ejpmr, 2017,4(12), 354-357

SJIF Impact Factor 4.161

EUROPEAN JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

www.ejpmr.com

Case Report

ISSN 2394-3211

EJPMR

AYURVEDIC MANAGEMENT OF BALAPASMARA W.S.R. TO EPILEPSY IN CHILDREN ALONG WITH ANTI-EPILEPTIC DRUG: A CASE STUDY

Vd. Kiran Prakash Nandeshwar[1*], Vd. Prashant Laxmanrao Patil[2] and Vd. Minakshi Chandrakant Choudhari[3]

[1]P.G. Scholar, Department of Kaumarbhritya, Government Ayurved College, Nanded/MUHS Nashik, Maharashtra, India.

[2]Professor, Department of Kaumarbhritya,Government Ayurved College, Nanded /MUHS Nashik, Maharashtra, India.

[3]P. G.Scholar, Department of Kaumarbhritya, Government Ayurved College, Nanded/MUHS Nashik, Maharashtra, India.

***Corresponding Author: Vd. Kiran Prakash Nandeshwar**

P.G. Scholar, Department of Kaumarbhritya, Government Ayurved College, Nanded/MUHS Nashik, Maharashtra, India.

Article Received on 30/09/2017 **Article Revised on 20/10/2017** **Article Accepted on 10/11/2017**

ABSTRACT

Epilepsy is a chronic disorder of the brain characterized by recurrent seizures. Epilepsy is one of the disease which covers a group of mental systems, characterized by an enduring predisposition to generate seizures and by its neurological cognitive psychological and social consequences. This disease disturbs the quality of life of children. In Ayurveda sign and symptoms of Epilepsy resembles to 'Apasmara' which has been described with its aetiology, diagnosis, symptoms and treatment. The available data is based on the clinical finding only. Acharya Charak has mentioned shodhana and shamana therapy as a line of treatment of Apasmara. **Aim & Objective:** To access the efficacy of Panchakarma treatment and Mahachaitas ghrita in the management of Apasmara WSR to Epilepsy in children with AED (anti- epileptic drugs). **Setting:** Kaumarbhritya OPD & IPD, GAC & H, Nanded, Maharashtra, India. **Method:** Panchakarma was done without withdrawing the ongoing AED in patient with seizure. Assessment was done before and after shodhana and shamana treatment 15 days follow-up. **Result:** Panchakarma treatment and Mahachaitas Ghrita is effective in the management of Apasmara and to improve the quality of life of the affected children. Ayurvedic intervention in this case reveals the true potential and efficacy of our science. Apasmara can be treated through Ayurveda by accurate dosha identification and a structured protocol.

KEY WORDS: Apasmara, Anti-epileptic drug, Epilepsy, Mahachaitas Ghrita, Panchakarma.

INTRODUCTION

The phenomenon of recurrent seizures is termed Epilepsy, from the greek word 'epilambanein' which means to seize or attack.[1] Epilepsy is defined as recurrent, episodic, paroxysmal, involuntary and sudden disturbance of neurological function caused by an abnormal or excessive neuronal discharge. Epilepsy is a term that denote "enduring predisposition of the brain to generate seizures and it's neurobiologic, cognitive, psychologic and social consequences".[2] Approximately 3-10% of all children are known to experience at least one attack of seizure before 5 years of age, though most of them are benign febrile seizures. Prevalence of recurrent seizures in childhood is ~ 0.5-1.0% and 60% of epilepsies benign in childhood. The incidence is highest in the preschool years. Intra-familial recurrence of convulsions, especially simple febrile convulsions, is common.[2] In Epilepsy, the normal pattern of neuronal activity becomes disturbed, causing strange sensations, emotions and behaviour or sometimes convulsions, muscle spasms and loss of consciousness. Anything that disturbs the normal pattern of neuron activity from illness or brain damage to abnormal brain development can lead to seizures. A measurement of electrical activity in the brain with EEG as well as MRI or CT scan is the common diagnostic test for Epilepsy.[3] About ¾ th of patients diagnosed with epilepsy can control their seizure with the available AED's. However, about ¼ th will continue to experience seizures even with which is called intractable epilepsy.[4] Apasmara has described by Dalhana as the disease during the attack of which Smriti is lost.[5] Acharya Charak defined Apasmara as Apagama of Smriti associated with Bibhatsa Chesta due to derandement of Dhi and Sattva. The clinical features, Tamah Pravesha is equivalent to dnyana-abhava i.e. absence of consciousness, Bibhatsa Chesta include all detestable expressions and samplava indicates Vibhrama or perversion.[6] The two term of the word Apasmara are elaborated by Sushruta that Smriti signifies the faculty of recalling the past sense perception and the prefix 'Apa' denotes deprivation. Therefore, this disease in which the individuals loses the faculty of past cognitions is termed as Apasmara.[7] Apasmara is described in Madhava Nidana as the loss of Smriti characterized by Tamaha Pravesha which occurs spontaneously.[8] Acharya Charaka has mentioned purification therapy as Vamana

