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AYURVEDIC AND MODERN MANAGEMENT OF VEGAAVASTHA AND AVEGAVASTHA OF APASMAR: A REVIEW STUDY

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ABSTRACT

Apasmara, in Ayurvedic classics seems to be identical with description of epilepsy in modern medicine. Epilepsy is the second most common neurological disease. Epilepsy affects 1% of the world's population a most common serious disorder of the brain, greatly impacting on the quality of life of individuals. In Apasmar there is imbalance in three doshas Vata, Pitta, Kapha singly or all three of them together. So, the present conceptual study helps to understand the disease of the Modern era by the Ayurvedic perspective and contributes in the Integrative approach in the management of Apasmara or Epilepsy.

KEYWORDS: Apasma, Epilepsy, Vegavastha, Avegavastha.

INTRODUCTION

Apasmar consider as manovaha strotas vyadhi which is characterized as loss of smriti (memory) associate with bibhitsa cheshta (irrelevant moments) characterized by tam Pravesh (entering into darkness) due to derangement of buddhi (thinking capacity) and satva.[1] Term Apasmar is a combination of two words, that is Apa and Smara. The term 'Apa' Means

Parivarjana, i.e., loss.[2] Smara ‘is derived from ‘Smr’ Dhatu, meaning memory, rememberence . Ayurveda describe Apasmar as one of the ashtaumahagad vyadhi.[3] In etiology of Apasmar, aggravated Doshas get accumulated in Hridya which is mana and indriya sthan and produce the features based upon Doshika predominance which cause Illusion of the mind and loss of smriti. Epilepsy is abnormal discharging CNS neurons that causes abnormal muscular contraction and excitation. Status epilepticus is defined as any seizures lasting greater than 5 minutes or cluster of seizures with patient not recovering normal mental status in between seizures.[4]

AIM AND OBJECTIVE

To describe Ayurvedic Principles and Modern Management of Vegaavastha and Avegavastha in Apasmar.

MATERIAL AND METHOD

In this study information collected from the available Ayurvedic Samhitas and few elementary text books, published research papers, previous work done and related research works were searched to get comprehensive knowledge about the disease Apasmar.

MANAGEMENT OF APASMAR

The management of Apasmar has two aspects:

1) Management of Vegavastha of Apasmar.
2) Management of the avegavastha of Apasmar

Management of Vegavastha

Ayurvedic management

The main chikitsa in vegavastha is sandnya prabodhan that is restoration of activities of the above mentioned systems to their normal status which is devoid of any derangement. For sandnyaprabhodhana Tikshna Anjana, Nasya, Dhum is used.[5]

1) Tikshna Nasya

A) Vacha, Satala, Shirish churn
B) Shigrupatra swaras
C) Karanjadi yoga
D) Nirgundi tail
E) Vatvidhwans churn for pradhman Nasya

2) Tikshna Anjana

A) Karanjbij, Devdaru, Mohari, Hinga, Triphala, Trikatu, Vacha churn taken in equal quantity mix with ajamutra this yoga is known as karanjadi yoga.

B) Shwaskuthar with honey

3) Dhuma

A) Manahsheela, Vacha, Saindhav, Pimpali, Shigrubij, Hinga, Raktachandan, Kakoli, Mohari

B) Guggul

4) When seizures subsides advice patient to rest. After wake up advice ushnodaka bath and Laghu, Drava, Ushna Aahara

Modern management – (for status epilepticus)[6]

1) ABC approach
2) Airway is secured and oxygen is given
3) Tongue is secured by soft and large object placed between teeth
4) Secured 2 iv lines, obtain blood for glucose, calcium, electrolyte, serum creatinine etc
5) Give Diazepam (5-10 mg) IV directly into veins at a rate 1-2 mg/min will control fit rapidly. It can be diluted into 10-20 ml of normal saline (facilities of intubation should be available because Diazepam also cause respiratory depression)
6) If not controlled add Phenytoin (should be given through glucose free IV line). Loading dose 20mg/kg, infusion rate should not exceed 50mg/min. Effect occurs in 20 minutes
7) If seizures not controlled Phenobarbitone should be used. Loading dose of 20mg/kg should be sufficient to stop fits.
8) If not controlled dose of Phenytoin should be increased by 5-10mg/kg. Increment till seizures are controlled, infusion rate should not exceed 50mg/ min.
9) If seizures not controlled after30- 60 mins, refractory status epilepticus – shift to ICU, give general anaesthesia (midazolam, propofaol), ventilation, intubation

MANAGEMENT OF AVEGAVASTHA

Ayurvedic management

In Avegavastha according to doshas Shodhan, Shaman, Rasayan chikitsa involved. For vatdosha Bastichikitsa, for Pitta dosha Virechana, for Kapha dosha Vamana is advised.[7]

1) Shodhan

A) Kaphaj Apasmar – Vaman by Madanphal, Vacha, Yashtimadhu or Lavan jal

B) Pittaj Apasmar – Virechana by Aaragvadh, Haritaki, Aamalaki, Draksha or Nishottar

C) Vataj Apasmar – Niruha and Anuvasan basti by Dashmul kwath and Sahchar taila

2) Shaman

a. Aushadhi dravya – Brahmi, Vacha, Jatamansi, Pimpali, Tulasi, Dhattur, Triphala, Sarpagandha, Ashwagandha, Abhrak, Raupya, Suvarna bhasma

b. Aushadhi Kalpa –

Vatvidhwans Ras

Mahavatvidhwansa

Smrutisagar ras

Bhutbhairav ras

Samirpannag

Sutshekhar

Brahmiprash

Medhamrut

3) Rasayan and Apunarbhava chikitsa

For Rasayan chikitsa mainly Ghee is used. Ghee works on Dhee (wisdom), Dhruti (determination) and Smruti (memory or remembrance). Mainly ghrita medicated with Brahmi, vacha, Jatamansi etc used for apasmara.

