

# CHILDHOOD EPILEPSY (APASMARA) THROUGH AN AYURVEDIC LENS: A COMPREHENSIVE REVIEW

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## Abstract

Epilepsy is a chronic neurological disorder characterized by recurrent seizures caused by abnormal electrical discharges in the brain. When epilepsy manifests during childhood, it may significantly affect cognitive development, language acquisition, academic performance, social functioning, and emotional well-being. In Ayurveda, a clinical condition resembling epilepsy is described as *Apasmara*, which is characterized by sudden loss of consciousness, abnormal motor activity, and impairment of memory and awareness.

According to classical Ayurvedic literature, *Apasmara* arises due to the vitiation of the three *Doshas*—*Vata*, *Pitta*, and *Kapha*—with a predominant role of *Vata*, along with disturbance of the psychological factors *Rajas* and *Tamas*. In children, the condition may be further influenced by developmental immaturity of body tissues (*Dhatu*), instability of digestive function (*Agni*), hereditary

predisposition (*Beeja Dushti*), and psychological stressors.

Ayurvedic management focuses not only on controlling seizures but also on restoring systemic balance. Therapeutic approaches include *Shodhana* (purificatory therapies), *Shamana* (palliative management), administration of *Medhya Rasayana* for cognitive enhancement, dietary regulation, lifestyle modification, and psychological support (*Satvavajaya Chikitsa*). Panchakarma procedures, performed in a gentle and age-appropriate manner, help to remove channel obstruction and regulate doshic imbalance.

This article reviews the Ayurvedic conceptual framework of childhood epilepsy, including its etiology (*Nidana*), pathogenesis (*Samprapti*), clinical features, diagnostic principles, and therapeutic interventions. The potential role of integrative management combining Ayurvedic principles with modern Pediatric neurological care is also discussed.

Keywords: Childhood epilepsy, Apasmara, Ayurveda, Pediatric neurology, Medhya Rasayana, Panchakarma

## 1. Introduction

Epilepsy is one of the most common chronic neurological disorders encountered in Pediatric clinical practice. Early onset of seizures may adversely affect a child's intellectual development, academic performance, social interactions, and emotional health. Although modern antiepileptic drugs (AEDs) have significantly improved seizure control in many patients, long-term management remains challenging due to issues such as drug resistance, incomplete seizure control, and adverse drug effects.

Ayurveda describes a clinical condition comparable to epilepsy under the term *Apasmara*. Detailed descriptions of this disorder are found in classical Ayurvedic texts such as *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*. *Apasmara* is categorized among the *Maharogas* due to its chronic and recurrent nature, complex pathogenesis, and significant impact on both physical and mental health.

Children represent a physiologically distinct group in Ayurvedic medicine due to the predominance of *Kapha Dosha*, incomplete maturation of body tissues, and heightened susceptibility of the nervous system to pathological disturbances. Therefore, understanding *Apasmara* in the context of Pediatric

physiology is important for appropriate therapeutic management.

## 2. Ayurvedic Concept and Classification of Apasmara

### 2.1 Definition

*Apasmara* is defined in Ayurveda as a disorder characterized by sudden loss of consciousness associated with abnormal body movements, altered facial expressions, and temporary impairment of memory and awareness. Classical texts describe *Apasmara* as a disorder involving disturbances of *Manas* (mind), *Hridaya* (seat of consciousness), and *Prana Vayu*. Therefore, it represents a condition with both neurological and psychological components.

### 2.2 Classification

Based on the predominance of the *Doshas*, *Apasmara* is classified into four types:

#### Vataja Apasmara

This type is characterized by tremors, fearfulness, dryness, sudden onset of seizures, and irregular movements. The seizures tend to occur abruptly and may be associated with anxiety and restlessness.

#### Pittaja Apasmara

*Pittaja Apasmara* is characterized by intense convulsions, burning sensations, irritability, aggression, and heightened body temperature.

#### Kaphaja Apasmara

This form presents with heaviness of the body, excessive salivation, prolonged unconsciousness, lethargy, and slower recovery following seizure episodes.