(Therapeutic controlled emesis), Virechana (Therapeutic controlled purgation) and Basti (Medicated enema) along with palliative therapy as a line of treatment of Apasmara.[9]

CASE STUDY

A 9 years old boy was admitted in IPD of Kaumarabhrithya department with complaints of seizure episodes associated with up rolling of eyeballs and slanting of neck towards right side since 3 years. He also had complaints of frothing, involuntary passage of urine/stool during seizures. He also had headache, drowsiness, weakness after a seizure episode.

History of Presenting Complaints

Case history revealed that he is the first child of non-consanguity parents, born as a fullterm baby (37 weeks) through LSCS with birth weight 2.5 kg. He was in Birth Asphyxia and was admitted in NICU for 9 days. He had suffering from hypoglycaemia and physiological neonatal jaundice. At the age of 2 days, he had an episode of seizure. And now since 3 years he had continuously suffering from 4-6 episodes of seizures in a day. An EEG showed abnormal epileptiform activity over occipital and temporal lobes. He was advised tab. Eptoin 200mg BID which they are continuing till now. Now there is 1-2 seizure episodes/day lasting 15sec-1 minute with up rolling movements of eyes, flickering of eye lids, sweating, increased temperature and rightward slanting of neck, frothing sometimes, involuntary passage of urine/stool. He has post ictal confusion, headache and drowsiness. There is no loss of consciousness. The frequency increases during summer, during hyperventilation and after long hours of play and exertion.

Ante-Natal History: Age of mother at the time of conception was 20 years and the father was 27 years. The mother took regular antenatal checkups and took medicine on time. No history of any kind of infections, fever, seizures or mental stress was reported.

Natal History: He was born as a Fullterm (37th week) baby through LSCS (due to CPD). He didn't cry soon after birth, suffering from Birth Aspyxia and had a birth weight of 2.5 kg.

Post Natal History: He had Birth Aspyxia, hypoglycaemia, neonatal jaundice during the neonatal period and was admitted in NICU for 9 days.

Developmental History: Normal.

Immunisation History: Given as per Schedule.

Dietic History: Exclusive breast feeding was done till 1 year of age and weaning began with fruit juice, soft khichadi, etc.

Family History: Nothing relevant.

Personal History

Diet – Mixed – doesn't like Katu rasa
Appetite – Good
Bowel – Once/day
Bladder – WNL
Sleep – Sound.

General Examination

General Comment – Alert, active, Well nourished child with normal sensorium.

Vital signs

HR – 100/min
RR – 28/min

Anthropometry – HC – 48 cm
CC – 53 cm
MAC – 13 cm
Ht – 123 cm
Wt – 20kg

Cns Examination

a. Appearance – Alert, active child
b. Behaviour – Cooperative well mannered
c. Hallucination – No any hallucinations during seizure episodes
d. Intelligence – N
e. Consciousness – N
f. Memory – N
g. Orientation – N
h. Speech – N

All cranial nerves intact
Motor System – NAD
Sensory System – NAD
Cerebellar signs – Nil
Signs of Meningeal Irritation - Nil

Investigations

Eeg - EEG showing abnormal epileptiform activity over occipital and temporal lobes.

