



SIMPLE PARTIAL SEIZURE ASSOCIATED EPILEPSY IS SUCCESSFULLY MANAGED BY NASYA KARMA: A CASE STUDY

Roshni Dhurve

Assistant Professor¹, Pt. Shivnath Shastri Govt. Auto. Ayurveda College, Burhanpur, M.P. India

Corresponding Author: dr.roshni03mp@gmail.com

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ABSTRACT

Epilepsy is a chronic non-communicable disease of the brain that affects people of all ages. Simple partial seizure is the most common type of Seizure in patients with epilepsy. It impacts social life and disturbs their daily routine activities and poor quality of life. It is estimated that there are more than 10 million persons with epilepsy in India. Its prevalence is about 1% of our population. It is estimated in various studies that the overall prevalence of epilepsy in India is 5.59 – 10 per 1000. In *Ayurveda*, *Acharya charak* has explained *Apasmara* as *Apagama* of *Smriti* associated with *bibhatsa chesta* due to derangement of *dhi & sattva*. *Vata & Rajo Dosha* is vitiated which is responsible to cause the disease. *Apasmara* affect both *Sharira & manas*. A 21-year-old patient approached the OPD of the Panchakarma department with complaints of seizures in one side of the body, lack of concentration, and upset mood since childbirth. He had taken allopathic management but there was no significant relief. He stopped to take allopathic medicines due to the adverse effect of the medicines. He approached the *Panchakarma* department of our hospital and advised *Nasya karma* along with palliative treatment. It was observed that significant changes in the complaints and improvement in his daily routine activities after one month of the treatment.

Keywords: Epilepsy, *Apasmara*, Simple partial seizure, *Nasya karma*.

INTRODUCTION

Simple partial seizure is the most common type of Seizure in patients with epilepsy. It is estimated that there are more than 10 million persons with epilepsy in India. Its prevalence is about 1% in our population¹. It is estimated in various studies that the overall prevalence of epilepsy in India is 5.59 – 10 per 1000. *Acharya Charak* has described that *Apasmara* is the name of loss of memory associated with *Bibhatsa Chesta* due to derangement of *Buddhi* and *mann*². The excessive increase of *Satva*, *Raja* & *Tamo guna* and *hridaya* is *avrita* by *Vataadi Dosh*. Especially mind is vitiated by *Chinta*, *Kaam*, *Bheya*, *Krodha*, *Shouka* etc³. *Apasmara* is described in *Madhava nidana* as the loss of *Smriti* characterised by *Tamaha pravesha* which occurs spontaneously⁴. *Apa* means loss of consciousness is one of the important sign⁵. The clinical features of *Apasmara* can be correlated with Epilepsy in modern. In modern, Epilepsy describes a condition in which a person has recurrent seizures due to a chronic, underlying process. It refers to a clinical phenomenon rather than a single disease entity since there are many forms and causes of epilepsy⁶. Simple partial seizures cause motor, sensory, autonomic, or psychic symptoms without an obvious alteration in consciousness. The abnormal motor movements may begin in a very restricted region such as the fingers and gradually progress (over seconds to minutes) to include a larger portion of the extremity. The phenomenon known as the "Jacksonian march" represents the spread of seizure activity over a progressively larger region of the motor cortex⁷.

CASE STUDY: A 21 yrs. an old patient has complained of seizures in one side of the body since

childbirth. He has complained of daily episodes of seizure (frequency 1 seizure/day) but no loss of consciousness and awareness. He also complaints of lack of concentration and upset mood. His father also has the same complaints. He consulted Neurophysician and he started Anti- medicines. After regular use of Anti- medicines, the patient had no attacks of seizure, but he was having a feeling of irritation, drowsiness, mood swing, laziness, depression and lack of interest. So, he stopped to take allopathic medicines. Then, he approached the OPD of the *Panchakarma* department, Govt. Ayurveda College & hospital, Burhanpur (M.P.). He was advised for *Nasya karma* along with palliative treatment. *Nasya karma* with *Panchagavya gritha* 32 – 32 drops in each nostril for 21 days along with palliative treatment for 1 month.

ASSESSMENT CRITERIA:

The following symptoms were kept as a parameter for subjective assessment:

1. The severity of the attack:

- (a) Grade 0: Normal
- (b) Grade 1: Mild
- (c) Grade 2: Moderate
- (d) Grade 3: Severe

2. Frequency of convulsion:

- (a) Grade 0: No conclusion
- (b) Grade 1: 1 episode/15 days
- (c) Grade 2: 1 episode/7 day
- (d) Grade 3: 1 or more episodes/day

3. Duration of convulsion attack:

- (a) Grade 0: No convulsion
- (b) Grade 1: 5 – 15 sec
- (c) Grade 2: 15 – 30 sec
- (d) Grade 3: More than 30 sec.

Table 01: Montreal Cognitive Assessment (Moca)

Measures	Points	Before treatment
Visuospatial / Executive	5	5
Naming	3	3
Memory	No points	-
Attention	6	6
Language	3	1

Abstraction	2	2
Delayed recall	5	5
Orientation	6	6
Total (Normal >26)	30	28

Therapeutic Intervention:

Table 02: Panchakarma treatment plan

S.no.	Treatment	Used drug	Dose	Duration
1.	<i>Mridu Snehana – swedana</i> (All over the face)	<i>Bala taila</i>	-	15 mints
2.	<i>Marsha Nasya</i>	<i>Panchagavya gritha</i>	32 – 32 drops at each nostril	21 days.

