

**REVIEW ARTICLE ON APASMARGA W.S.R TO EPILEPSY****<sup>1</sup>\*Vd. Bhushan P. Kawale, <sup>2</sup>Vd Suryakant Dwivedi**<sup>1</sup>Associate Professor Kayachikitsa Department Sardar Patel Ayurvedic Medical College, Balghat.<sup>2</sup>Associate Professor, Shalyatantra Department Shri. K.R. Pandav Ayurved College Nagpur.**\*Corresponding Author: Vd. Bhushan P. Kawale**

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**INTRODUCTION**

Epilepsy is the second most common neurological disease. It has the dubious distinction of affecting all the walks of life of an individual suffering from the disease. At the helm of affairs stands the ambiguity regarding the aetiology, pathogenesis, and therapy. Though modern science boasts of many innovations opening new horizons in the field of research, a comprehensive knowledge regarding epilepsy is still in its infancy. Having entered the new millennium, there is an urgent need for retrospection and critical self-appraisal that would initiate casting away of a fragmented approach and adopting an integrated outlook.

At this juncture, some of the concepts of Ayurveda regarding Apasmara project views seem to contradict the presently held opinion. But it has to be borne in mind that these principles have stood the test of time and have offered solace to ailing mankind through the centuries. The view of Thomas Henry Huxley is worth pondering over. "It is easy to sneer at our ancestors, but it is much more profitable to try to discover why they, who were really not one whit less sensible persons than our own excellent selves, should have been led to entertain views which strike us as absurd.

**ETYMOLOGY**

**OF APASMARA:** The term Apasmara, which indicates the main clinical feature of the Vyadhi, is a combination of two words, viz. Apa and Smara. **APA:** The term 'Apa' means Parivarjana, i.e., loss (Su.Utt. 61/3). The meaning of 'Apa' is described as Gamana, i.e., to go down (Da. on Su. Utt. 61/1). According to Monier Williams, the word 'Apa', when used as a prefix, means away, off, back down.

**SMARA**

Smara 'is derived from 'Smr' Dhatu, meaning memory, recollection, remembrance.

**SYNONYMS**

Anga Vikrti, Lolanga, and Bhuta Vikriya are the three synonyms of Apasmara (Ra. Ni. 410-30).

**DERIVATION OF EPILEPSY****According to modern**

The terms 'epilepsy' and 'epileptic' are derived from the Greek word epilepsia and have the same root as the verb 'epilambanein', which means 'taking hold or seizing'. Epilepsy, therefore, means seizure. Hence, the word epilepsy was used to denote both the disease and the single attack in the past.

Apasmara is the disease characterised by the absence of Smrti. Hence an understanding of this term would give a vivid picture of the disease in question. The term Smrti stands for many faculties of human intellect and is also used in metaphysics. In this context, it is confined to focus only on Apasmara.

**SAMPRAPTI**

The peculiar nature of Apasmara requires a fresh approach to be adopted while dealing with its Samprapti. Since an individual afflicted with this disease is apparently normal in between the Vegas, there might be different processes which finally culminate in Apasmara Roga and Apasmara Vega.

**Thus, the Samprapti can be classified into two phases**

**1. Sthayi Samprapti:** That which persists throughout the course of the disease.

**2. Avasthika or Vega Kalina Samprapti:** This is the transient process that takes place during the Vega Kala. The involvement of both the Saririka and Manasika

Dosas are vital for the Samprapti. Saririka Dosas: These include the subtypes of each of the Dosas. Vata: Udara and Prana Vata are vitiated along with other Dosas during Apasmara as per the description of Harita (Ha. 18/1). Udara Vayu has its abode in the region of Urah. It is responsible for Vakpravrtti, Prayatna (initiation of any voluntary work), Urja, Bala, Varna and Smrti.

### **SAMPRAPTI SAMPRAPTI GHATAKA**

**DOSA**-The involvement of both the Saririka and Manasika Dosas is vital for the Samprapti  
Saririka Dosas- The involvement of both the Saririka and Manasika Dosas is vital for the Samprapti.

### **Manasika Dosas**

The Ahara and Vihara, which vitiate the respective Saririka Dosas, are also responsible for the vitiation of the Manasika Dosas, viz., Rajas and Tamas. In fact these two Dosas play an important role in reducing the threshold of an individual by rendering him with Upahata Cetas. All the precipitating factors like Kama, Krodh, Lobha, Soka, Udvega are experienced by the individual who is affected by either Rajas or Tamas.

### **DUSYA**

There is no Direct reference to any Dusyas in Samprapti of Apasmara, as it is a paroxysmal disease and involves the Sanjna Vaha Srotas with a subtle pathway in its own sense. But for the manifestation of the Vyadhi or Vega to be precise, involvement of Dusya is a must. The Dusya involved during the course of the disease may be different from that which is involved during the Vega Kala. 'Rasa Vega' has been held responsible.

### **Purva Rupas**

The Purva Rupas of Apasmara mentioned in the texts indicate that they are of a transient nature. They are not usually present throughout the course of the disease. The occurrence of Purva Rupa heralds the onset of Apasmara Vega.

Based on the time of occurrence, they can be classified into two groups.

- 1) The features that are present for hours to days before the Vega or in between Vegas, to be precise.
- 2) The other group of features that occur just before the manifestation of the Vega.

The following are the Purva Rupas, which may present hours to days before

### **The occurrence of the Vega**

- 1) Anannabhilasa
- 2) Arocaka
- 3) Avipaka
- 4) Daurbalya
- 5) Asthibheda
- 6) Angamarda
- 7) Swapne Mada, Nartana, Vyadhana (Ca. Ni. 8/6).

