



Case Study

AYURVEDIC MANAGEMENT OF WEST SYNDROME W.S.R TO APASMAR

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ABSTRACT

West syndrome is a typical epileptic syndrome which mainly affect children. West syndrome is a constellation of symptoms characterized by epileptic/infantile spasms, abnormal brain wave patterns called hypsarrythmia and intellectual disability. A 5 year old Female child was brought to Panchakarma OPD of Chaudhury Brahma Prakash Ayurveda Hospital, New Delhi with a diagnosed case of West syndrome presenting with the cardinal features of epilepsy associated with inability to stand and sit properly, difficulty to speak and having frequent episode of attacks. As per Ayurvedic classics, this condition can be correlated to *Apasmara* along with deprived growth of the body (developmental delay and mental retardation). Patient was treated with the lines of *Apasmara* treatment as per Ayurveda with an intention of aiding faster recovery of the patient to lead a normal life. The choice of treatment here is *Shirobasti*, *Pada Abhyanga*, *Shiropichu* and *Matrabasti*. Along with these *Panchakarma* therapies, patient was administered *Shamana oushadhis* and was successfully treated.

INTRODUCTION

Epilepsy, originating from the Greek term meaning "to be seized" or "to be overwhelmed by surprise," is comparable to a condition described in Ayurveda as *Apasmara*. This Ayurvedic concept encompasses detailed insights into its causes, symptoms, diagnostic methods, and treatment approaches. Epilepsy is a chronic condition characterized by recurring seizures, which can range from brief lapses in attention or minor muscle jerks to severe and prolonged convulsions. These seizures are triggered by sudden, typically short-lived, excessive electrical discharges in clusters of brain cells (neurons). In the World Health Organization's South-East Asia Region, 27% of disabilities are attributed to neuropsychiatric disorders.

In Ayurveda, *Apasmara* is described by Charaka as a disorder involving the loss of memory (*Smrti*) accompanied by *Bibhatsa Chesta* (repulsive movements) due to disturbances in *Dhi* (intellect) and *Sattva* (consciousness). Dalhana defines *Apasmara* as a

condition where memory is lost during an episode. The symptom *Tamah Pravesa* corresponds to *Jnana Abhava*, indicating a loss of consciousness, while *Bibhatsa Chesta* encompasses all unpleasant expressions, and *Samplava* signifies *Vibhrama*, or mental confusion. Seizures can result from anything that disrupts normal neuronal activity, including illness, brain injury, or abnormal brain development. Diagnostic tools for epilepsy often include measuring electrical brain activity with EEG (Electroencephalogram) and imaging tests like MRI (Magnetic Resonance Imaging) or CT scans. Ayurvedic concepts regarding *Apasmara* sometimes appear to contradict modern medical views. However, these ancient principles have withstood the test of time, providing relief to countless patients over centuries. While modern treatments effectively control seizures in most cases, 10-20% of patients experience drug-resistant epilepsy, posing significant diagnostic and therapeutic challenges. This form of epilepsy does not respond to initial anti-epileptic medications. Certain therapies, like adrenocorticotrophic hormone (ACTH) for West syndrome, require short-term injections and close monitoring of blood pressure and urine glucose levels, which can impact treatment adherence. Childhood seizures are a leading reason for visits to medical facilities, particularly emergency departments, and can contribute to morbidity and long-term disability. These

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seizures can affect cognitive function, quality of life, educational performance, mental health, and may lead to adverse effects from anti-epileptic medications.

Patient Information (Case Report)

According to the statement of the informant mother, who came to OPD of Panchakarma, Chaudhury Brahma Prakash Ayurveda Charak Sansthan Hospital with the complaints that her 5 year old female child presents with recurrent episodes of seizures for 20-25 times per day lasting for 30-45 seconds since 5th month of birth. Associated with inability to stand and sit properly, difficulty to speak.

History of present illness: According to the statement of the informant mother, her child was reasonably well since birth till he developed seizures at his 5th month. The seizures were sudden, brief blinking of eyes (focal seizures) and symmetrical contraction of all the four limbs towards the trunk followed by slow relaxation of limbs. There is no history of passing urine or defecation during the episodes of seizures. There is no history of fever, vomiting, respiratory problem, loss of consciousness or trauma. For above mentioned complaints she visited a general paediatrician and was treated with anti-epileptic drugs for months but having no control of seizures. Hence, they brought the child to our hospital for better evaluation and management.

Consanguinity: H/O Consanguineous marriage

Past history: H/O birth asphyxia, hyperbilirubinemia

Personal history: Appetite: Good, Sleep: Sound, Bowel: Regular, Micturition:

Regular Family history: Younger brother presents with the same history.

Drug history: Syrup. Sabril 5ml twice daily.

Birth history Antenatal: Mother was on regular antenatal check-up. She had no history of fever, rash, HTN, DM, Seizures, mental stress or any kind of infections.

Natal: The child was born as a full term baby through FTND and had a birth weight of 2.5 kg.

Post natal: He had Birth Asphyxia, Hyperbillirubinemia during neo-natal period and there was no history of seizures, neonatal sepsis.

Immunization history: Upto date

Milestones of development

Gross motor: Unable to stand and sit independently and no neck control.

Fine motor: Poor grasping reflex.

Language: Unable to speak

Cognition: social smile present.

Clinical Findings

Vitals BP = 110/70mmHg

Pulse = 90/min

RR = 30/min

Temp: Afebrile

Anthropometry: Height: 95cm

Weight: 12kg

Investigations: An EEG showed typical hypsarrhythmia pattern (diffuse high voltage slow spike and chaotic activity).

