

## UNDERSANDING OF APASMARA W.S.R TO EPILEPSY

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## ABSTRACT

*Apasmara* is a disease which bears a lot of importance since it affects all the aspects of life of an individual. *Apasmara* is often correlated with that of Epilepsy. But all types of epilepsies cannot be correlated to *Apasmara*. As the name itself suggests impairment of *Smrithi* is the cardinal feature of the disease *Apasmara*. So when we correlate Epilepsy to *Apasmara* the correlation has limitations which will play an important role in the correct diagnosis and there by the treatment. Hence it is important to understand both diseases separately and analyse the similarities and how to adapt the treatment accordingly.

**Keywords:** *Apasmara*, Epilepsy, *Chikitsa*

## INTRODUCTION

The term *Apasmara*, which indicates the main clinical feature of the *Vyadhi*, is a combination of two words viz. *Apa* and *Smara* i.e. impairment in memory or awareness. Even though it is considered most of the times under *Manasika rogas* it is not a *Manasika roga*. *Apasmara* is one of the diseases which effects both *Shareera* and *Manas*. Both *Shareerika doshas* i.e. *Vata*, *Pitta* and *Kapha*; as well as *Manasika doshas* i.e. *Rajas* and *Tamas* plays equal role in the manifestation of the disease *Apasmara*. The definition of *Apasmara* is अस्मिन् पुनः

स्मृतिबुद्धसत्त्वसलवाद्भ्रामत्सचोटमावास्थक

तमः प्रवेशमाचक्षत<sup>1</sup> *Tama Pravasha* and *Bheebatsa cheshta* due to the perversion of *Smruthi*, *Buddhi* and *Satva*. *Apasmara* is often correlated with the disease epilepsy.

The Task Force of the International League against Epilepsy (ILAE) has formulated both Conceptual and Operational

definition of Epilepsy:

The Conceptual definition of epilepsy – An epileptic seizure is a transient occurrence of signs and/ or symptoms due to abnormal excessive or synchronous neuronal activity in brain. Epilepsy is a disorder of the brain characterized by an enduring predisposition to generate epileptic seizures, and by the neurobiologic, cognitive, psychological, and social consequences of this condition. The definition of epilepsy requires the occurrence of at least one epileptic seizure.

The Operational( practical) clinical definition of epilepsy- (1) At least two unprovoked (or reflex) seizures occurring >24 h apart; (2) one unprovoked (or reflex) seizure and a probability of further seizures similar to the general recurrence risk (at least 60%) after two unprovoked seizures, occurring over the next 10 years; (3) diagnosis of an epilepsy syndrome<sup>2</sup>.

## ETIOLOGY AND MECHANISM:

Apasmara:<sup>3,4</sup>

- Persons afflicted by *Rajas* and *Tamas*.
- Affliction of *Manas* by *Chintha*, *Kama*, *Bhaya*, *Krodha* etc...,
- *Mithya* and *Atiyoga* of *Indriyartha* and *Karma*
- *Viruddha* (unwholesome), *Malina* (unhygienic) *ahara* etc are some of the *Nidanas* told for *Apasmara*

Epilepsy:

- Lowering of the seizure threshold
- Genetic factors
- Trauma, stroke, infections and abnormalities of CNS development
- Precipitating factors or triggering factors like stress both psychological or physical, sleep deprivation etc...,

*Doshas* lying dormant in the persons having *Upahitha chetas* attains *Udvega* due to the *Kama*, *Krodha*, *Bhaya*, *Chintha*, they occlude the *Hrudaya* and *Samjavaha srothas* and then the patient is possessed by the *Apasmara Vega*.

Epilepsy is characterised by uncontrolled excessive activity of either part or all of central nervous system. The normal brain is capable of having a seizure under the appropriate circumstances, and there are differences between individuals in the susceptibility or threshold for seizures. There are various underlying endogenous factors that influence the threshold for having a seizure.<sup>5</sup> When this seizure threshold lowers a seizure occurs.

#### PREMONITORY SYMPTOMS:

The premonitory symptoms of Apasmara are *Hrud kampa*, *Sweda*, *Dhyanam*, *Moorcha*, *Pramoodatha*, *Nidra nasha*, *Bhruvyudhasya*, *Akshi vaikrutha*, *Ashabdha sravana*, *Bhrama*, *Tamo darshana*, *Avipaka*, *Aruchi*, *Kukshi adopa*, *Balakshaya*, *trit*<sup>6,7</sup> etc...,

In epilepsy the different types of Auras are explained that the patient experience be-

fore the onset of the symptoms. Auras are subjective and may be sensory or experiential. They reflect the initial seizure discharge. An aura may be an isolated phenomenon or progress to a focal seizure with objective features (with or without altered awareness) or to a bilateral convulsion. An aura is also known as a "warning". Auras are classified as sensory and experiential. A **sensory aura** involves a sensation without an objective clinical sign. Under sensory aura come somatosensory aura, visual aura, auditory aura, olfactory aura, gustatory aura, epigastric aura and cephalic aura. An experiential aura involves affective, mnemonic (memory) or perceptual subjective phenomena including depersonalization and hallucinatory events; these may appear alone or in combination. Experiential aura includes affective aura, mnemonic aura, hallucinatory aura, illusory aura.<sup>8</sup> In generalized tonic clonic seizure patients describe vague premonitory symptoms in hours leading up to the seizure.

