

Case Series



Integrative *Ayurveda* management of focal impaired awareness seizures with psychotic features: A case report

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ABSTRACT:

Background: *Acharya Charaka* described *Apasmara* (epilepsy) as a condition where the mind loses its memory and is troubled by convulsions due to the imbalance of *dhi* and *sattva*. This condition primarily involves the *Vata and Rajo doshas*, affecting both the body and mind, causing problems with perception, memory, and behavior.

Clinical findings: A 25-year-old woman visited the *Manasaroga* OPD with episodes of altered consciousness that had occurred over two years, along with auditory and visual hallucinations and behavioral disturbances. Although traditional antiepileptic medications and antipsychotics provided some relief, they were stopped due to side effects and lack of effectiveness. Given the chronic nature of the condition and its involvement of multiple *doshas*, a treatment plan was developed that included *Yoga Basti* (medicated enema), *Shirodhara* (continuous application of medicated oil to the forehead), and *Nasya* (nasal instillation), along with palliative *Ayurvedic* medications.

Outcome: Within a month, the number of episodes decreased, and both sleep and behavior improved, leading to a better quality of life. The patient was pleased with the treatment, and palliative care was recommended to maintain the benefits.

Conclusion: The treatment was carried out for 3 months in addition to her ongoing conventional anti-convulsant medicines and notable clinical improvements were observed with respect to episodes of altered consciousness, auditory, visual hallucinations, and behavioral disturbances. This case report shows the potential benefits of holistic *Ayurvedic* intervention, including *panchakarma* and palliative therapies, in a non-responsive *Apasmara* patient, and highlights an improvement in quality of life.

KEYWORDS: *Apasmara*, Seizures, Focal impaired seizures, Epilepsy, Case report

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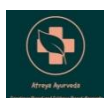
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1. INTRODUCTION

Apasmara (epilepsy) was explained by *Acharya Charaka* as *smriti Apagama* (loss of memory/retention) with the aspects of *Bibhatsa cheshta* (irrelevant or abnormal behavior), and occurring under the influence of deranged *dhi* (intellect) and *sattva* (strength of the mind). [1] In *Madhava Nidana*, *Apasmara* is described as the fading of *Smriti* with the sign of *tamaha pravesha* (darkness before eye), which happens on its own. [2] *Apasmara* is a clinical term that signifies a condition. The term *smara* means memory, intelligence, and consciousness, where *Apa* means loss of. In this way, loss of consciousness is one of its main characteristics. [3] In modern medicine, *Apasmara* symptoms are attributed to epilepsy, a neurological condition caused by distortion of normal neuronal activity resulting in convulsions, sensory dysfunctions, muscle twitches, and alertness loss in about 50 million globally, with 80 percent in developing and middle-income countries. [4, 5] An estimate of about 51.7 million individuals has active epilepsy (24 million due to idiopathic and 28 million secondary), with prevalence increasing by nearly 10.8 percent from 1990-2021. Even with certain decreases in mortality and disability-adjusted life years, the largest quantity rests in low-resource settings. [6] Focal impaired awareness Seizures (FIAS) belong to its subtypes that are common manifestations in which the seizures start in one hemisphere and result in impaired awareness, automatisms, and behavioral changes. [7] The case is highly relevant since *Apasmara* is accompanied by behavioral disturbances and inadequate response to conventional therapy and would

demonstrate the efficacy of a holistic approach in offering symptomatic relief and better quality of life, without any adverse effects.

2. CASE REPORT

A 25-year-old female patient with OPD number KLE240021283 reported to *Manasollasa* OPD, KLE Ayurveda Hospital and MRC, with repeated episodes of loss of consciousness with jerky movements, sweating, loss of memory and lockjaw during those episodes, occurring once in two months since 1.6 years of age. She also had the features of mental irritation, disturbed sleep, and vitiated *Dhi* (intellect), *Dhriti* (retention), and *Smriti* (memory). She developed delusions of vision, hallucinations of audition and of olfaction on the first extraction, excessive talkativeness, irritability, and emotional lability for the last 2 years during episodes. Her medical history was otherwise unremarkable (no other chronic pathological state was observed, except for the antiepileptic therapy from early childhood). Family history was remarkable for her father's death when the patient was 1.6 years old, and several attempted suicides of her mother during her young childhood, demonstrating psychosocial stress.

