



MANAGING COEXISTING CASE OF EPILEPSY WITH THYROIDITIS THROUGH AYURVEDA-A CASE REPORT

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Article Received on 24/12/2018

Article Revised on 14/01/2019

Article Accepted on 03/02/2019

ABSTRACT

Apasmar is a disease which can be correlated with Epilepsy, is mentioned in Ayurveda under major diseases. Two major manovikars are described in Ayurveda and *Apsmar* is one of them the other one is unarmed. *Apasmar* is basically defined as the loss of memory for a period of time along with various hallucinations which leads to unconsciousness. Treatment of this disease mainly comprises of *tikshna shodhana* like *Vamana* (vomiting), *virechana* (purgation), *Basti* (medicated enema), *nasya* or *shirovirechana* (nasal drug administration) along with oral medication. *Apasmar* can be correlated with Epilepsy on the basis of similar symptoms and signs. Thyroiditis on the other hand is a group of disorders which occurred due to thyroid inflammation. In this era the prevalence of these diseases is increasing day by day and the treatment modality should be improved accordingly. It is very important to differentiate between pseudo and true forms of epilepsy. A case study was done of a known case of Epilepsy or *Apasmar* along with thyroiditis, treatment given was *nasya* with *Brahmi* grit along with oral medications for 10 days, which results in reduction of episodes of fits and swelling over the neck along with improvement in overall quality of life.

KEYWORDS: *Apasmar*, Epilepsy, *Ayurveda*, *Nasya* therapy, Thyroiditis.

INTRODUCTION

Apasmar is a manovikar mentioned in all the classical books of Ayurveda. It is considered as the major ailment in the Ayurveda. Acharya Charak has defined it as
स्मृतेरपगमं प्राहरपस्मारं भिषग्विदः | तमःप्रवेशं बीभत्सचेष्टं
धीसत्वसंप्लवात् || (Ch. Chi.10/3)

According to the Ayurveda Acharyas the destruction of the ability to memorize or the memory is known as *Apasmar*. In this disease due to vitiation of *Budhhi* and *Mana* firstly blackout occurs which leads to tremors in the body, mouth frothing and various signs like this occurs.

According to Acharya Charak when a person eat unhealthy food and the various doshas are already remain vitiated in the body, in this condition the *satva* guna decreases due to increase in the *tama* and *raja* guna and the heart and *mana* is covered by *vatadi* doshas which leads to the occurrence of this disease. According to the dosha predominance it is of 4 types *vataja*, *pittaja*, *kaphaja* and *sannipataja*. The occurrence of episodes of the disease on the basis of the doshas are in 15-15 days or 10-10 days or 1 month.

Treatment mentioned by Acharya Charaka is as

तीक्ष्णैरादौ भिषक् कुर्यात् कर्मभिर्वमनादिभिः || (Ch.chi.10/15)

For the treatment of this disease *vaman*, *virechan*, *basti* and *nasya* karma should be done. In *vataja* *apasmar* *basti* karma should be done, in *pittaja* *apasmar* *virechan* karma is best and in *kaphaja* *apasmar* *vaman* karma is opted. *Nasya* karma is also mentioned by Ayurveda Acharya in this disease. Various oral medications are also described by all the *samhitas* for this disease.^[8] *Apasmar* can be compared to Epilepsy in modern medicine on the basis of the signs and symptoms. It is considered as a neurological disease which is characterized by various episodes of tonic clonic seizures. The episodes can be for a brief period to a short term period. The cause of this disease is unknown, but in some cases the cause could be brain injury, stroke, brain tumor, infections in the brain and birth defects or defects in the genes due to mutations, excessive and abnormal neuronal activities in the cortex of the brain mainly leads to the epileptic seizures. The diagnosis of the disease is done on the basis of the signs and symptoms and ruling out other conditions that might cause similar symptoms, such as fainting, and determining if another cause of seizures is present, such as alcohol withdrawal or electrolyte problems. Diagnosis

can be partly done by imaging the brain and performing blood tests. Epilepsy can often be confirmed with an electroencephalogram (EEG), but a normal test does not rule out the condition.^[10]

