Original Research

Role of Smritisagarasa, Brahmihrita Nasya and Rasyana Compounds in the Management of Epilepsy (Apasmara)

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Abstract:
A group of 12 patients of epilepsy (Apasmara) were treated with Smriti-Sagara Rasa along with multiple Rasayana drugs. The therapy provided significant relief in the cardinal symptoms ranging from 65% to 100% in unconsciousness, falling down, convulsions, eye distortion, foaming from mouth and teeth locking as well as in the general symptoms, post ictal symptoms. The therapy reduced the duration of the fit by 86.4% and frequency of the epileptic attacks by 66.1%. It also significantly increased the immediate memory span and reduced the mental fatigue. The therapy significantly reduced the severity of the disease by 58.5 %. In this group 41.7% patients each showed complete remission and marked improvement and remaining 16.7% patients showed mild improvement.

Keywords: Epilepsy, Apasmara, Smrititsagarasa Rasa, Vachadi Churna, Brahmi-Ghrita Nasya

Introduction:
Apasamara resembles with the description of epilepsy, which is characterized by the paroxysmal attack (Vega) of Tamah-Pravesha (unconsciousness) associated with convulsion (Vibhitis Cheshta) due to the derangement (Apasatah) of memory (Smriti), intellect (Buddhi) and mind (Sattva). After the completion of the seizure, the patient becomes conscious just like as he has awakened from the deep sleep and the patient remains normal between the attacks.Aura, pre-ictal and post-ictal symptoms of Apasamara resemble with that of epilepsy. The gap between the two seizures is unfixed, which may range from days or weeks to months or year (Charaka Chikitsa 10:13 with Chakrapani commentary). Charaka mentions that as Apasama (epilepsy) is a chronic and difficult to cure natured disease, so the Rasayana drugs should be added to its treatment for providing the better relief. For this purpose, the Rasayana drugs like Lashuna (Allium sativum), Shatavari (Asparagus racemosus), Vacha (Acorus calamus), Kushtha (Saussuria lappa) and Mandukaparni (Hydrocotyle asiatica) have been mentioned (Caraka Chikitsa 10:64).

Further Brahmi Ghrita (Charaka Chikitsa 10:25) and Smriti Sagar Rasa (Yoga Ratnakar Apasmara Adhikara/Chikitsa) have been recommended for its treatment. Therefore, all the above-mentioned measure and drugs were selected to ascertain whether even taking multiple drug regimen provides cure to the patients of epilepsy.

Aims:
To evaluate the role Smritisagararasa, Brahmihrita Nasya and Rasayana drugs in the management of Apasamara.

Patients and Methods
The clinical studies were carried out on 12 Patients of epilepsy who were registered irrespective of their age, sex, religion etc, from the OPD of Kaya Chikitsa Department, IPGT&RA, Gujarat Ayurveda University, Jamnagar

Criteria of Diagnosis: The main criterion for diagnosis was the clinical presentation of the disease but it was confirmed by E.E.G in doubtful cases.

Exclusion Criteria: Patients with diabetes mellitus, hypertension, and congenital abnormalities and the interval between the two seizures more than two months with normal E.E.G. were excluded from the study.

Laboratory Investigations: Routine hematological investigations like R.B.C Count, TLC, DLC, Hb%, ESR and urine and stool examinations were carried out in all the patients. Biochemical investigations like serum cholesterol, total protein, albumin, A:G ratio, blood urea, serum creatinine, serum sodium, serum potassium, serum calcium were also under taken in doubtful patients to exclude other pathologies as well as to assess the initial condition of the patients.

Dose and Duration of the Treatment:
12 patients of epilepsy (Apasmara) were treated with multiple Ayurvedic regimens for the period of 60 days.
The regimen consists administration of 333 mg of Smriti Sagara Rasa along with 2 gm of Vachadi Churna three times a day orally. Vachadi Churna comprises of equal part of Vacha (Acorus calamus), Kushtha (Saussuria lappa) and Mandukaparni (Hydrocotyle asiatica). Simultaneously, 6 gm powder of Shatavari (Asparagus racemosus) was given at bed time and 10 gm paste of garlic (Allium sativum) with sesame oil was prescribed once in the morning. Simultaneously 4 courses of Nasya Karma with Brahmi Ghrita of 7 days duration were also given with 7 days gap between the two courses. Its dose was 8 drops in each nostril. This whole regimen was given simultaneously for the total period of 60 days.

Observations
In this series of 12 patients of Apasmara (epilepsy) maximum patients i.e. 66.7% were from 11 t0 20 years age group, 83.3% were male, 41.7% of Vata-Pitta, 33.3% of Pitta-Kapha and 25.0% were of Vata-Kapha Prakriti. 41.7% patients were suffering the disease for up to 1 year, 33.3% were suffering for 6-10 years and 08.3% patients each were suffering for 1-5 years, 11 to 20 years and 21 to 30 years respectively.

In this series 66.7% patients reported fear as their precipitation factor and 16.7% as Anxiety/stress while 8.3% each recorded anger and light/ television as the precipitation factor.