### Sannipataja Apasmara

Sannipataja Apasmara results from the simultaneous vitiation of all three Doshas and is considered the most severe and difficult to manage.

In Pediatric clinical practice, Kaphaja Apasmara and mixed Vata-Kapha presentations are commonly observed.

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## 3. Etiology and Pathogenesis (Nidana and Samprapti)

### 3.1 Etiological Factors (Nidana)

Ayurveda describes multiple etiological factors contributing to the development of Apasmara. These include:

- Improper dietary habits
- Consumption of incompatible food combinations (*Viruddha Ahara*)
- Impaired digestion leading to the formation of *Ama*
- Psychological stress such as fear, anxiety, or emotional trauma
- Suppression of natural urges
- Hereditary predisposition (*Beeja Dushti*)

- Prenatal and perinatal disturbances

These factors contribute to the vitiation of the Doshas and disturbance of mental equilibrium.

### 3.2 Pathogenesis (Samprapti)

The pathogenesis of Apasmara begins with the imbalance of *Vata*, *Pitta*, and *Kapha* Doshas along with aggravation of the psychological qualities *Rajas* and *Tamas*. These disturbed factors localize in the *Hridaya* and *Manovaha Srotas*, which are responsible for regulating mental functions and consciousness.

Obstruction of subtle physiological channels by *Ama* further disrupts the normal flow of *Prana Vayu*, which is essential for maintaining neurological coordination and cognitive function. This disturbance results in episodic impairment of consciousness and abnormal motor activity, clinically manifesting as seizures.

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## 4. Clinical Features

The clinical manifestations of Apasmara in children may include:

- Sudden loss of consciousness
- Tonic or clonic spasms of the limbs
- Upward deviation of the eyes
- Frothing from the mouth
- Jaw clenching
- Involuntary urination or defecation

Following the seizure episode, post-ictal symptoms such as confusion, drowsiness, fatigue, and temporary memory impairment may occur. Prodromal symptoms may include irritability, behavioural changes, or altered sensory perception.

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## 5. Diagnosis in Ayurveda

Diagnosis of Apasmara is primarily based on the principles of Nidana Panchaka, which include:

- Nidana – etiological factors
- Purvarupa – prodromal features
- Rupa – clinical manifestations
- Upashaya – response to therapeutic measures
- Samprapti – pathogenesis

Additional evaluation includes assessment of *Prakriti* (constitution), *Agni* (digestive capacity), *Dosha* predominance, mental status, developmental history, prenatal and perinatal factors, dietary patterns, and psychosocial environment.

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## 6. Management in Ayurveda

Management of Apasmara is comprehensive and individualized. The therapeutic approach includes:

- Shodhana Chikitsa – purification therapies
- Shamana Chikitsa – palliative medicinal management

- Rasayana therapy – rejuvenative therapy aimed at cognitive enhancement
- Satvavajaya Chikitsa – psychological and behavioral therapy

The objectives of treatment are to restore doshic balance, improve neurological stability, enhance cognitive function, prevent recurrence of seizures, and promote overall mental well-being.

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## 7. Shodhana Chikitsa

In Pediatric patients, mild and carefully supervised Panchakarma procedures are recommended. These include:

- *Snehana* (oleation therapy)
- *Mridu Swedana* (mild sudation)
- *Matra Basti*
- *Pratimarsha Nasya*

These procedures help in pacifying *Vata Dosha*, removing obstruction in the channels, and supporting neurological function.

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## 8. Shamana Chikitsa

### 8.1 Medhya Rasayana

Medhya Rasayana herbs are traditionally used to enhance cognitive functions, improve memory, and stabilize neurological activity. Commonly used herbs include:

- *Brahmi (Bacopa monnieri)*
- *Shankhapushpi (Convolvulus pluricaulis)*
- *Mandukaparni (Centella asiatica)*
- *Guduchi (Tinospora cordifolia)*

## 8.2 Classical Formulations

Common classical Ayurvedic formulations used in the management of Apasmara include:

- *Brahmi Ghrita*
- *Panchagavya Ghrita*
- *Kalyanaka Ghrita*
- *Saraswatarishta*

These preparations are prescribed according to the patient's age, digestive capacity, and severity of disease.

