UNDEE:NING 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 Apasmra, which indicates the main clinical feature of the Vyadhi, is a combination of two words viz. Apa and Smara i.e. impairement 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 अपास्मारा पुनः

टमा प्रवेशाकालीः

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.

ETIOLOGY AND MECHANISM:
Apasmara:  
- 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 srothus 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.\(^5\) When this seizure threshold lowers a seizure occurs.

**CLASSIFICATION:**
The Apasmara is classified basically as 4 i.e., Vataja, Pittaja, Kaphaja and Sannipataja.\(^9\)

1. **Vataja Apasmara** is characterized by Parusha Aruna Roopa darshana, Dana-tha dashana, Phenodvamana and Shwasana.
2. **Pittaja Apasmara** is characterized by Peeta Asruk Roopa Darshana, Peeta varna of Phena, Anga, Vaktra and Aksha, Suffers from Trishna 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, Lomahrasha of the Angas.
4. **Sannipataja Apasmara** is characterised by the Lakshanas of all the Tridoshas.

PREMONITORY SYMPTOMS:
The premonitory symptoms of Apasmara are Hrud kampa, Sweda, Dhyanam, Moorcha, Pramoodatha, Nidra nasha, Bhruvyudhasya, Akshi vaikrutha, Ashabdda srawana, Bhrama, Tamo darshana, Avipaka, Aruchi, Kukshi adopa, Balakshaya, trit\(^6,7\) etc..

In epilepsy the different types of Auras are explained that the patient experience before 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 convolution. 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.\(^8\) In generalized tonic clonic seizure patients describe vague premonitory symptoms in hours leading up to the seizure.
Epilepsy is broadly classified as a) Focal seizures b) Generalized seizures c) May be focal, generalized or unclear d) Epilepsy syndromes e) Status Epilepticus.  

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 seizures can be classified under Vataja.
Epilepsy syndrome with multiple seizure types like Lennox-Gastaut syndrome can be considered as Sannipatja 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 Shasthra 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, praddidhana 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: Vastyadi nasya11, 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 Nagadanti12; Pradhama with Pippalivrischikali yoga13

Anjana Yogas: Kayastha varti14, Mustayastadi varti15, Vrushikalibadi varti16, Manohvadhyanjanam17
Yogas for Utsadana: Apetarakshashikshati yoga18, Siddharthaka Agada19
Dhupa Yogas: Palamkashavachadi yoga20, Brahmiaindriyadi yoga21, Nimbapatradi dhupa22

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, hing 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 Kutaja23.
- 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, Jeewaneeya 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 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.

REFERENCES

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
4. Vrudda Vagbhata, Ashtanga Sangraha, Indu commentry of Ashtanga sangraha, Edited by Dr Shivaprasad Sharma, Reprint -2008, Uttarantra, Chapter-10, pg no- 681
5. Eugene Braunwald; Harrison’s principles of internal medicine, 15th edition, vol-2; McGraw professional publications; pg. 3254-3257.
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
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16. Vrudda Vagbhata, Ashtanga Sangraha, Indu commentry of Ashtanga sangraha, Edited by Dr Shivaprasad Sharma, Reprint -2008, Uttaratantra, Chapter-10, pg no- 684


22. Shri Kaviraja Ambikadatta Shastri, Bhaishjya Ratnavali, Vidhyotini Hindi Commentary, Edited by Shri Rajeshwardatta Shastri, Published by Chaukhambha Surbharati Prakashan, Varanasi, Reprint 2015, Chapter – 24, Verse 24

23. Vrudda Vagbhata, Ashtanga Sangraha, Indu commentry of Ashtanga sangraha, Edited by Dr Shivaprasad Sharma, Reprint -2008, Uttaratantra, Chapter-10, pg no- 684

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