In 2015, study reveals that 39 million people have epilepsy. Nearly 80% of cases occur in the developing world. In 2015, it resulted in 125,000 deaths, up from 112,000 deaths in 1990. In the developed world, onset of new cases occurs most frequently in babies and the elderly. In the developing world, onset is more common in older children and young adults, due to differences in the frequency of the underlying causes.^[11]

There are mainly two types of seizures are Focal seizures and Generalized seizures, focal seizures are associated with a particular area of the brain hemisphere, when seizure starts from a particular focus or part of the brain and generalized seizures are the seizures occurring in both of the hemisphere of the brain and this can be further classified as absence seizures (formerly known as petit mal), tonic-clonic or convulsive seizures (formerly known as grand mal), atonic seizures (also known as drop attacks), clonic seizures, tonic seizures, myoclonic seizures.^[11]

Management of the patient done as: Firstly, roll a person with an active tonic-clonic seizure onto their side and into the recovery position which helps to prevent fluids from getting into the lungs. Putting fingers, a bite block or tongue depressor in the mouth is not recommended as it might make the person vomit or result in the rescuer being bitten. Efforts should be taken to prevent further self-injury. If a seizure lasts longer than 5 minutes or if there are more than two seizures in an hour without a return to a normal level of consciousness between them, it is considered a medical emergency known as status epileptics. Medications which are used in this disease mainly comprise anticonvulsant drugs and prescribed on the basis of patient's age, type of seizures and the condition of the patient. Only one drug is used initially, but if it doesn't work, then two drugs can be used in combination. The drugs which are being used commonly are phenytoin, carbamazepine and valproate.^[1]

Thyroiditis is the inflammation of the thyroid gland. The thyroid gland is located on the front of the neck below the laryngeal prominence, and it produces the hormones which control metabolism. There are many different signs and symptoms for thyroiditis, none of which are exclusively limited to this disease. Many of the signs imitate symptoms of other diseases, so thyroiditis can sometimes be difficult to diagnose. Common hypothyroid symptoms manifest when thyroid cell damage is slow and chronic, and may include fatigue, weight gain, feeling "fuzzy headed", depression, dry skin, and constipation. The most easy and common way to diagnose thyroiditis is done by physical examination of the gland by simply palpating the thyroid gland.^[12] Laboratory tests allow doctors to evaluate the patient for

elevated erythrocyte sedimentation rates, elevated thyroglobulin levels. Treatments for this disease depend on the type of thyroiditis that is diagnosed. For the most common type, which is known as Hashimoto's thyroiditis, the treatment is to immediately start hormone replacement. Here is a case which is diagnosed as with epilepsy along with thyroiditis. It can be correlated with *Granthi roga or Medoagnimandya* in Ayurveda on the basis of similar signs and symptoms.^{[3][4]}

CASE PRESENTATION

A 40 years old married female patient came to the *Kayachikitsa* OPD of All India Institute of Ayurveda(AIIA) with complaints of epileptic fits on and off, neck pain with swelling and headache since 5 years, pain over lower back and both the legs since 2 years. History of present illness: According to the patient she was asymptomatic 5 years back then she got injury on her head after this she suffered from fits on and off along with neck pain and headache, she took allopathic treatment for this but got temporarily relief, she suffered from lower backpain and pain over both the legs since 2 years for this also she took allopathic treatment but could not get relief. History of past illness: She is known case of Thyroiditis for this she was taking allopathic treatment.

Examination of the patient in Table 1

Diagnosis

On the basis of above mentioned signs and symptoms the diagnosis made was Epilepsy or *Apasmar* along with Thyroiditis(*granthi roga*).

