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An Ayurvedic Approach In The Management Of Epilepsy: A Case Report

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Abstract

Background: Epilepsy is a chronic neurological disorder characterized by recurrent, unprovoked seizures, often accompanied by neurobiological, cognitive, psychological, and social consequences. Integrative approaches incorporating Ayurveda alongside conventional antiepileptic drugs (AEDs) may provide additional benefits in symptom control and quality of life.

Case Presentation: We report the case of an 11-year-old male child with a history of epilepsy, presenting with abnormal gait, right-eye strabismus with impaired vision, slurred speech, irritability, poor scholastic performance, and anorexia. Based on Ayurvedic assessment, probable diagnoses included *Skandāpasmāra*, *Sarvāṅgavāta*, *Kapha-āvṛta Vyāna Vāta*, and *Vyādhija Phakka*. Treatment was guided by principles of *Agnidīpana* (metabolic stimulation), *Srotoshodhana* (channel purification), *Balya* (strength promotion), and *Vāta-shamana* (pacification of deranged *Vāta*). Internal medicines (including *Kalyānaka Ghṛta*, *Rājanyādi Cūrṇa*, *Brahmī Vaṭi*, and *Kumārīāsava*) were combined with external procedures (*Abhyanga*, *Śirodhārā*, *Pratimarśa Nasya*, and *Jihvā-avagharṣaṇa*).

Outcomes: Within 45 days of inpatient treatment and 3 months of follow-up, the child showed significant improvement in gait, appetite, speech clarity, and sociability. No seizures occurred during the entire treatment and follow-up period. Vision impairment persisted due to cortical damage.

Conclusion: This case suggests that Ayurvedic interventions, when used as an adjunct to conventional AEDs, may support functional recovery, improve quality of life, and help in the holistic management of epilepsy. Controlled clinical studies are warranted to validate these findings.

Keywords: Epilepsy, Ayurveda, Case Report, Integrative Medicine, Pediatric Neurology

Introduction

Epilepsy is a chronic brain disorder characterized by an enduring predisposition to generate epileptic seizures and the associated neurobiological, cognitive, psychological, and social consequences. It is not synonymous with a single seizure but implies a recurrent, long-term risk.[1]

According to the International League Against Epilepsy (ILAE), epilepsy is diagnosed when any of the following criteria are met:

1. Two or more unprovoked (or reflex) seizures occurring more than 24 hours apart.
2. One unprovoked (or reflex) seizure with a high recurrence risk (≥60%) over the next 10 years, based on EEG, MRI, or syndromic evidence.

Epilepsy has far-reaching consequences beyond seizure activity. Neurobiological mechanisms include neuronal hyperexcitability and hypersynchrony due to genetic, structural, metabolic, infectious, or immune causes. Cognitive impairments, behavioral disturbances, and psychological comorbidities such as anxiety and depression are frequent. Socially, patients face stigma, reduced educational and occupational opportunities, and impaired quality of life.

Conventional treatment strategies are primarily pharmacological, offering symptomatic relief and seizure control. However, many patients continue to experience neurocognitive and psychosocial challenges despite adequate AED use. Integrative approaches, such as Ayurveda, may provide complementary benefits.

This case report describes the successful application of Ayurvedic principles and therapies in conjunction with conventional AEDs for a pediatric epilepsy patient.

Place of study – Paediatric ward, Government Ayurved College, Jalgaon, Maharashtra

Patient consent – Written consent for publication of this case study had been obtained from the patients parents.

Case Presentation

Patient Profile:

- Age/Sex: 11-year-old male
- Location: Sarola, Aurangabad (Maharashtra, India)
- Admission: Inpatient Department, Government Ayurved College, Jalgaon
- Presenting complaints: Abnormal gait, strabismus with low vision in the right eye, slurred speech, irritability, poor scholastic performance, anorexia, and history of seizures

- Weight: 26 kg; Height: 136 cm; Vitals: Stable

Birth and Developmental History:

The patient was born on date 16/02/2012 full term via normal vaginal delivery (birth weight: 2.5 kg; head circumference: 33.5 cm; length:48 cm; chest circumference: 31 cm). He experienced hypoglycemic seizures on the third day of life, requiring NICU admission for 7 days. He was treated with Syrup Gardinal for 4 months. Developmental milestones were largely achieved within normal limits, except delayed walking with support (14–15 months) and delayed speech (12 months).