Ayurvedic View

Vatapitha Doshadushti – Vatapitha.

Diagnosis

The case was diagnosed as Generalized Seizure. Ayurvedic diagnosis is Vatapitha Apasmara[10]

Assessment Criteria

Subjective For assessment the result four symptoms will be kept as parameter.

a) Severity of attack

a. Grade 0 - Myoclonic tremors
b. Grade 1 - Multi focal clonic tremors.
c. Grade 2 - generalized tonic tremors.
d. Grade 3 - Frothing + tongue biting.

b) Frequency of convulsion
a. Grade 0 - No convulsion
b. Grade 1 - 1 episode / 15 days.
c. Grade 2 - 1 episode / 7 days.
d. Grade 3 - 1 or more episodes / day.

c) Duration of convulsion attack
a. Grade 0 - No convulsion
b. Grade 1 - 5 – 15 sec.
c. Grade 2 - 15 – 30 sec.
d. Grade 3 - > 30 sec.

d) Ictal features
a. Grade 0 - No any features.
b. Grade 1 - Headache.
c. Grade 2 - Headache + drowsiness / delirium.
d. Grade 3 - Paresis + other complients.

Objective Lab investigation (if necessary)
a) EEG.
b) CT – scan.

Setting
Kaumarbhritya OPD & IPD, GAC & H Nanded, Maharashtra, India.

METHOD
Panchakarma was done without withdraw the ongoing AED and those with seizure. Assessment was done before treatment and after treatment for 3 months with 15 days fallow up.

Treatment Plan
For better and further case management patient had been consulted and after assessing strength, prakriti, agni, etc. and panchakarma planned for this patient. Initiation with Deepana-Pachana with Aampachak vati 1 BD before meal and Hingvashtaka Churna 1 tsf with ghrita BD before meal for 3 days. After that started Kal-Basti i.e. 15 days. Sarvang Snehana by Tila-Taila and Sarvaga Swedana, Ist Anuvasana basti by Mahachaitas ghrita[11] 40 ml then alternate 11 Niruha Basti by Dashamoola kwatha 160 ml and Anuvasana Basti, last 3 Anuvasana basti. Simultaneously Pratimarsha Nasya with Mahachaitas Ghrita 2 drops each nostril BD. After then internal medicines Mahachaitas Ghrita 1 tsf BD orally and Tab. Eptoin (Sodium Valproate) 200mg 1 BD after meal for 15 days. For these 15 days patient admitted in IPD of Kaumarbritya department and then discharged. Above treatment again repeated with gap of 15 days. That means in 3 Months these treatment done 3 times with 15 days fallow up.

With above mentioned line of treatment patient got partial relief from the symptoms of Epilepsy and improved his quality of life.

RESULT AND DISCUSSION

Table. 1: Effect of Pachakarma therapy and Mahachaitas Ghrita on symtoms of Epilepsy.

Sr. No.	Assessment Criteria	BT	AT 1st F/U	AT 2nd F/U	AT 3rd F/U	AT 4th F/U	AT 5th F/U	AT 6th F/U
1.	Severity of attack	3	3	3	2	1	1	0
2.	Frequency of Convulsion	3	3	2	2	2	1	1
3.	Duration of Convulsion	2	2	1	1	1	1	1
4.	Ictal features	2	2	1	1	0	0	0

(BT- Before treatment, AT- After treatment, F/U- Fallow up)