Treatment Protocol

Treatment was done according to the principles mentioned in Ayurvedic classics. Oral medications are mainly given in the context of Thyroiditis (Hashimoto disease) or *Granthi Roga* and *Nasya* (nasal therapy) was given for the treatment of *Apasmar*.^{[3][8]}

A. Oral medication in Table 2

B. Panchkarma treatment

- *Sarvanga abhyanga* with *Saindhavadi tail* and *Swedana* with *Dashmool kwath* for 8 days.
- *Marsha Nasya* with *Brahmi ghrita* 6 drops per nostril for 8 days.^[8]

The results: Over the whole course of treatment and during the course of treatment also there were no episodes of fits, the allopathic treatment was stopped. Pain over the legs and back got reduced. Overall quality of life of the patient got improved.

Table 1: (Examination of the patient).

General Examination	Dashvidha Pariksha	Systemic Examination
Appetite- average Bowel- regular Bladder- normal Sleep- average Blood Pressure- 100/70 mmHg Pulse- 76/minute Pallor- absent Clubbing- absent Lymphadenopathy- absent Icterus- absent Respiratory rate- 18/minute Tongue- clean Temperature- normal Touch- normal Eye movement- normal Built- average	<i>Prakriti- Pittakaphaj</i> <i>Vikriti- Prakriti sam samveta</i> <i>Saara- Madhyama</i> <i>Samhanan- Madhyama</i> <i>Satmya- Madhyama</i> <i>Satva- Madhyama</i> <i>Praman- Madhyama</i> <i>Ahar Shakti- Madhyama</i> <i>Vyayam Shakti- Madhyama</i> <i>Vaya- Madhyama</i>	Cardiovascular system: S ₁ S ₂ normal, NAD Respiratory system: chest bilateral clear, no added sounds Gastrointestinal system: NAD Locomotor system: NAD Nervous system: Higher function: normal Motor function-normal Reflexes- present, normal Cranial nerves- intact

Table 2: (Oral medications).

S.no	Medication	Dose	Route	Frequency
1	<i>Arogyavardhini vati</i>	2 tablets	Orally	Twice a day
2	<i>Kanchnar Guggulu</i>	2 tablets	Orally	Twice a day
3	<i>Phalatrikadi kwatha</i>	30 ml	Orally	Twice a day before meal
4	<i>Syrup Shankhpushpi</i>	15 ml	Orally	Twice a day
5	<i>Musta Churna</i>	3 grams	Orally	Twice a day

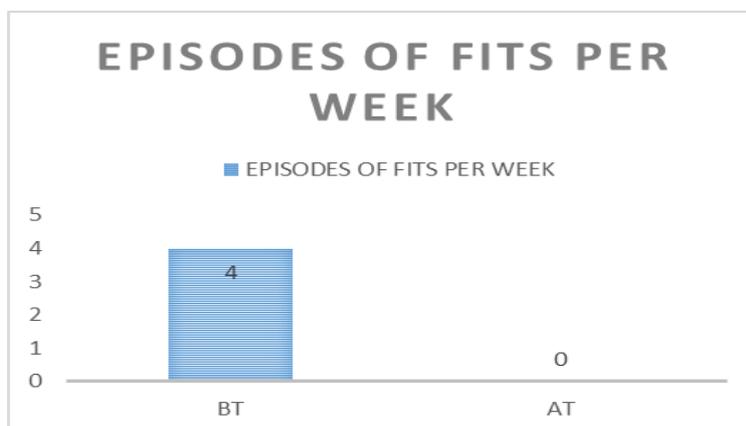
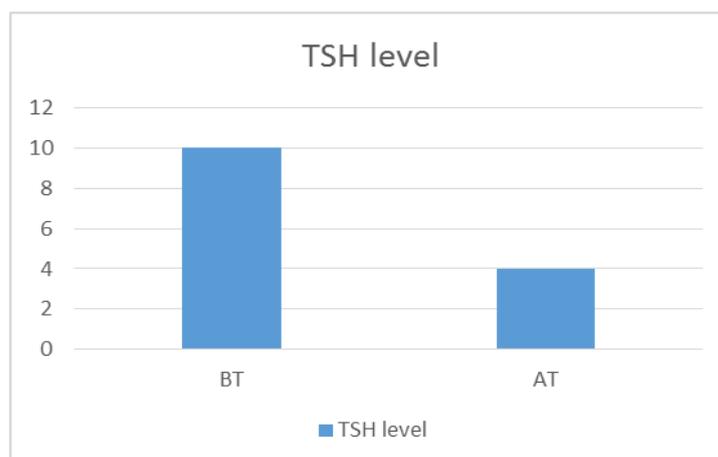
**Figure 1: Episodes of fits per week before and after the course of treatment.****Figure 2: Change in TSH level before and after the course of treatment.**