Treatment Protocol with Timeline

Therapies	1 st Admission (17/09/25 - 1/10/25)	2 nd Admission (16/10/25 - 22/10/25)
1) Pada Abhyanga with K.B oil	15 days	7 days
2) Shiropichu with Bramhi taila	15days	7 days
3) Shirobasti with Bramhi taila + Tila taila	7 days	7 days
4) Matrabasti with Dhanwantar taila	7 days	7 days

Shaman Ousadhi

S.No	Medicine	Dosage	Duration
1	Manas mitra vatakam	2 Tab BD	1 month
2	Smriti sagar ras	1 Tab BD	1 month
3	Rasoma Syrup	10 ml TID	1 month

Assessment Criteria

Criteria	BT	At 1 st Admission	At 2 nd Admission
Severity of attack	Sudden –moderate	Provoked –mild	Mild
Frequency of attack	20-25 times / day	10-12 / day	4-6 / day
Duration of attack	25-30 sec	15-20 sec	5-10 sec

Neck control	No neck control capacity	Mild neck control capacity	Mild neck control capacity
Gross motor	Difficulty to sit and stand	Able to sit and stand with much support	Able sit and stand with mild support
Speech	Difficulty in speak	Improvement in speak	Improvement in speak

RESULTS AND OBSERVATIONS

1. Previously the severity of attack was sudden-moderate in nature, after treatment it got reduced to mild.
2. Before treatment the frequency of attack was 20-25 times/day after treatment it reduced to 4-6 attack per day.
3. The duration of attack before treatment was 25-30 seconds but after treatment reduced to 5-10 sec.
4. Developmental delay:
 - a. There was no neck control capacity before treatment, after treatment the child developed neck control.
 - b. Before treatment, the child was unable to stand and sit, after treatment can be able to walk and sit with support.
 - c. Unable to speak before treatment, can be able to speak in monosyllables after treatment.

DISCUSSION

West syndrome is an age-dependent manifestation of underlying brain injury, and most children presenting with infantile spasms exhibit varying degrees of developmental delay. In Ayurveda, this condition can be correlated with *Apasmara*, a disorder primarily affecting *Manas* (mind), with predominant involvement of *Vata Dosha*. The presence of recurrent, short-lasting seizure episodes supports its consideration as *Vataja Apasmara*.

Since *Basti* is regarded as the principal therapeutic approach for Vata-dominant disorders, *Matra Basti* was selected, particularly because the patient was a child. It was administered with Dhanwantara Taila. This medicated oil contains ingredients such as *Bala moola*, *Dashamoola*, *Jeevaniya gana dravyas*, *Triphala*, *Shatavari*, and *Tila Taila*. Owing to its *Kashaya* and *Madhura Rasa* with *Madhura Vipaka*, it exhibits *Tridosahara* properties, with a special emphasis on *Vata Shamana*. It also possesses *Balya* and *Brimhana* qualities, supporting nourishment and strength. Therapeutically, it is believed to enhance neuromuscular function by strengthening and stimulating nervous and muscle tissues.

The administration of these *Sneha* therapies likely helped in pacifying aggravated *Vata*, promoting gross motor development, and reducing the severity of seizure episodes.

Shirobasti therapy aids in relieving obstruction within the *Srotas*, facilitating proper circulation of nutrients and thereby enhancing the strength and

vitality of *Dhatus*. Application of *Brahmi Taila* as *Shiropichu*, along with *Tila Taila*, is beneficial due to its *Medhya* (cognitive enhancing) and *Mano-prasadana* (mind-calming) properties.

Pada Abhyanga (therapeutic oil massage of the feet) plays a significant role in maintaining systemic health. The feet are considered important as they contain vital nerve endings connected to various organs. Regular oil application and massage strengthen these neural pathways, nourish vital points, and contribute to overall rejuvenation and well-being.

The medications selected for this therapeutic protocol possess *Vatahara*, *Brimhana*, and *Rasayana* properties, which contributed to improvement in motor development. Rasoma Syrup, containing *Brahmi*, *Shatavari*, and *Vidarikanda*, acts as *Balya*, *Vatahara*, and *Rasayana*. It supports cognitive function, enhances brain activity, and helps alleviate physical and mental weakness.

Manas Mitra Vatakam includes ingredients such as *Bala*, *Nagabala*, *Shankhapushpi*, *Loha Bhasma*, *Swarna Bhasma*, and *Mukta Pishti*. It is *Tridosahara* with a predominant *Vata-Kapha Shamana* effect. Additionally, it acts as *Deepana*, *Dhatu Balya*, and *Rasayana*, supporting physical, mental, and intellectual growth in children and helping manage psychomotor delay.

Smriti Sagar Ras is also beneficial in enhancing memory and speech functions. It contains *Parada*, *Gandhaka*, *Haratala*, *Tamra Bhasma*, *Vacha*, *Brahmi*, and *Jyotismati*. Its actions include *Tridosahara*, *Deepana*, and *Srotoshodhana*, thereby supporting cognitive clarity and neurological function.

Overall, the integrated Ayurvedic management focusing on Vata pacification, nourishment, and cognitive enhancement demonstrated notable improvement in seizure control and developmental progress in the child.

CONCLUSION

A complete cure for West syndrome cannot be claimed by any of the medical system. The framing and its timely application of a systematic and structured protocol in Ayurveda after analyzing *Dosha*, *Dushya*, *Bala* etc of a *Roga* and *Rogi* can make improvements in reduction of frequency and intensity of seizures, improving muscle tone, reduction and tremors, gradual attainment of milestones and improvement in receptive and expressive language. So Ayurvedic

treatment can make dramatic changes even in cases of genetic disorders.

Declaration and Patient Consent

Authors certify that they have obtained a patient consent form, where the care giver has given consent for reporting the case in the journal. The caregiver understands that her name and initials will not be published and efforts will be made to cover the identity but anonymity cannot be guaranteed.

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