In above case study patient got partial relief from symptoms of Apasmara (Epilepsy). Ayurveda has Panchakarma Chikitsa as its unique specialty. The present AED medication has so many drawbacks like adverse reaction, drug interaction and teratogenicity. Cognitive impairment to an extent is also seen in some patients with Epilepsy. Panchakarma and Ayurvedic medicines work astonishingly in this area and can do a spectacular job. Deepana-Pachana control the formation of ama in the initial stage, which is very important in preventing the manifestation of the disease. Acharya Charaka has mentioned shodhana as a line of treatment so in this case study Kalbasti and Pratimarsha Nasya Chikitsa has beeb chosen and they showed good results along with Mahachaitas Ghrita. Ghrita has a main role in the management of diseases with prominent psychological component, like Apasmara. Mahachaitas Ghrita is indicated in treatment of Apasmara by Bhaishajyaratnavali,[11] due to it's property in bringing all the doshas to normalcy. Contents of Aampachana Vati act to digest (waste food material) and prevent adhesion of the channels. Nose is the entrance of the head so Nasya (nasal drug application) directly effects on brain.[12] It helps to remove vitiated Dosha from head. Mahachaitas Ghrita contents are mostly Jeevaniya Dravyas which plays Rasayana effect on body. It also contain Dashamool which is Tridoshghna and shodhana properties. Mahachaitas Ghrita also effective for congnitive development of patient.

CONCLUSION
In this case study we got not complete but partial good results of Panchakarma and Ayurvedic medicine. The treatment given for Apasmara (Epilepsy) was Deepana-Pachana, Shodhan and Mahachaitas Ghrita.; which helped in Aampachan, removal of vitiated Dosha from body and to bring Samyavastha (balanced condition) of Doshas. So above treatment help to relieve some symptoms of disease and also an attempt to provide safe and effective treatment to the patient. Panchakarma like

Basti, Nasya are safe along with AEDs without any interactions and adverse effect. He can exponential return of a system to equilibrium after a disturbance of his complaints and also relaxation from high doses of AEDs. Patient is still on the clinical follow up.

REFERENCES

1. Usha K S. et al "Aclinical study on Apasmara (epilepsy) and its management with Maha-Panchagavya Ghrita" PG Dissertation submitted to Gujarat Ayurved University at 2001/ IPGT & RA, Jamnagar, Gujarat.
2. Mukesh Agrawal, Textbook of Pediatrics, CBS Publishers % distributors Pvt Ltd, second edition, 2017; 18: 527.
3. UK Mishra, J Kalita, Clinical Electroencephalography, 1st Edition, Elsevier Publishers, 2009; 17: 371-373.
4. Humberto Foyaca Sibat, Novel treatment of epilepsy, Intech publishers, 2011; 69-72.
5. Sushruta Samhita by Dalhanacharya "Nibandhsangraha" vyakhyanidanasthana and Shri Gayadasa "Nyayachandrika" / Krishnadas Academy, Varanasi/Edition Reprint 1/Sushruta samhita Uttersthana, 61/2-3/799.
6. Charaka Samhita by Chakrapani, "Ayurveda dipika", Prologue by Prof. R. H. Singh/Chaukhambha Surbharati Prakashana/ Charaka Samhita Chikitsasthana, 10/3; 474.
7. Sushruta Samhita by Ambikadatta Shastri, Chaukhamba Sanskrit Sansthana, Varanasi 2007, Uttertantra 61/3.
8. Madhava Nidana by Vijayrakshit, Shri Yadunandan Upadhyaya, Madhukosh Tika, Chaukhamba Sanskrit Sansthana, Varanasi, 2002. Apasmaranidana 21/1.
9. Ibidem, 6: 10/16: 474.
10. www.ijapc.com, Ayurvedic Management of Epilepsy: A Single Case Study by Ganesh R and Roshani Anirudhan, published, 10/05/16.
11. Bhaishajyaratnavali, Vidyotinitika, Shri Ambika Datta Shastri, Chaukhamba Sanskrit Sansthan, Varanasi. Bhaishajyaratnavali, 25/43-48.372.
12. www.iamj.in Ayurvedic Management of Apasmara (Epilepsy) along with Anti-epileptic drugs: case study by Rajdip R Rao, published online Jan 2017.