

Comprehensive Review of Apasmara

Dr. Amrut Prakash Injal

Assistant Professor, Rognidan,
LKR Ayurved College Gadhinglaj.

Introduction

Epilepsy is a “ condition of being overcome or seized or attacked”. In ancient times, (this applied to) the Supernatural or demonic forces were thought to be responsible for the seizures. Presently in modern medicine, epilepsy is considered to be a chronic brain syndrome of various etiology characterized by recurrent seizures due to excessive discharges of cerebral neurons and associated with a variety of clinical and laboratory manifestations. Apasmara (Epilepsy) is known in Ayurveda from the earliest time. Unlike the allopathic term “epilepsy”, the word “apasmara” indicates only a clinical sign and not a supernatural cause. Smara means memory. It includes memory, intelligence and consciousness. Apa means loss. Loss of consciousness is one of the important signs, Mada and murcha also have the same sign but without convulsion. In unmade, there is only impairment of buddhi not a loss of it. Akshepa is a vatic disease characterized with convulsion. The same may be present in apasmara but there is no loss of consciousness with froth in akshepa. The clinical picture of apasmara presented in ayurveda and that of epilepsy in modern medicine is almost identical.

The clinical symptoms as per modern medicine are disturbance of consciousness movement or sensation. In the laboratory EEG shows hypersynchronisation of the electrical activity of the brain. Formerly epilepsy is described as either idiopathic or symptomatic. Idiopathic implies that the cause of the disorder is unknown and that the seizures are the main symptom. Symptomatic epilepsy is due to some demonstrable brain disease. However, the latest classification approved by W. H. O. is as follows. Epilepsy is classified into two main groups;

A. Generalized Epilepsy B. Partial Epilepsy

Generalized epilepsy consists of two subgroups. Primary generalized epilepsy without any sign of organic brain disorder and secondary generalized epilepsy caused by a demonstrable or at least presumptive organic brain disease. The general signs according to ayurveda are tama pravesa (loss of consciousness) and bheebatsachesta (convulsion). The attack is precipitated by kama (passion), krodha (anger), lobha (greed), moha (temptation), harsha (gratification), soka (grief), chinta (worry), udvega (anxiety) etc. We get the clear doshic picture of loss of consciousness under mada and murcha. According to Ayurveda, aura appears in murcha also. Losing consciousness quickly after seeing blue black or red colour and quickly recovering are vatic signs; losing the same after seeing light or dark red or yellow colours and recovering with excessive sweating are paitic signs. Losing the same slowly after seeing cloudy sky and recovering late are kapha signs of murcha. Though loss of consciousness is described in terms of doshic influence, pitta is the most important dosha in all varieties of murcha. When this cardinal sign is to be studied under apasmara, the same description is to be borne in mind. Apasmara is somewhat curable if it is a fresh case and caused by a single dosha. The disease caused by all the doshas particularly of a weak person with frequent attacks involving the movement of eye lid is difficult to be cured. Apasmara is to be treated applying samsodhana and samsamanakriyas¹⁰. Without doshopakrama, prescribing anticonvulsive drug will have only a palliative effect. Three successive commissions on anti-epileptic drugs at the International League Against Epilepsy (ILAE) have played an important role stimulating research and disseminating information. Significant advances have been made in the diagnosis and treatment of Epilepsy in the past decade. Dr. Robert Cany observes, in all

sciences, as the body of knowledge grows, specialization becomes inevitable. A point is reached suddenly when the interests of various workers in a science diverge. When each worker pursues his own line of enquiry dropping as he goes a curtain of new techniques and a new knowledge between himself and his former colleagues". "It is very obvious that a beginner wherever his specialization of studies may lead him, must acquire and retain a knowledge of the fundamental integrated activities of the body as a whole". When modern outlook is analytical, ancient ayurvedists are always aiming on synthesis of the apparently divergent factors of life. The development of the concept of doshas in describing physiological function, pathological abnormalities and therapeutic effect of the drug is only indicative of the above spirit. A large number of patients receive modern anti-epileptic drugs for years together. Though absence of any seizures for two consecutive years during the treatment is considered as cure for gradual withdrawal of the drug, still many continue the drug for years together. The cure rate is not satisfactory. After one year of treatment, the future course of the seizures in adults will in the majority of the cases be predictable. A lot of information regarding seizures, seizure pattern, and aura etc., recorded in the case sheet have been compiled and published. A lot of data are still available in the wards. If these data are interpreted in terms of ayurvedic concept, some new light on the cure rate and prognosis of the diseases may be thrown. It may help in supplementing the modern drugs with the ayurvedic drugs.