Analysis of the patients according to the type of epilepsy showed that 50.0% patients were of Kaphaja Apasmara, 25.0% patients were of Pittaja Apasmara, 16.7% patients were of Vataja and 8.4% patients were of Tridoshaja Apasmara. 83.4% patients were of moderate type of epilepsy while 8.3% patients each were suffering from mild and severe types of epilepsy.

Results
A group of 12 patients of epilepsy was treated with Nasya, Smritisagara Rasa and Rasayana drugs. The effects of the therapy on the signs and symptoms of the patients have been shown in Table-1 and effects on the Seizures of Epilepsy Patients are presented in Table-2. Overall effects of the therapy on the patients of epilepsy are depicted in Table-3.

Table-1
Effect of Rasayana Regime on Signs and Symptoms of Epilepsy Patients

<table>
<thead>
<tr>
<th>Signs &amp; Symptoms</th>
<th>Mean Score</th>
<th>% of relief</th>
<th>SD (±)</th>
<th>SE (±)</th>
<th>T</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>BT</td>
<td>AT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unconsciousness</td>
<td>2.00</td>
<td>0.87</td>
<td>66.7</td>
<td>0.52</td>
<td>0.15</td>
<td>9.53</td>
</tr>
<tr>
<td>Falling Down</td>
<td>1.58</td>
<td>0.42</td>
<td>73.7</td>
<td>0.58</td>
<td>0.17</td>
<td>6.99</td>
</tr>
<tr>
<td>Convulsion</td>
<td>2.17</td>
<td>0.83</td>
<td>61.5</td>
<td>0.85</td>
<td>0.19</td>
<td>7.09</td>
</tr>
<tr>
<td>Foaming from Mouth</td>
<td>1.67</td>
<td>0.58</td>
<td>65.0</td>
<td>0.62</td>
<td>0.18</td>
<td>6.07</td>
</tr>
<tr>
<td>Teeth Locking</td>
<td>0.83</td>
<td>0.00</td>
<td>100.0</td>
<td>1.02</td>
<td>0.29</td>
<td>2.80</td>
</tr>
</tbody>
</table>

Table-2
Effect of Rasayana Regimen on the Seizures of Epilepsy Patients

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Mean</th>
<th>% of change</th>
<th>SD (±)</th>
<th>SE (±)</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>BT</td>
<td>AT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration</td>
<td>4.04</td>
<td>0.55</td>
<td>86.4</td>
<td>4.46</td>
<td>1.21</td>
<td>2.71</td>
</tr>
<tr>
<td>Frequency</td>
<td>1.71</td>
<td>0.58</td>
<td>66.1</td>
<td>1.57</td>
<td>0.45</td>
<td>2.33</td>
</tr>
<tr>
<td>Severity</td>
<td>2.00</td>
<td>0.83</td>
<td>58.5</td>
<td>0.39</td>
<td>0.11</td>
<td>9.09</td>
</tr>
</tbody>
</table>

Table-3
Overall Effect of Rasayana Regimen on the Seizures of Epilepsy Patients

<table>
<thead>
<tr>
<th>Overall Effect</th>
<th>No. of Patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete remission</td>
<td>5</td>
<td>41.7</td>
</tr>
<tr>
<td>Markedly improved</td>
<td>5</td>
<td>41.7</td>
</tr>
<tr>
<td>Improved</td>
<td>2</td>
<td>16.6</td>
</tr>
<tr>
<td>Unchanged</td>
<td>0</td>
<td>00.0</td>
</tr>
</tbody>
</table>

Discussion
The duration of the fit was reduced by 86.4% and frequency of the epileptic attacks was diminished by 66.1%. It provided statistically significant relief in the symptoms of unconsciousness by 66.7%, in falling down by 73.7%, in convulsion by 61.5%, in eye distortion by 78.3%, in foaming from mouth by 65% and in teeth locking by 100%. It also provided marked improvement in the general symptoms by 60% and in post ictal symptoms like body ache by 72.7% and in headache by 80%. It also significantly increased the immediate memory span and reduced the mental fatigue.
The therapy significantly reduced the severity of the disease by 58.5%. In this group 41.7% patients showed complete remission and other 41.7% patients were markedly improved. Remaining 16.7% patients showed mild improvement. Further, analysis showed that the therapy provided cure to all such patients who were suffering from the disease for the period of less than 1 year. The results of the follow up study observed up to 3 months after stopping the treatment showed that in 75% of the patients no seizure was reported and only 25% of the patients had the attack of epilepsy.

Conclusion
A group of 12 patients of epilepsy (Apasmara) were treated with Smriti-Sagara Rasa along with multiple Rasayana drugs. The therapy provided significant relief in the cardinal symptoms ranging from 65% to 100% in unconsciousness, falling down, convulsions, eye distortion, foaming from mouth and teeth locking as well as in the general symptoms, post ictal symptoms. The therapy reduced the duration of the fit by 86.4% and frequency of the epileptic attacks by 66.1%. It also significantly increased the immediate memory span and reduced the mental fatigue.

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