Clinical Findings: On physical examination, the patient was conscious and responsive and had stable vitals (HR–68/min, RR–18/min, BP–130/80 mm Hg). Cranial nerve, motor, sensory, and cerebellar examinations were unremarkable, and there were no meningeal signs. The psychiatric assessment demonstrated gaze avoidance, eccentric gesturing, inappropriate smiling or crying, indicating hallucinatory behavior, poor judgment, no abstract thinking, and total denial of illness. And visual

and auditory hallucinations, and the thought content disclosed phobic ideations, such as the former. Speech was slow, deep voice, and not spontaneous, with memory problems and disorientation. *Ashatavidha Pariksha* revealed *Nadi* 68/min, *Mala saama grathita*, *Mutra samyak*, *Jivha saam*, *Shabda spashta*, *Sparsha anushanashita*, *Drik prakruta*, and *Aakruti krusha*.

Diagnostic Assessment: The disease was diagnosed as *Apasmara* on the criteria of classical *Ayurvedic* clinical features like sudden loss of consciousness, jerky movements, memory impairment, illusions, frustration, and vitiation of *Dhi-Dhriti-Smriti*. A standardized scale was used for the second assessment (National Hospital

Seizure Severity Scale, Hamilton Anxiety Rating Scale - HAM-A; Hamilton Depression Rating Scale - HAM-D; Insomnia Severity Index - ISI, and Columbia Suicide Severity Rating Scale) to assess neuropsychiatric symptoms.

Intervention: The treatment plan was intended in two phases, together with supportive *yoga* therapy in addition with her ongoing anti-convulsant medicines (tab. Sodium valproate 33mg and valproic acid 145 mg l bd, tab. phenobarbitone 30 mg 2 bd). A total treatment plan was given for 90 days, including follow-up. The interventions have been shown in tabular form. (Table no: 1, 2, 3)

Table 1. Timeline of Interventions and Observed Outcomes

Date	Interventions given	Observed Outcomes
07/04/25	<i>Madiphala Rasayana</i> , <i>Yoga Basti</i> , <i>Yoga [Dhyana, Anuloma, Villoma Pranayama, Tadasana Padmasana, Shavasana]</i>	Initial reduction in seizure severity (grade 3 → 2); mild aura noted; HAM-A 17 → 13, HAM-D 20 → 15, ISI 18 → 15, MMSE 15 → 18; slight fatigue which resolved spontaneously
22/04/25	<i>Bramhi Vati</i> , <i>Brahmi Ghrita</i> , continued <i>Yoga [Dhyana, Anuloma, Villoma Pranayama, Tadasana Padmasana, Shavasana]</i>	Further reduction in seizures (grade 2 → 1); ictal features resolved; cognitive improvement (MMSE 18 → 20); mood improvements (HAM-A 13 → 10; HAM-D 15 → 10); improved sleep and emotional stability
07/05/25	<i>Sarasvatarishta</i> , ongoing <i>Rasayana & ,Yoga [Dhyana, Anuloma, Villoma Pranayama, Tadasana Padmasana, Shavasana]</i>	Complete cessation of seizures (grade 1 → 0); cognitive improvement (MMSE 20 → 22); mood stabilization (HAM-A 10 → 8; HAM-D 10 → 6); improved sleep (ISI 12 → 10); enhanced daily functioning
06/06/25	Maintenance with <i>Rasayana, Yoga [Dhyana, Anuloma, Villoma Pranayama, Tadasana Padmasana, Shavasana]</i>	Sustained seizure-free status; significant cognitive recovery (MMSE 22 → 24); minimal anxiety/depression (HAM-A 8 → 7; HAM-D 6 → 4); improved quality of life, social engagement, and overall well-being

Table 2: Comprehensive Treatment Protocol

Phase	Sl. No.	Intervention	Drugs / Materials Used	Dose	Duration
Panchakarma	1	<i>Sarvanga Abhyanga</i> (Full-body massage)	<i>Dhanwantara Taila</i>	-	15 days
	2	<i>Bhaspasweda</i> (Sudation)	<i>Dashmool Kwath</i>	-	15 days