SampraptiGhatakas

The whole concept moves around the SampraptiGhatakas of Apasmaraa which are as follows

- **Dosha:** Both Shariraka and Manasika
 - Vata: Vyana, prana, Udana
 - Pitta: Sadhaka
- **Dushya:**Dhatu: Rasa, Rakta
 - Updhatu : Dhamani
 - Shariraka Mala : Raja &Tamas
 - Dhatu Mala : Sveda&Kapha
- **Agni** : Jatharagni
- **Agnidushti:** Mandata
- **Srotas:**Samjnavahasrotas, Rasavahasrotas
- **Srotodushti:**Sanga, Vimargagamana

- **Utbhavasthana:**Hridaya
- **Sancharasthana:**Hridayagatadhamani
- **Vyaktasthana:**Mana, Shareera
- **Adhishtana:**Mana, Indriya
- **Rogamarga:** Madhyama
- **Svabhava:** Asukari, Chirkari
- **Prabhava:**
- **Ekadoshaja:**Sadhya
- **Tridoshaja:**Asadhaya

Review of Ayurvedic Literature of Apasmara:

Apasmara has been amongst one of the topics which has been discussed, studied and treated prominently. Charaksamhita, Sushrut Samhita, Sharangdhara Samhita, Ashatanghridaya, Madhavidana have discussed Apasmara in detail. You cannot but remain impressed by the vastness of the topic; to the depth it's studied. In Atharvaveda, in treatment section treatment of Apasmara is given. According to them Apasmara is treated by Deer's skin and horn. We will, see in detail, Vyutpatti (origination of the word Apasmara), Nirukti(definition), Nidana (predisposing factors), Samprapti (pathophysiology), sankhyasamprapti and chikitsa (i.e. treatment)

A. Nirukti:

Apasmara is defined as the transient appearance of unconsciousness with loathsome expression due to derangement of memory, intelligence and mind.

B. Nidana:

Consumption of unwholesome and unclean food, infliction of mind with Rajas and Tamas, occlusion of the Hridya by the exacerbated Doshas, affliction to mind by excessive anxiety, passion, fear, anger, grief, agitation etc; improper and excess correlation of the sense organs with their objects and of the activities; incompatible and contaminated foods, improper activities, suppression of the natural urges and sexual intercourse during menstruation. All of the above etiological factors causes the perversion of mind due to excessive accumulation of Doshas leading to development of Apasmaraa.

Epilepsy manifests in those individuals whose mind is disturbed by Rajas and Tamas; who have scattered, abnormal and plenty of Doshas, one who doesn't follow application of rules and regulation of

diet, Tantrik practices improperly, abnormal body postures or due to wasting Doshas get vitiated and in those having mind disturbed by Rajas and Tamas, spread over to Hridaya, the best seat of inner self, and also the seats of sense organs and stay there predominantly while residing there when they are excited by passion, anger, fear, greed, confusion, exhilaration, grief anxiety, agitation etc, and fill up the Hridaya and seats of sense organ as a result person gets bouts of Apasmara.

C. Samprapti:

European Journal of Molecular & Clinical Medicine ISSN 2515-8260 Volume 08, Issue 01, 2021 60 By Charak-Doshas being carried by the vessels to heart afflict it and as such the patient suffers stupefied with wandering mind. He sees non-existent things (visual hallucinations) falls down, gets twitching in tongue, eyes and eyebrows, excessive salivation and convulsions in hands and feet. After the paroxysm is over the patient awakens as if from sleep. By Sushrut -The sense carrying srotas(channels) of the body overwhelmed by the concurred action of the deranged doshas being in the predominance pre Rajas and Tamas causing the patient unconscious and forgetful of all past memories[7]. He writes in agony and throws his prose his hands and legs in convulsive jerks with contracted eyes and eyebrows. He gnashes his teeth with foams at the mouth and falls to the ground with open eye, the consciousness returning short while after. The disease is called Apasmara.

D) SankhyaSamprapti:

Apasmara is of four types a) Vataja b) Pittaja c) Kaphaja d) Sannipataja

Above 4 types, Three (a b c) are such as caused by individual doshas and fourth (d) is caused by all combined.

Purva Roopa (Premonitory symptoms):

Contraction of eye brows, frequent abnormal movement of eyes, hearing of such sounds as are nonexistent, excessive discharge of saliva and nasal excreta, disinclination for food, anorexia, indigestion, stiffness in cardiac region, distension of abdomen, debility,tearing pain in bones, bodyache, unconsciousness, feeling of darkness in front of eyes, fainting, giddiness, dreams of narcosis, dancing, piercing, aching, shivering, falling etc., tremors and

feeling of emptiness of the heart, sweating, worry and loss of sleep.

Lakshana (symptoms):

All the four types of Apasmara exhibit a group of symptoms with the help of which we can differentiate between them.