#### CLASSIFICATION:

The *Apasmara* is classified basically as 4 ie., *Vataja*, *Pittaja*, *Kaphaja* and *Sannipataja*.<sup>9</sup>

1. *Vataja Apasmara* is characterized by *Parusha Aruna Roopa darshana*, *Dantha dashana*, *Phenodvamana* and *Shwasana*.
2. *Pittaja Apasmara* is characterized by *Peeta Asruk Roopa Darshana*, *Peeta varna of Phena*, *Anga*, *Vaktra* and *Aksha*, Suffers from *Trishn* and *Ushna*. He visualises as if the whole world is set in fire.
3. *Kaphaja Apasmara* is characterized by *Shukla varna* of *Phena*, *Anga*, *Vaktra* and *Aksha*, *Gaurava Sheethatha*, *Lomaharsha* of the *Angas*.
4. *Sannipataja Apasmara* is characterised by the *Lakshanas* of all the *Tridoshas*.

Epilepsy is broadly classified as a) Focal seizures b) Generalized seizures c) May be focal, generalized or unclear d) Epilepsy syndromes e) Status Epilepticus.<sup>10</sup>

- a) Focal seizures arise from a neuronal network either discretely located within one cerebral hemisphere or more broadly distributed but still within the hemisphere. Depending on the presence of cognitive impairment, they can be described as focal seizures with or without dyscognitive features. Focal seizures also evolve into generalized seizures.
- b) Generalized seizures are thought to arise at some point in the brain but immediately and rapidly engage neuronal networks in both cerebral hemispheres. Several types of generalized seizures have features that place them in distinctive categories and facilitate clinical diagnosis. They are typical absence seizures, atypical absence seizures, generalized tonic clonic seizures, clonic seizures, tonic seizures, atonic seizures and myoclonic seizures.
- c) Not all seizure types can be designated as focal or generalized, and they should therefore be labelled as unclassifiable until additional evidence allows a valid classification. Epileptic spasms are such an example.
- d) Epileptic syndromes are disorders in which epilepsy is a predominant feature, and there is evidence (e.g., through clinical, EEG, radiologic, or genetic observations) to suggest a common underlying mechanism. Some of the important epilepsy syndromes are Lennox- Gastaut syndrome, Juvenile myoclonic epilepsy and Mesal temporal lobe epilepsy.
- e) Status epilepticus refers to continuous seizures or repetitive, discrete seizures

with impaired consciousness in the interictal period. The duration of seizure activity to meet the definition of status epilepticus has traditionally been specified as 15-30 minutes.

#### CRITICAL ANALYSIS:

- All types of epilepsies cannot be considered as *Apasmara*. Epilepsy with impaired consciousness or memory or awareness can only be considered under *Apasmara*.
- A clear cut *Dosha* based correlation is not possible. *Dosha* based correlation should be made based depending on the nature of aura, the froth, movements and time duration and character of the epileptic seizure.
- The observation regarding the lowering of seizure threshold leading to a seizure shows a similarity towards the explanation of the manifestation of the disease in the people having *Upahitha chetus*.
- The *Nidanas* told in *Apsmara* that leads to *Udvega* of *Chitta* can easily be related to the precipitating or triggering factors told in Epilepsy.
- Aura can be considered under both *Poorva roopa* and *Roopa*.
- Auras like Auditory aura, Olfactory aura, Gustatory Aura, Epigastric Aura, Cephalic aura etc can be considered under *Poorva roopa*.
- Visual auras and visual hallucinatory auras can be considered under the *Roopa avastha*.
- Focal seizures with dyscognitive features presenting with aura like flashing of light etc can be considered as the *Pittaja apasmara*.
- Atypical absent and atonic seizure can be classified under *Kaphaja*.
- Typical absence seizures and tonic seizures can be classified under *Vataja*.

- Epilepsy syndrome with multiple seizure types like Lennox-Gastaut syndrome can be considered as *Sannipataja Apasmara*.