Table 03: Palliative treatment

S.no.	Drug	Dose	Anupana	Time of administration
1.	<i>Brahmi gritha</i>	2 tsp	<i>Koshnajala</i>	Half an hour before a meal
2.	<i>Ashwagandha choorna + Vacha choorna</i>	3 gm + 1 gm	Milk	Morning - Evening
3.	<i>Kushmanda avaleha</i>	1 tsp	Milk / <i>Koshnajala</i>	Morning – Evening
4.	<i>Gandharvhastadi kashayam</i>	20 ml	<i>Koshnajala</i>	After meal

Table 04: Plan for Pranayam, Yoga, Meditation, and Diet regimen

S.no.	Treatment	Duration	Duration of treatment
1.	<i>Pranayam</i>	10 mints	1 month
2.	<i>Bhramri</i>	5 mints	1 month
3.	<i>Yogasana</i>	15 mints	1 month
4.	Meditation	15 mints	1 month
5.	<i>Pathya - Apathya</i>	-	1 month

Table 05: Effect of Treatment on Symptoms of Simple Partial Seizure

S.no.	Assessment criteria	BT	After 15 days follow up	After 30 days follow up
1.	Severity of attack	3	0	0
2.	Frequency of convulsion	3	0	0
3.	Duration of convulsion attack	3	0	0

Follow-up and Outcomes:

In this case study, *Panchakarma* and *Shaman chikitsa* had advised the patient for one month. After 15 days of follow-up, it was observed that the patient got significant relief in the symptoms. There was no attack of seizure after 15 days of treatment. After 1 month of follow-up, Significant improvements were found in the symptoms of concentration, mood swings, drowsiness, depression, and no attack of seizure. The symptoms were kept as parameters for subjective assessment. Before treatment, the score of severity of the attack was 3, frequency of convulsion was 3, and

duration of convulsion attack was 3. After 1 month of treatment, the score of severity of the attack was 0, frequency of convulsion was 0, and duration of convulsion attack was 0. Montreal cognitive assessment (MOCA) was carried out to assess memory. MOCA was pointed to 28 out of 30 before treatment. So, MOCA was assessed as normal in the patient. Significant changes were found in the subjective criteria.

DISCUSSION

The patient has complained of seizures in one side of the body since childbirth. He experienced daily epi-

sodes of seizures but no loss of consciousness and awareness. So, the consciousness fully preserved during a seizure is considered as simple partial seizure. Partial seizures occur within discrete regions of the brain. Simple partial seizures cause motor, sensory, autonomic, or psychic symptoms without an obvious alteration in consciousness. Abnormal motor movements may begin in a very restricted region such as the fingers and gradually progress to include a larger portion of the extremities. It represents the spread of seizure activity over a progressively larger region of the motor cortex⁸. Acharya Vagbhatt has explained that *Nasa* is the gateway of *Sira* where the drug is administered through nostrils reaches to *Shrungataka marma* and distribute in the *Murdha*, *Siramukha* of *netra*, *Karna*, *Kantha* etc⁹. *Nasya karma* proved the best treatment regimen for the management of Simple partial seizure associated Epilepsy. The drug which is administered through *Nasya karma* stimulates the olfactory cells which are actually bipolar nerve cells derived originally from the central nervous system itself. There is a close relationship between the olfactory cells in the olfactory membrane and the olfactory bulb. The olfactory nerve fibres leading backward from the bulb are called cranial nerve I, or the olfactory tract. The olfactory tract enters the brain at the anterior junction between the mesencephalon and cerebrum. The tract divides into two pathways i.e., the medial olfactory area of the brain stem and the lateral olfactory area. The lateral olfactory area has many signal pathways from this area also feeds directly into an older part of the cerebral cortex in the anteromedial portion of the temporal lobe. This is the only area of the entire cerebral cortex without passing first through the thalamus¹⁰. So, the drug may give nourishment to the nerve cells distributed to the brain. It may also improve the electrical impulses of the brain and control the involuntary movements of the body. It may also control the functions of the hypothalamus. In this case study, *Panchagavya gritha* was used for *Nasya karma*. *Panchagavya gritha* which is explained by Acharya Charak in *Apasmara*. *Panchagavya gritha* consists of five components namely cow's milk, cow's ghee, curd, cow's urine,

and cow's feces are indicated in *Apasmara*¹¹⁻¹⁵. Cow's milk¹⁶ is said to be *Rasayana*¹⁷, increasing the *Ojas*¹⁸ and best *Jeevaniya* drugs¹⁹. Cow's urine is *Medhya*²⁰, *Agnideepaka*, and *Kaphavatahara*. Cow's feces are *Tridoshashamaka*. Curd²¹ made out of cow's milk is known to be *Vataghna*, *Deepana*, *Snehana*, and *Bala Vardhak*. *Goghrita* is *Pittavatahara*²². It is evidenced that *Nasya karma* with *Panchagavya gritha* has significant results in the management of Simple partial seizures associated Epilepsy. *Brahmi gritha* contains base as *gritha* i.e., Cow's ghee. It acts as a beneficial therapeutics formulation by providing good absorption, assimilation, and delivery to the target organs due to its lipophilic nature. *Brahmi* is a potent nootropic drug that is also studied for its Anticonvulsant activity in albino rats, using various convulsive models²³. *Kushmanda* is one of the *Medhya rasayana* as described by *Bhava Mishra*. *Medhya rasayana* improves intellect, memory, etc. along with the quality of life²⁴.

CONCLUSION

Nasya karma is the best treatment modality for the management of Simple partial seizure associated Epilepsy. In this case study, Significant changes were found in the symptoms of the disease after one month of treatment. *Nasya karma* with *Panchagavya gritha* proved a favourable effect in the management of Simple partial seizure associated Epilepsy.

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