1] Vataja:

Frequent fits followed by regaining consciousness instantaneously, protruded eyes, crying recklessly, and emitting froth from the oral cavity, excessive heaviness and rigidity of neck, bending of the head to one side, irregularly contracted fingers, instability of hands and feet, reddish dry blackish nails, eyes, face and skin, vision of unstable, fickle, coarse and dry objects; aggravation of sign and symptoms by Vata aggravating factors and get relieved by Vata alleviating regimens. Tremors, bites his teeth, dyspnea, patient says that abnormal and black substances are running after him and one who lost his Chitta(mind).

2] Pittaja:

It is characterized by frequent fits followed by regaining consciousness instantly, breathing with sounds, rubbing earth; green, yellow and coppery nails, eyes, face and skin; vision of bloody, agitated, fierce, luminous and irritated objects, signs and symptoms aggravate by Pitta provocative measures and subside by pitta alleviating factors. Patient also suffers from thirst, warmth, sweating, fainting, shaking of body parts, one who is agitated, patient says that abnormal yellow substances are running after him and lastly patients losses his Chitta(mind).

3) Kaphaja:

Delayed fits followed by delayed recovery, falling down, absence of much distortion activities, dribbling of saliva, white nails, eyes, face and skin, vision of white, heavy and unctuous objects, signs and symptoms aggravate by kapha provocative measures and get relieved by Kapha pacifying regimen. Patient also suffers from cold, nausea, excessive sleep, vomits Kapha patient says that abnormal white substances is running after him and lastly patient loses his chitta (mind).

4] Sannipataja:

This Apasmara is caused by the simultaneous vitiation of all the three doshas and shares the symptoms of all the three doshas. The

Apasmara caused by three doshas is known from all the above symptoms jointly. This type of Apasmara is not curable and also in the wasted person and the old one. The specific features of all the three foregoing types manifest themselves in concert in case of Sannipata type.

5] **Saddhya/Asaddhyata (prognosis):**

Apasmara is caused by vata, pitta, kapha and all three doshas collectively. The wise physicians treat the curable ones cautiously with strong evacuative measures and respective palliative ones when there is association of exogenous factor with that caused by dosa then the wise physician will prescribe the general treatment.

6] **Upasya & Anupasya:**

Upsaya/ Pathya:

The helpful meals for the patients of Apasmara include the red variety of Sali rice, Mudga beans, wheat, flesh of tortoise, juice of wild animals and birds, milk, Brahmipatra, Vacha, Patolapatra, Ash gourd, Vastuka leaves, sweet pomegranate, Drumsticks, Coconut, Grapes, Amalaki, Parusaka, Sesame oils, urines of Ass and Horse, rain water and Haritaki. The helpful measures for the cases of Apasmara include Nasya, Sira Vedhana, giving donations, beating, use of fear, use of force, Dhumpana, demonstration of amazing scenes, consolation, bathing, ointment of oily substances.

Anupsaya / Apathaya:

The harmful measures and meals for the cases of Apasmara include the following: grief, fear, anger, brooding, taking unclean eatables, liquor, fishes, unwholesome and incompatible foods, very hot, sour and heavy to digest foods, excessive intercourse and exercising, violating the honour of the deceased elderly, gods and other respectable agencies, all kinds of vegetable leaves, Bimbi leaves, rainy season fruits, holding the urge of sleep and thirst, sitting inside water, mounting on trees and hills.

7] **Bibliography:**

1. Agnivesha, Charaka Samhitha, Ayurveda Deepika Commentry of Chakrapani, Edited by; R K Sharma and Bhagavan Dash, Varanasi, Reprint- 2010; Nidana Sthana, Chapter-8, Verse 5/ 2.
2. <http://www.ilae.org/Visitors/Centre/documents/Definition2014-RFisher.Pdf> 3.
3. Sushruta, Sushruta Samhita, Nibandha Samgraha Commentary of Sri Dalhanacharya and Nyaya

Chandrika Panjika on Nidanasthana Commentary of Sri Gayadasacharya, by; Vaidya Yadavji Trikrampi Acharya, Chaukhamba Surabharati Prakashan, Varanasi, Reprint-2008, Uttara Tantra, Chapter-61, Verse 4, Pg- 403.