## MANAGEMENT

*Chikitsa* of *Apasmara* can be classified broadly under *Yuktivyapashraya* (*Shamana* and *Shodhana*), *Daivavyapashraya* and *Satwavajaya*. It can again be classified into *Anthaparimarjana*, *Bahiparimarjana* and *Shashtra pranidhana*. *Anthaparimarjana chikitsa* includes *Vamana*, *Virechana*, *Basti* and *Nasya*. *Abhyanga*, *Utsadhana*, *Anjana*, *Lepa* and *Dhupana* are the *Bahiparimarjana chikitsas* administered in *Apasmara*; and under the *Shastra*, *pradidhana* comes *Raktamokshana*. As *Apasmara* or Epilepsy is a disease that has *Vegavastha* and *Avegavastha* the treatment should also be administered considering that.

*Vegakaleena Chikitsa*:

- *Poorva roopa avastha*- *Nasya* and *Anjana*.
- *Vegavastha*- first aid and *Dhupana*.
- *Paschat vega avastha*- *Nasya*, *Anjana*, *Dhupana*, *Utsadhana*, *Seka*

After the patient attains consciousness *Teekshna Vamana* and *Virechana* should be administered.

*Nasya yogas*: *Yastyadi nasya*<sup>11</sup>, 5-6 drops of the following medicines triturated in cow's urine- a) *Bargi*, *Vacha* and *Nagadanti* b) *Svetha Aparajitha* and *Sveta Vishanika* c) *Jyotishmathi* and *Nagadanti*<sup>12</sup>; *Pradhamana* with *Pippalivrischikali yoga*<sup>13</sup>

*Anjana Yogas*: *Kayastha varti*<sup>14</sup>, *Mustavayastadi varti*<sup>15</sup>, *Vrushikalibaladi varti*<sup>16</sup>, *Manohvadhanjanam*<sup>17</sup>

*Yogas for Utsadana*: *Apetarakshasikush-tadi yoga*<sup>18</sup>, *Siddharthaka Agada*<sup>19</sup>

*Dhupa Yogas*: *Palamkashavachadi yoga*<sup>20</sup>, *Brahmiaindriyadi yoga*<sup>21</sup>, *Nimbapatradi dhupa*<sup>22</sup>

*Avegakaleena Chikitsa*:

- During *Avegavastha* the patient should be administered with *Shodhana chikitsa* first if the patient is *Arha* for *Shodhana*. For *Vataja Apasmara Asthapana Basti* should be done with *Dashamoola*, *Bala*, *Rasna*, *Sarala*, *Devadaru*, *Yava*, *Kola*, *Kulatha*, *Moothra*, *Kshara*, *Saindhava*, *hingu* with *Sneha*. For *Pittaja Apasmara Virechana* should be administered with drugs like *Shymatruvrut*, *Dravanthi*, *Sapthala*, *Snuhi*. In *Kaphaja Apasmara Vamana* should be administered with *Madana*, *Vishala* or *Kutaja*<sup>23</sup>.
- After the *Shodhana Chikitsa*, *Shamana chikitsa* should be done to the patient. The common *Shamana yogas* administered for *Apasmara* are *Panchagavya Ghrutha*, *Mahapanchagavya Ghrutha*, *Kalyanaka Ghrutha*, *Mahakalyanaka Ghrutha*, *Paishachika Ghrutha*, *Mahachaithasa Ghrutha*, *Jeevaneeya Yama-ka*, *Bhrahmi Ghrutha*, *Saraswatha Churna* etc...,.
- *Rasayanas* should be administered to the patients.

In the management of *Apasmara* there is an important role for the adaptation of first aid, Counselling and lifestyle advises.

## DISCUSSION

- All seizures cannot be considered as epilepsy and all epilepsies cannot be considered as *Apasmara*.
- An epileptic seizures with impaired/loss of memory and consciousness can only be considered as *Apasmara*.
- It is a necessary to advise the patient and relatives the first aid and necessary precautions.
- Classification and treatment should be made depending on the nature of aura, movements and time duration of the seizures.

- *Ayurveda* has a lot to offer in regards to the disease *Apasmara* in curing if the disease is new; in managing the chronic conditions, controlling and prolonging the *Vegantara kala* and improving the quality of the life of the patient.

## CONCLUSION

- Epilepsy is one of the diseases which come under the umbrella of *Apasmara*.
- An epileptic seizure with impaired memory, consciousness or awareness can only be considered as *Apasmara*.
- The definition of epilepsy holds good only to an extent in relation with that of *Apasmara*.
- The line of treatment should also be planned by keeping these factors in mind.
- Public should be made aware of the nature of the seizures and first aids.
- Even though *Ayurveda* has a vast treasure of *Yogas* for the management of *Apasmara* most of them are yet to be explored in the present day especially during an acute condition. More researches needs to be conducted in these areas.

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