## 9. Diet and Lifestyle Management

Dietary management focuses on the consumption of light, nutritious, and easily digestible foods. Patients are advised to avoid:

- heavy foods
- fermented foods
- excessively spicy foods
- processed foods

Lifestyle recommendations include adequate sleep, maintenance of a regular daily routine, stress

reduction, and avoidance of excessive sensory stimulation.

## 10. Satvavajaya Chikitsa

Satvavajaya Chikitsa refers to psychological therapy aimed at strengthening mental stability. It includes counselling, reassurance, behavioural modification, and parental support. These interventions help reduce psychological triggers that may precipitate seizure episodes.

## 11. Current Clinical Evidence

Recent observational studies and clinical reports have suggested potential benefits of Ayurvedic interventions in the management of Pediatric epilepsy. These studies have reported reductions in seizure frequency and improvements in cognitive functions following Ayurvedic treatment. Integrative approaches combining Ayurveda with conventional neurological care may offer promising outcomes. However, large-scale randomized controlled trials are necessary to establish the efficacy and safety of these therapies.

## 12. Discussion

The Ayurvedic perspective on childhood epilepsy emphasizes a comprehensive approach that addresses both physiological and psychological factors contributing to the disorder. Classical

therapeutic strategies, including herbal medicines, detoxification procedures, dietary regulation, and lifestyle modification, aim to restore systemic balance and support neurological function.

Although preliminary evidence suggests potential benefits, most available data are derived from small observational studies. Rigorous clinical research, including randomized controlled trials, is required to evaluate the effectiveness of Ayurvedic interventions and to determine optimal treatment protocols.

### 13. Conclusion

In Ayurveda, epilepsy is conceptualized as *Apasmara*, a disorder involving disturbances of consciousness, cognition, and neurological function. Effective management requires early diagnosis, individualized treatment targeting doshic imbalance, and comprehensive care that includes dietary regulation, lifestyle modification, and psychological support.

An integrative therapeutic approach combining Ayurvedic principles with modern neurological management may provide improved outcomes for children with epilepsy. Future interdisciplinary research is essential to strengthen the evidence base and to bridge traditional medical knowledge with contemporary clinical science.

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Table 1. Ayurvedic Classification of Apasmara with Clinical Features

Type of Apasmara	Predominant Dosha	Key Clinical Features
Vataja Apasmara	Vata	Tremors, fear, dryness, irregular convulsions, rapid onset and cessation of seizures
Pittaja Apasmara	Pitta	Intense movements, sweating, heat sensation, irritability, yellowish discoloration
Kaphaja Apasmara	Kapha	Heaviness, lethargy, excessive salivation, slow movements, prolonged unconsciousness
Sannipataja Apasmara	Vata–Pitta–Kapha	Mixed features of all doshas; severe, recurrent, difficult to manage

Table 2. Etiological Factors (*Nidana*) of Pediatric Apasmara

Category	Etiological Factors
Dietary ( <i>Ahara</i> )	Incompatible food combinations, excessive junk food, irregular feeding habits
Psychological ( <i>Manasika</i> )	Fear, anxiety, emotional trauma, stress
Behavioral ( <i>Vihara</i> )	Sleep deprivation, excessive screen exposure, suppression of natural urges
Prenatal & Perinatal	<i>Beeja Dushti</i> , maternal illness, improper antenatal care
Digestive Factors	Weak <i>Agni</i> , <i>Ama</i> accumulation

Table 3. Common Medhya Rasayana Drugs Used in Pediatric Apasmara

Drug Name	Botanical Name	Therapeutic Action
Brahmi	<i>Bacopa monnieri</i>	Neuroprotective, memory enhancer, antiepileptic support
Shankhapushpi	<i>Convolvulus pluricaulis</i>	Cognitive enhancer, anxiolytic
Mandukaparni	<i>Centella asiatica</i>	Improves intellect, neuronal regeneration