4. Vriddha Vagbhata, Ashtanga Sangraha, Indu Commentry of Ashtangasangraha, Edited by Dr. Shivaprasad Sharma, Reprint-2008, Uttara Tantra, Chapter-10, Pg- 681.
5. Eugene Braunwald; Harrison's Principles of Internal Medicine, 15th Edition, Vol-2; McGraw Professional Publications; Pg-3254-3257.
6. Sushruta, Sushruta Samhita, Nibandha Samgraha Commentary of Sri Dalhanacharya and Nyaya Chandrika Panjika on Nidanasthana Commentary of Sri Gayadasacharya, by; Vaidya Yadavji Trikrampi Acharya, Chaukhamba Surabharati Prakashan, Varanasi, Reprint-2008, Uttara Tantra, Chapter-61, Verse 4, Pg-403.
7. Agnivesha, Charaka Samhitha, Ayurveda Deepika Commentry of Chakrapani, Edited by; R K Sharma and Bhagavan Dash, Varanasi, Reprint-2010; Nidana Sthana, Chapter-8, Verse 6.
8. <https://www.epilepsydiagnosis.org/seizure/aura-overview.html>
9. Agnivesha, Charaka Samhitha, Ayurveda Deepika Commentry of Chakrapani, Edited by; R K Sharma and Bhagavan Dash, Varanasi, Reprint-2010; Chikitsa Sthana, Chapter-10, Verse 8-12; Pg-443.
10. Eugene Braunwald; Harrison's principles of internal medicine, 15th Edition, Vol-2; McGraw Professional Publications; Pg-3251.
11. Chakrapanidatta, Chakradatta, with Vaidyaprabha English Commentary by Dr. G. Prabhakar Rao, Edited by Acharya Ramanath Dwivedi, Published by Chaukhamba Sanskrit Sanstana, Varanasi, 1st Edition 2014, Chapter-21, Verse 4.
12. Agnivesha, Charaka Samhitha, Ayurveda Deepika Commentry of Chakrapani, Edited by; R K Sharma and Bhagavan Dash, Varanasi, Reprint-2010; Chikitsa Sthana, Chapter-10, Verse 41-43; Pg-451.
13. Agnivesha, Charaka Samhitha, Ayurveda Deepika Commentry of Chakrapani, Edited by; R K Sharma and Bhagavan Dash, Varanasi, Reprint-2010; Chikitsa Sthana, Chapter-10, Verse 45; Pg-452.
14. Agnivesha, Charaka Samhitha, Ayurveda Deepika Commentry of Chakrapani, Edited by; R K Sharma and Bhagavan Dash, Varanasi, Reprint-2010; Chikitsa Sthana, Chapter-10, Verse 46-47; Pg-452.
15. Agnivesha, Charaka Samhitha, Ayurveda Deepika Commentry of Chakrapani, Edited by; R K Sharma and Bhagavan Dash, Varanasi, Reprint-2010; Chikitsa Sthana, Chapter-10, Verse 48-49; Pg--453.

16. Vrudda Vagbhata, Ashtanga Sangraha, Indu Commentry of Ashtangasangraha, Edited by Dr. Shivaprasad Sharma, Reprint-2008, Uttarantra, Chapter-10, Pg-684.
17. Chakrapanidatta, Chakradatta, with Vaidyaprabha English Commentary by Dr. G. Prabhakar Rao, Edited by Acharya Ramanath Dwivedi, Published by Chaukhamba Sanskrit Sansthana, Varanasi, 1st Edition-2014, Chapter 21, Verse 3.
18. Agnivesha, Charaka Samhitha, Ayurveda Deepika Commentry of Chakrapani, Edited by; R K Sharma and Bhagavan Dash, Varanasi, Reprint-2010; Chikitsa Sthana, Chapter-10, Verse 39; Pg-450.
19. Chakrapanidatta, Chakradatta, with Vaidyaprabha English Commentary by Dr. G. Prabhakar Rao, Edited by Acharya Ramanath Dwivedi, Published by Chaukhamba Sanskrit Sansthana, Varanasi, 1st Edition-2014, 20th Chapter, Verse 9-12.
20. Agnivesha, Charaka Samhitha, Ayurveda Deepika Commentry of Chakrapani, Edited by; R K Sharma and Bhagavan Dash, Varanasi, Reprint-2010; Chikitsa Sthana, Chapter-10, Verse 34-36; Pg--449.
21. Sushruta, Sushruta Samhita, Nibandha Samgraha Commentary of Sri Dalhanacharya and Nyaya Chandrika Panjika on Nidanasthana Commentary of Sri Gayadasacharya, by; Vaidya Yadavji Trikamji Acharya, Chaukhamba Surabharati Prakashan, Varanasi, Reprint-2008, Uttara Tantra, Chapter-62, Verse 30-32, Pg-414.
22. Shri Kaviraja Ambikadatta Shastri, Bhaishhya Ratnavali, Vidhyotini Hindi Commentary, Edited by Shri Rajeshwardatta Shastri, Published by Chaukhamba Surbharati Prakashan, Varanasi, Reprint-2015, Chapter-24, Verse 24.
23. Vrudda Vagbhata, Ashtanga Sangraha, Indu Commentry of Ashtangasangraha, Edited by Dr. Shivaprasad Sharma, Reprint-2008, Uttarantra, Chapter-10, Pg-684.