- 8) Nidra Nasa (Su. Utt. 61/7)
- 9) Tamaso Darsana
- 10) Murccha
- 11) Bhrama (Ca. Ni. 8/6)
- 12) Asanti Rupa Darsana (Ca. Ci. 10/6)

### **RUPA**

The cascade of events that takes place during Apasmara Vega has been surmised by Caraka (Ca. Ci. 10/6,7). This clinical event is classified into four types based on Dosa predominance; the basis of classification being

- (i) The duration of the Vega
- (ii) The nature of Bibhatsa Cesta
- (iii) The frequency of Vegas and
- (iv) Specific features characteristic of each Dosa (Ca. Ni. 8/8).

But still, it would be difficult to determine the clinical features and ascribe them to specific Dosa based on the above mentioned guidelines since the first three guidelines are relative. In the absence of any standard, specifying the duration, nature, and frequency, it is not possible to identify and classify any Apasmara as belonging to any specific Dosa type. The specific features unique to each Dosa are very subtle in nature and would require very keen observation, and a quick diagnosis cannot be made relying on these features. In order to remove this obstacle, an effort has been made. The help of Upasaya / Anupasaya has been sought (Ca. Ni. 8/8). If a particular measure taken or act done is Vataja in nature, and it succeeds in controlling the Apasmara Vega in progress, then that particular Apasmara is classified under the Vataja type. This is true in cases of Pittaja and Kaphaja Apasmaras, too. Then it should be inferred that if all three types of measures prove to be Anupasaya, i.e., not favourable in controlling the Vega, it has to be classified as Sannipatika Apasmara.

### **PARTIAL (FOCAL, LOCAL) SEIZURES**

#### **A. Simple partial seizures**

1. With motor signs: focal motor with or without march, versive, postural, phonatory.
2. With somatosensory or special sensory symptoms: Somatosensory, visual, auditory, olfactory, gustatory, vertiginous, simple hallucinations (eg, tingling, light flashing, buzzing)
3. With autonomic symptoms or signs, including epigastric aura.
4. With psychic symptoms (disturbances or higher mental function) dysphasic, dysmnestic, cognitive, affective, illusions, structured hallucinations.

#### **Complex partial seizures**

1. Simple partial onset followed by impairment of consciousness. With simple partial features (A1 to A4) followed by impaired consciousness
- b. With automatisms

2. With impairment of consciousness at onset. With impairment of consciousness only  
b. With automatisms

C. Partial seizures evolving to secondarily generalized seizures (tonic-clonic, tonic, or clonic)

1. Simple partial seizures evolving to generalized seizures
2. Complex partial seizures evolving to generalized seizures
3. Simple partial seizures evolving to complex partial seizures evolving to generalized seizures.

### SADHYA – ASADHYATA

The prognosis has been determined based on the type of Apasmara and its chronicity, along with the general condition of the individual. Tridosaja Apasmara is the condition where the prognosis is bad. The other conditions where the prognosis is poor are chronic Apasmara and in the emaciated individuals (Ca. Ci. 10/12). A set of clinical features are described based on which one can predict the prognosis. An individual with frequent episodes of Apasmara Vega with constant twitching of eyebrows and with abnormal movement of eyes is destined to perish early (Ma. Ni. 21/7).

### The Gowers effect

The phrase 'seizures beget seizures' often is often referred to as Gowers' dictum and involves the effects of seizure history or prior seizure on later seizure susceptibility. This concept originates from the statement of Sir William Gowers, "the tendency to the recurrence of attacks of epilepsy of every form is increased by each one.

Every fit, slight or severe, is in some degree, the effect of those that have preceded it, the cause of those that follow it.

- The disease of epilepsy is chronic is 80% of cases (Rodin, 1968).
- Patients with multiple seizure types are generally accepted to have high he Cikitsa Sutra of Apasmara includes all the three major types viz., Daiva Vyapasraya Cikitsa, Yukti Vyapasraya Cikitsa, and SattvavajayaCikitsa.

### Sodhana

To bring about Samprabodhana of Hrdaya, Srotas and Manas, which have become occluded, Sodhana ought be carried out (Ca. Ci. 10/14). The term Prabodhana has been clarified by Cakrapani that it refers to restoration of activities of the above mentioned systems to their normal status which is devoid of any derangement.

### Samana

Various Yogas have been advocated in Samana Cikitsa, some of which are specified for each Dosa.

### Rasayana

In case of Apasmara, which does not respond to conventional treatment regimen and in chronic conditions, Rasayana is advocated (Ca. Ci. 10/64-65).

### Unmada Cikitsa

This has been advocated by Caraka specifically in cases which seem to be Agantuja in origin (Ca. Ci. 10/53).

### Graha Cikitsa

In addition to the above regimens, the Yogas mentioned in Graha Cikitsa are advocated by Susruta (Su. Utt. 61/23).

### Sira Vyadhana and Mangalya Dharana

The Sira Vyadhana is advocated by Susruta (Su. Utt. 61/41). The Venesection has to be carried out on the Sira present in the middle of mandible joint.

### Pathya - Apathya

Pathya : Sattvika Aharas like Sali, Godhuma, Mudga, Ksira, Kusmanda, leafy vegetables, Patola, Brahmi, Dadima, Draksa, Parusaka, etc.

Visesa Pathya: The individual who recovers from the Apasmara Vega should not be reminded of the event. To liven up his affected Cetas, he should be encouraged to indulge in pleasant activities.

**Apathya:** Incompatible, dirty, contaminated food, Ati Madya, Matsya, AtiMamsa, Visama Cesta, pouring hot water on the head, and the like.

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