; Daiva vyapashrya Chikitsa (Spiritual Therapy/ Devine Therapy), Sattvavajaya Chikitsa (Ayurvedic Psychotherapy) And Yukti vyapashrya Chikitsa. (Rational use of drugs, diets and activities) which includes Sanshodhana i.e. Elimination of vitiated dosas by Panchakarma therapy and Samshamana that is the alleviation of doshas by different types of drugs, diets, and activities. Drugs are described as an instrument (Karana) of physician for treating disease. In Ayurveda, drug or diet articles that reverses or break the Samprapti (pathogenesis) without producing any side effect is considered as ideal. It is often the total effect of all the ingredients in the formula rather than the action of individual drugs that plays a vital role in therapeutics. Drug combinations are envisaged to serve synergistic actions, combined actions, toxicity neutralization actions and specific actions. Although in modern medicine very effective antiepileptic drugs are available but they only control the seizures but not cure the disease. Outcome<sup>29</sup> in epilepsy after 20 years shows 50% are seizure free without drugs for last 5 years, 20% are seizure free for last 5 years but continue to take medication and 30% continue to have seizures in spite of anti-epileptic therapy. There is a 40 - fold increased risk of sudden unexplained death in epilepsy. Although treatment of Apasmara is not only very difficult but sometimes become uncontrollable, especially in chronic cases but from ancient times Ayurvedic physicians were managing the Apasmara. Ayurveda has many herbal and herbo-mineral formulations in different dosage forms. Majority of these drugs are either Rasaushadhis or Ghrita preparations. Treatment by Rasaushadhis is the best therapy among other, due to quicker recovery from disease and effective in even very small dose. Ayurvedic treatment is based on principle of Samnya and Vishesh<sup>30</sup> i.e Homology & Heterology in relation to Dhosa, Dhatu and Mala. According to this theory Ghrita preparations may have nootropic actions as the Mastiska (Brain) is made up of Meda (fatty substances). Different types of dosage forms make these formulations to palatable to every patient.

If these drugs are prepared according to the described classical methods than they are not only very effective but also therapeutically safe. By use of these drugs as alone or in proper combinations or as adjuvant to allopathic antiepileptic drugs we can not only control but also cure the Apasmara.

## CONCLUSION:

Apasmara (epilepsy) is a known disorder since from ancient times and Ayurveda has its very detailed description including etiology pathogenesis and management. Ayurveda has many herbal and herbo-mineral formulations in different dosage forms. These drugs need clinical trials and pharmaceutical studies to establish their pharmacokinetic and pharmacodynamic properties on modern parameters. By using these drugs alone or as adjuvant with antiepileptic drugs we can not only control but can cure the Apasmara.

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