At age 7, he was hospitalized with high-grade fever and recurrent convulsions. Since then, he had been prescribed AEDs (Valproate, Brivaracetam, Clobazam). Seizures recurred intermittently for 2 years, but none were reported in the last 2 years. However, AEDs were continued.

Medications at Admission:

- Valproate 300 mg BD
- Brivaracetam 25 mg BD
- Clobazam 5 mg OD
- Risperidone 0.5 mg OD

No relevant family history was noted.

Clinical Examination

- General**:** Abnormal gait, right-eye squint, impaired vision, slurred speech, irritability, poor appetite, low scholastic performance.
- Systems**:** Respiratory, cardiovascular, and abdominal examinations within normal limits
- Laboratory Findings**:** CBC normal
- General Examination: Abnormal gait, right-eye squint, impaired vision, slurred speech, irritability, poor appetite, low scholastic performance.
- Weight: 26 kg
- Height: 139cm
- Head Circumference: 48.5cm
- Chest circumference: 58cm

- Ayurvedic Assessment (*Ashtavidha pariksha*):
- Nadi: Vāta-Pitta
- Mala: Prakrut
- Mutra: Prakrut
- Jivha: Alpasaam
- Shabda: Aspashta
- Sparsha: Anushnasheeta
- Druk: Drushtimandya
- Akruti: Madhyam

Clinical Findings

Table 1: Summary of Investigations

Date	Investigation	Findings
19/02/2012	Admitted to private NICU centre	Hypoglycemic seizure On discharge medicine Gardinal Syrup 1ml HS for 4 months
28/04/2019	Admitted to private hospital for Status epilepticus with fever	
29/04/2019	MRI Brain	Hyperintense areas in bilateral peritrigonal and parietal white matter abutting the ventricular surface, with prominent occipital horns; suggestive of periventricular leukomalacia (PVL).
29/04/2019	HIV, HBSA Sr. Electrolytes	Non-reactive Within normal limits
30/04/2019	Ophthalmologist opinion	? Amblyopia, ? Cortical blindness Opticlude Eye patch 3hrs/day
07/08/2019	Ophthalmologist opinion	? Amblyopia, ? Cortical blindness Non-compliant to patching

Date	Investigation	Findings
28/09/2020	EEG	Showed right frontal-temporal-occipital epileptiform abnormalities in sleep
06/12/2021	EEG	Awake EEG shows generalized IEDs during record
21/12/2022	EEG	Showed focal epileptiform abnormalities seen over the right posterior head region and bilateral posterior head region along with mild degree of electrophysiological dysfunction over the same region.

Ayurvedic Diagnosis

- *Skandāpasmāra*
- *Sarvāṅgavāta*
- *Kapha-āvṛta Vyāna Vāta*
- *Vyādhija Phakka*

Therapeutic Intervention

Treatment Protocol – Total duration – 90 days as given below

Total 3 course of each 15 days schedule for IPD treatment with 15 days interval in between.

Internal Medications:

Sr. no.	Formulation	Dose	Anupana	Time of administration
1	*Rājanyādi Cūrṇa*	1gm twice a day	Honey	Morning, after meal
2	*Daśamūlāriṣṭa*	10ml twice a day	water	Morning, after meal
3	*Kalyānaka Ghṛta*	5ml twice a day	Warm milk	Morning, evening before meal
4	*Sarasvatāriṣṭa*	10ml twice a day	Water	Morning, after meal
5	*Brahmī Vaṭi*	1 tab twice a day	Water	Morning, after meal
6	*Triphala Ghṛta*	5ml once a day	Warm water	At morning before meal

- *Rājanyādi Cūrṇa* and *Daśamūlāriṣṭa* – for *Agnidīpana* and *Balya*
- *Kalyānaka Ghṛta* and *Sarasvatāriṣṭa* – for cognitive enhancement and *Majjā dhātu* support
- *Brahmī Vaṭi* (during follow-up) for cognitive enhancement
- *Triphala Ghṛta* (during follow-up) for eye care.