Panchyagavya ghruta is important kalpa in Rasayan chikitsa in Apasmar.

Modern management

Lifestyle advice[8]

Patients should be advised to avoid activities where they might place themselves or others at risk if they have a seizure. This Applies at work, at home and at leisure. At home, only shallow Baths (or showers) should be taken. Prolonged cycle journeys Should be discouraged until reasonable freedom from seizures has been achieved. Activities involving prolonged proximity to water (swimming, fishing or boating) should always be carried out in the company of someone who is aware of the risks and The potential need for rescue measures.

Certain occupations, such as firefighter or airline pilot, are not open to those with a previous or active with disease. The risk of harm from epilepsy should be discussed around the time of diagnosis. This should be done with care and sensitivity, and with the aim of motivating the

patient to adapt habits and lifestyle to optimise epilepsy control and minimise risks of serious complications.

Guidelines for antiepileptic drug therapy

- Start with one first-line drug
- Start at a low dose; gradually increase dose until effective control of seizures is achieved or side-effects develop
- Optimise adherence (use minimum number of doses per day)
- If first drug fails (seizures continue or side-effects develop), start second first-line drug, followed if possible by gradual withdrawal of first.
- If second drug fails (seizures continue or side-effects develop), start second-line drug in combination with the preferred baseline drug at maximum tolerated dose (beware interactions)
- If this combination fails (seizures continue or side-effects develop), replace second-line drug with alternative second-line drug
- If this combination fails, check adherence and reconsider diagnosis (Are events seizures? Occult lesion? Treatment adherence/alcohol/drugs confounding response?)
- Consider alternative, non-drug treatments (e.g. epilepsy surgery, vagal nerve stimulation)
- Use minimum number of drugs in combination at any one time

Guidelines for choice of antiepileptic drug[9]

Epilepsy type	First -line	Second- line	Third-line
Focal onset and/or secondary GTCS	Lamotrigine	Carbamazepine Levetiracetam Sodium valproate Topiramate Zonisamide Lacosamide	Clobazam Gabapentin Oxcarbazepine Phenobarbital Phenytoin Pregabalin Primidone Tiagabine
GTCS	Sodium valproate Levetiracetam	Lamotrigine Topiramate Zonisamide	Carbamazepine Phenytoin Primidone Phenobarbital Acetazolamide
Absence	Ethosuximide	Sodium valproate	Lamotrigine Clonazepam
Myoclonic	Sodium valproate	Levetiracetam Clonazepam	Lamotrigine Phenobarbital

Epilepsy surgery

Some patients with drug-resistant epilepsy benefit froqm surgical resection of epileptogenic brain tissue. Less invasive treatments, including vagal nerve stimulation or deep brain stimulation, may also be helpful in some patients.

CONCLUSION

Apasmara is the disease condition of neurological system affect personal and professional life of affected individual. Apasmara is likened to epilepsy. Apasmara or epilepsy, has been thoroughly explained by Acharyas in their individual ayurvedic samhitas and by contemporary writers in their works. The cause, exacerbating factors, symptoms, diagnosis, and treatment of Apasmar have all been thoroughly detailed in both ancient Samhitas and contemporary literature. Therefore in this article management of Apasmar in both Vegaavastha and Avegavastha is explained.

REFERENCE

1. Agnivesha (2015) Charaka Samhita. In: Acharya T, et al. (Eds.), Ayurveda Deepika Commentary of Chakrapani, Nidana Sthana, Chapter 8, verse 5, Chaukhambha orientalia, Varanasi, 226
2. Sushruta samhita, Aacharya Sushruta, uttartantra Adhyaya 61, verse 3
3. Agnivesha (2015) Charaka Samhita. In: Acharya T, et al. (Eds.), Ayurveda Deepika Commentary of Chakrapani, Indriya Sthana, Chapter 9, verse 8-9, Chaukhambha orientalia, Varanasi.
4. Davidson’s Principles and Practice of Medicine edited by Stuart H. Ralston, lan D. Penman, Mark W. J. Strachan, Richard P. Hobson, International edition, 23rd edition, Page 1080.
5. Shastri SN. Charaka Saṃhitā, Chikitsa Sthana, Chapter 10, verses 3–17 (Vidyotini Hindi commentary). Reprint ed. Varanasi: Chaukhambha Bharati Academy, 2019; 328–32.
6. Scottish Intercollegiate Guidelines Network (SIGN). Diagnosis and management of epilepsy in adults. Edinburgh: SIGN; 2015. SIGN publication no. 143.
7. Shastri SN. Charaka Saṃhitā, Chikitsa Sthana, Chapter 10, verses 14 (Vidyotini Hindi commentary). Reprint ed. Varanasi: Chaukhambha Bharati Academy; 2019; 328–32.
8. Davidson’s Principles and Practice of Medicine edited by Stuart H. Ralston, lan D. Penman, Mark W. J. Strachan, Richard P. Hobson, International edition, 23rd edition, 1097.

9. Scottish Intercollegiate Guidelines Network (SIGN). Diagnosis and management of epilepsy in adults. Edinburgh: SIGN; 2015. SIGN publication. 143.