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Ayurveda

NIDAN PANCHAK OF APASMAR VYADHI: A LITERATURE REVIEW

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ABSTRACT Apasmar is an important neuropsychiatric disorder described in Ayurvedic classics under Manasika and neurological diseases. The condition is characterized by recurrent episodes of impaired consciousness, abnormal body movements, disturbed memory, and altered mental functions. Ayurveda explains Apasmar comprehensively through the concept of Nidan Panchaka, which includes Nidana, Purvarupa, Rupa, Upashaya-Anupashaya, and Samprapti. This diagnostic framework provides detailed insight into disease causation, progression, symptomatology, prognosis, and management. Modern medicine correlates Apasmar with epilepsy, a chronic neurological disorder caused by abnormal electrical discharges in the brain. Despite advances in neurological sciences, epilepsy continues to impose a significant psychosocial and economic burden on patients and society. The present review critically evaluates classical Ayurvedic descriptions of Nidan Panchakof Apasmar from Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Madhava Nidana, and other classical texts along with modern scientific understanding. The article also explores the role of Ayurvedic principles in diagnosis, differential diagnosis, and integrated management approaches. Recent research evidence regarding Medhya Rasayana, Panchakarma, and neuroprotective Ayurvedic therapies has also been discussed. Understanding the Nidan Panchakof Apasmar may provide a holistic and clinically relevant approach for Ayurveda scholars, clinicians, and researchers.

KEYWORDS : Apasmar, Epilepsy, Nidan Panchak, Ayurveda, Manasika Vyadhi, Seizure Disorder, Samprapti.

INTRODUCTION

Ayurveda considers health as the balanced state of Dosha, Dhatu, Mala, Agni, and Manas.[1] Disturbance in these factors leads to disease manifestation. Among neurological disorders described in Ayurvedic literature, Apasmar occupies an important place due to its chronicity, episodic manifestations, and influence on higher mental functions. The term "Apasmar" is derived from the Sanskrit roots "Apa" meaning deprivation and "Smara" meaning memory or recollection. Thus, Apasmar denotes impairment or loss of consciousness and memory.[2] Charaka described Apasmar as transient loss of memory associated with derangement of intellect, mind, and behavior due to vitiated Doshas.

Apasmar is considered both a neurological and psychiatric disorder because it affects Smriti, Buddhi, Satva, and Indriya functions.[2] In modern medicine, epilepsy is defined as a chronic neurological disorder characterized by recurrent seizures caused by excessive and abnormal neuronal discharges in the brain.[3] According to the World Health Organization, epilepsy affects approximately 50 million people worldwide and remains one of the most common neurological disorders globally.[4] In India, epilepsy contributes significantly to neurological morbidity, especially in rural and resource-limited settings.[5] The Ayurvedic concept of Nidan Panchakprovides a multidimensional framework for understanding disease etiology, pathogenesis, symptomatology, prognosis, and management. Therefore, detailed understanding of Nidan Panchakof Apasmar is highly important.

Concept of Nidan Panchaka

Nidan Panchakis the fundamental diagnostic framework in Ayurveda consisting of five major components:

1. Nidana – Etiological factors
2. Purvarupa – Prodromal symptoms
3. Rupa – Clinical manifestations
4. Upashaya-Anupashaya – Relieving and aggravating factors
5. Samprapti – Pathogenesis

This systematic approach helps in understanding disease progression and planning appropriate management.[6]

Nidana of Apasmar

Ayurvedic classics describe various causative factors responsible for Apasmar.[7] [8]

Aharaja Nidana

- Viruddha Ahara
- Guru and Abhishyandi Ahara
- Excessive alcohol intake
- Contaminated food
- Irregular dietary habits

These factors result in Agnimandya and Dosha Dushti.

Viharaja Nidana

- Sleep deprivation
- Excessive physical exertion
- Suppression of natural urges
- Trauma
- Excessive stress exposure

Manasika Nidana

Mental factors play an important role in the pathogenesis of Apasmar.[2]

- Chinta (anxiety)
- Bhaya (fear)
- Shoka (grief)
- Krodha (anger)
- Emotional instability

Daivika Nidana

Classics also mention:

- Graha Badha
- Adharma
- Daivopaghata

These factors represent unexplained or idiopathic causes.[9]

Table 1: Nidana of Apasmar

Category	Etiological Factors
Aharaja	Viruddha Ahara, alcohol, heavy diet
Viharaja	Sleep deprivation, trauma
Manasika	Fear, anxiety, grief
Daivika	Graha Badha, unexplained causes

Purvarupa of Apasmar

Purvarupa are premonitory symptoms appearing before seizure manifestation. Common prodromal symptoms include:

- Hridspandana
- Bhrama
- Tamas Darshana
- Daurbalya
- Restlessness
- Anxiety
- Abnormal auditory perception

These manifestations closely resemble seizure aura described in modern neurology.[10]

Rupa of Apasmar

Clinical manifestations vary according to Dosha predominance.[6]
General Symptoms

- Sudden loss of consciousness
- Frothing from mouth
- Abnormal body movements
- Teeth clenching
- Rolling of eyes
- Falling episodes
- Temporary loss of memory

Table No 2. Type of Apasmar [7]

Type of Apasmar	Clinical Features
Vataja Apasmar	Tremors, frothing, irregular body movements, cyanosis
Pittaja Apasmar	Yellow discoloration, heat sensation, excess sweating, irritability
Kaphaja Apasmar	Heaviness, excess salivation, drowsiness, slow recovery
Sannipataja Apasmar	Combination of all Dosha symptoms with severe prognosis

Samprapti of Apasmar [11]

According to Charaka, vitiated Doshas affect Hridaya and Manovaha Srotas leading to impairment of consciousness and mental faculties.