***Panchakarma* Therapies:**

Sr. no.	Name of therapy	Drugs	dose	Duration of treatment
1	*Abhyanga*	*Balaśvagandhādi Taila*	-	3 months
2	*Śirodhārā*	*Brahmī Taila*		45 days
3	*Jihvā-avagharṣaṇa*	*Vacā* and honey		3 months
4	*Pratimarśa Nasya*	*Pañcendriyavardhana Taila*	2 drops in each nostril	45 days
5	*Kālabasti Nirūha Basti*	*Daśamūla Kvātha*	550 ml	3 courses of 15 days each
	Anuvāsana Basti	*Bala Taila*	120 ml	

- *Abhyanga* with *Balaśvagandhādi Taila* – daily for 3 months, extended during follow-up
- *Śirodhārā* with *Brahmī Taila* – 15–20 min daily for 45 days
- *Jihvā-avagharṣaṇa* with *Vacā* and honey – 3 months
- *Pratimarśa Nasya* with *Pañcendriyavardhana Taila* – 2 drops daily for 45 days
- *Kālabasti* in three sittings at 15-day intervals (*Nirūha Basti* with *Daśamūla Kvātha* and *Anuvāsana Basti* with *Bala Taila*)

Adverse events: Mild cold and digestive disturbances, managed with Ayurvedic medicines.

Outcomes

- **3 days:** Appetite improved, food intake increased
- **15 days:** Weight gain of 1.5 kg; reduced irritability
- **45 days:** Improved gait, clearer speech, increased sociability; total weight gain 3 kg

- **6 months:**
    - Sustained improvements in speech clarity, gait, appetite, and sociability
    - Moderate improvement in scholastic performance
    - No seizures reported during treatment or follow-up
    - No improvement in vision (cortical damage confirmed by ophthalmologist)

Timeline

16/02/2012	Date of birth
19/02/2012	Hypoglycemic seizures Admitted to private NICU centre
April 2020	Hospitalised due to High grade fever with recurrent convulsion
Upto August 2023	Home care with anticonvulsant drugs and follow up to the neurophysician
August 2023	Visited to Kaumarbhrtya OPD of our Institute
September 2023	Admitted in IPD ward of Kaumarbhritya and treatment started
February 2024	Improved gait, clearer speech, increased sociability

Discussion

This case highlights the potential role of Ayurveda as an adjunct therapy in epilepsy management. While conventional AEDs provided seizure control, residual neurocognitive and psychosocial deficits persisted. Ayurvedic interventions appeared to complement pharmacotherapy by addressing functional impairments and improving overall quality of life.

Balya therapies strengthened neuromuscular coordination, *Medhya Rasayana* (cognitive-enhancing drugs) improved speech and scholastic performance, while external therapies such as Abhyang with medicated oil increases blood amino acids such as tryptophan, simultaneously reduces stress and stimulate nervous system,ultimately which acts on muscular system that governed particular nerve actions.[6] *Śirodhārā* promoted relaxation and psychosomatic balance. The absence of seizure recurrence during treatment further supports the stabilizing potential of integrative management.

However, as a single-case report, these findings cannot be generalized. Rigorous clinical trials are necessary to evaluate efficacy, safety, and reproducibility of such integrative approaches in epilepsy.

Conclusion

This case suggests that Ayurvedic treatment, when combined with conventional AEDs, can play a supportive role in improving functional outcomes and quality of life in epilepsy patients. Further research is warranted to explore Ayurveda as a complementary therapeutic modality in neurological disorders.

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