Figure 3: Reduction in the neck swelling before and after the course of treatment.

DISCUSSION

On the basis of the signs and symptoms the case was diagnosed as *Apasmar* along with thyroiditis. *Apasmar* is mentioned among the 10 *mahagada* or major ailments in the *Ayurveda*. *Acharya charak* has mentioned it in *nidansthan* as well as in *chikitsasthana*. The main cause of *Apasmar* mentioned by *Acharya charak* is when the mind of an individual is overshadowed by *rajas* and *tamas doshas* due to intake of unclean food and neglecting the prescribed deitic regimens and behavior. *Acharya* has also mentioned the prodromal symptoms for this which are contraction of eyebrows, irregular movements of eyes constantly, hearing non existent sounds, excessive discharge of saliva, ingestion cardiac spasm, distention of abdomen, weakness, cracking pain in bones, malaise, unconsciousness, entering into darkness, fainting and giddiness. After these prodromal symptoms the main symptoms appeared according to types of dosha predominance. Treatment mentioned is mainly *Panchkarma* procedures in high dosage or in stronger form, various internal medications are also mentioned by the *Acharyas*. In this case also same *chikitsa sidhant* has been followed. In the treatment principles of *Apasmar Acharya charak* mentioned the use of *nasya* therapy, and in *Ayurveda samhita* it is mentioned that *nasa* or nose is known to be the *sirso dwara* which means it is the gate or pathway to the brain so it can be predicted that medication given through *nasya* reaches the brain, as *Apasmar* is a disease occurring due vitiation of *dosha* in the brain or mind, *nasya* is a treatment of choice in this disease and here in this case medicine used is *Brahmi ghrī* for *nasya* which is mentioned by *Acharya charak* in *chikitsa sthana* chapter 10 that is *Apasmar*. In context of oral medication *Arogyavardini vati* was given as it effective in liver disorder because patient was also suffering from thyroiditis and there exist thyroid liver axis in the body

which means that if the liver got effected than it in turn affects the functioning of thyroid and vice versa, *phalatrikadi kwath* was given as it also helps in improving liver functioning and helps in *vatanulomana*, *kanchnar guggulu* is given in *granthi roga* so here it is given for thyroid disorder, *shankhpushpi* is a known *medhya rasayan* as in this case the patient was suffering from *apasmar* which is a chronic disorder and as mentioned by *Acharya charak rasayan chikitsa* is must in *Apasmar* like chronic diseases, *musta churna* is for *deepan pachana* purpose as according to *Ayurveda* maintaining the *agni* is important, if *agni* get disturbed the disease will not got cured. All the treatment used here was according to the condition of the patient and according to the disease condition.

CONCLUSION

According to the signs and symptoms of the patient the disease diagnosed as *Apasmar* along with thyroiditis, after giving the treatment the condition of the patient got improved and all the signs and symptoms got reduced, no epileptic seizure occurs during the treatment and after the treatment also. Overall quality of life of the patient got improved.

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