Flowchart: Samprapti of Apasmar

Nidana Sevana
↓
Dosha Prakopa
↓
Hridaya and Manovaha Srotas Dushti
↓
Tamo Guna Vriddhi
↓
Smriti Vibhramsha
↓
Loss of Consciousness and Seizure Manifestation

Samprapti Ghataka

The pathological basis resembles neuronal hyperexcitability and neurochemical imbalance described in modern neuroscience.[12]

Table No 3 Showing Samprapti Ghataka

Component	Details
Dosha	Vata, Pitta, Kapha
Dushya	Manas, Rasa, Majja
Srotas	Manovaha Srotas, Pranavaha Srotas
Adhisthana	Hridaya, Mastishka
Udbhava Sthana	Amashaya
Vyaktasthana	Brain and nervous system

Upashaya and Anupashaya

Table: 4 Showing Upashaya and Anupashaya

Category	Factors
Upashaya	Satvika Ahara, Medhya Rasayana, adequate sleep, Panchakarma therapies, psychological stability
Anupashaya	Alcohol intake, stress, sleep deprivation, flashing lights, irregular medication use

These aggravating factors are also recognized in modern epileptology.[3]

Diagnosis of Apasmar

Diagnosis in Ayurveda is based on:

- Detailed history
- Dosha assessment
- Frequency of episodes
- Mental status examination
- Evaluation of Purvarupa

Modern Investigations Include:

- EEG
- MRI Brain
- CT Scan
- Serum electrolyte analysis[5,10]

Table 5 Showing Differential Diagnosis

Disease	Differentiating Features
Unmada	Persistent psychiatric disturbance
Murcha	Temporary unconsciousness without convulsions
Bhrama	Vertigo without seizures
Hysteria	Psychogenic manifestations

These disorders are extensively discussed in Ayurvedic classics.[1,6]

Modern Correlation

Apasmar is commonly correlated with epilepsy.[3] Similarities

- Recurrent seizures
- Loss of consciousness
- Abnormal motor activity
- Memory impairment

Neurophysiological Basis

Epilepsy occurs due to excessive synchronous neuronal discharge in the cerebral cortex.[12]

Risk Factors

- Head injury
- CNS infections
- Stroke
- Brain tumors
- Genetic predisposition[10,13]

Research Evidence

Several studies support the role of Ayurveda in epilepsy management.[14]

Medhya Rasayana

Brahmi, Shankhapushpi, and Mandukaparni possess neuroprotective, antioxidant, anxiolytic, and anticonvulsant properties.[15]

Panchakarma

Shirodhara and Nasya improve mental calmness and reduce stress-related seizure triggers.[16]

Clinical Studies

Ayurvedic formulations such as:

- Brahmi Ghrita
- Panchagavya Ghrita
- Saraswatarishta

have shown beneficial effects in reducing seizure frequency and improving quality of life.[17]

Table 6 Showing Management of Apasmar Clinical Pearls

Management Principle	Therapeutic Measures
Shodhana Chikitsa	Vamana, Virechana, Basti, Nasya
Shamana Chikitsa	Brahmi, Vacha, Jatamansi, Ashwagandha
Medhya Rasayana	Brahmi Ghrita, Saraswata Churna
Daivavyapashraya Chikitsa	Mantra, Homa, spiritual practices
Satvavajaya Chikitsa	Counseling, meditation, psychological support

- Sleep deprivation is a major seizure trigger.

- Vata predominance is commonly observed in chronic epilepsy.
- Psychological factors significantly influence prognosis.
- Medhya Rasayana improves cognition and quality of life.

DISCUSSION

Nidan Panchakprovides a holistic understanding of Apasmar beyond symptomatic diagnosis. Ayurveda emphasizes Dosha imbalance, lifestyle disturbances, and psychological factors as major contributors in disease manifestation. Modern medicine mainly focuses on abnormal neuronal discharges, whereas Ayurveda integrates Sharirika, Manasika, and Daivika aspects. The Purvarupa described in Ayurvedic classics closely resembles aura symptoms observed before epileptic seizures. Samprapti explains the involvement of Hridaya and Manovaha Srotas, which may be interpreted as neuropsychological dysfunction affecting higher cortical centers. Recent evidence suggests that several Ayurvedic herbs possess neuroprotective and anticonvulsant properties. Integrative management combining lifestyle regulation, psychological stabilization, Panchakarma, and pharmacological therapy may improve long- term outcomes.

Further interdisciplinary research is required to validate classical concepts using modern neurophysiological parameters and evidence-based methodologies.

CONCLUSION

Apasmar is a multidimensional neurological disorder comprehensively explained in Ayurvedic classics through the framework of Nidan Panchaka. The concepts of Nidana, Purvarupa, Rupa, Upashaya, and Samprapti provide valuable insights regarding diagnosis and management. Ayurvedic understanding correlates significantly with modern concepts of epilepsy while offering broader psychosomatic and holistic perspectives.

Integration of Ayurvedic therapies with modern neurological approaches may enhance patient care, reduce seizure burden, and improve quality of life. Detailed understanding of Nidan Panchakremains essential for PG Ayurveda scholars, clinicians, and researchers working in neuropsychiatric disorders.

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