Drug Name	Botanical Name	Therapeutic Action
Guduchi	<i>Tinospora cordifolia</i>	Immunomodulator, supports nervous system
Ashwagandha	<i>Withania somnifera</i>	Adaptogenic, stress-reducing

FIGURES

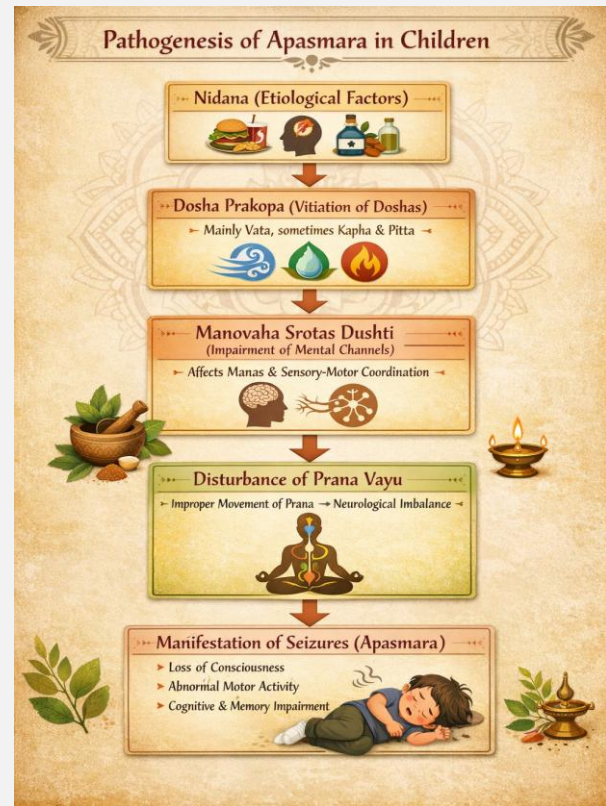
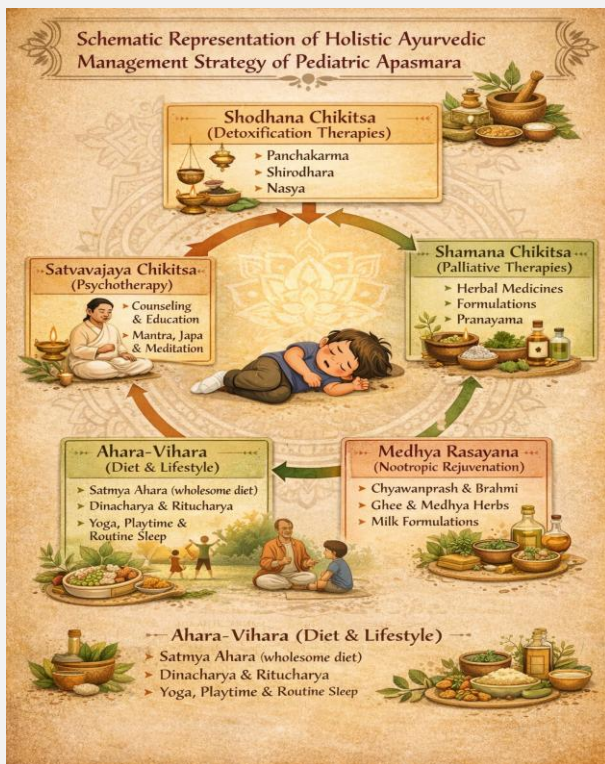


Figure 1. Samprapti (Pathogenesis) of Apasmara in Children

Table 4. Panchakarma Procedures Recommended in Pediatric Apasmara

Procedure	Purpose	Clinical Significance
Snehana	Oleation	Pacifies Vata, nourishes nervous tissue
Swedana	Mild sudation	Improves circulation, removes channel obstruction
Matra Basti	Enema therapy	Regulates Prana Vayu, stabilizes neural function
Nasya	Nasal therapy	Direct nourishment of cranial structures



**Figure 2. Ayurvedic Management Approach for Pediatric Apasmara**

**Figure 3. Integration of Ayurveda and Modern Neurology in Pediatric Epilepsy**