	3	<i>Shirodhara</i>	<i>Tila Taila + Bramhi Taila</i>	-	10 days
	4	<i>Nasya (Marsha)</i>	<i>Panchagavya Ghrita</i>	8 drops in each nostril	10 days
	5	<i>Yoga Basti (Anuvasana)</i>	<i>Dhanwantara Taila</i>	120 mL	<i>Yoga</i>
	6	<i>Niruha Basti</i>	<i>Dashmoola Kwath</i>	650 mL	<i>Basti</i>
Shamana Medicines	1	<i>Tab Bramhi Vati</i>		2 tablets twice daily	15 days
	2	<i>Manasmitra Vatakam</i>		1 tablet once daily	15 days
	3	<i>Saraswatarishta</i>		15 mL twice daily	15 days
	4	<i>Brahmi Ghrita</i>		15 mL twice daily	15 days
Supportive Yoga & Meditation	1	<i>Anuloma, villoma pranayama</i>		10 min/day	15 days
	2	<i>Tadasana, Padmaasana, Shavashana</i>		15 min/day	15 days
	3	<i>Dhyana (Meditation)</i>		15 min/day	15 days

Table 3: Ingredients of *Dashmoola Niruha Basti*

Sl No	Component	Quantity
1.	<i>Madhu</i> (honey)	50 ml
2.	<i>Saindhava</i> (rock salt)	5 g
3.	<i>Sneha (Kalyanak Ghrita)</i>	70 ml
4.	<i>Kalka</i> (Herbal paste)	40 g (<i>Ashwagandha</i> 10 g + <i>Shatapushpi</i> 10 g + <i>Guduchi</i> 10 g + <i>Kapikacchu</i> 10 g)

5.	<i>Dashamoola Kashaya</i> (decoction of 10 roots)	300
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Follow-Up and Outcomes

The patient was observed closely as the treatment progressed with evaluations at the 15th, 30th, 60th, and 90th days. (Table no:4)

Table 4: Follow ups and outcomes summary

Parameter	Baseline	15th Day	30th Day	60th Day	90th Day	Notes
Seizure Severity (grade)	3	2	1	0	0	Gradual improvement; mild breakthrough aura at 15th day
Frequency of Convulsions	1/week	0.5/week	0	0	0	Minor breakthrough on 15th day
Duration of Convulsions	5–10 min	2–5 min	0	0	0	Slightly prolonged at 15th day
Seizure Features (Aura, Drowsiness, Others)	Present	Mild	Resolved	Resolved	Resolved	Fatigue noted first 15 days
HAM-A (Anxiety)	17	13	10	8	7	Mild restlessness first month
HAM-D (Depression)	20	15	10	6	4	Brief low mood around 15th day
ISI (Insomnia)	18	15	12	10	9	Occasional difficulty falling asleep early
Mini Mental Status Examination (MMSE)	15	18	20	22	24	Temporary mild attention deficits early

(Cognition)						
National Hospital Seizure Severity Scale	19	14	9	7	6	Minor breakthrough seizure features at 15th day
Columbia Suicide Severity Scale	10	5	2	1	0	Suicidal ideation resolved by 90th day

3. DISCUSSION

In Ayurveda epilepsy like presentations are traditionally conceptualized as *Apasmara*, attributed to vitiation of *dosha*, accumulated in *Hridya*, leading to manifestations such as tonic-clonic seizures, visual hallucinations, ocular deviation, frothing and impaired consciousness. [8] Ayurvedic approach to *Apasmara* is to pacify vitiated *Vata*, restore *Manovaha Srotas* functionality, and reduce the frequency of seizures. In this present case study, *Dashamoola Niruha Basti* with has *Shodhana* and *Rasayana* effects, with *Medhya* herbs (*Ashwagandha*, *Shatapushpi*, *Guduchi*, *Kapikacchu*), *Kalyanak Ghrita* and *Madhu* with the neuroprotective, memory-enhancing, and anti-convulsant actions. [9] Additional external therapy practices, *Sarvanga Abhyanga* with *Dhanwantara Taila*, *Petisweda* with *Dashamoola Kwatha*, *Shirodhara* with *Tila* and *Brahmi Taila*, *Nasya* with *Panchagavya Ghrita*, enhance calming and pacifying effects on the *Vata*, enhance and increase the circulation, nurture the nervous system, and drive *Medhya Rasayanas* directly to the brain that helps one in gaining more clarity and stability in mental health. [10]

Bramhi Vati, which contained *Brahmi* (*bacopa monnieri*) with *Medhya Rasayana*, was used in treating cognition failures as well as psychiatric disorders. Classical texts

like *Charaka Samhitha* [11] suggest the use of *Brahmi* in *Medhya*, *Smriti*, and *Manovaha Sthapana*, especially in *Apasmara* and *Unmada* conditions. *Brahmi* administered through ghee can cross the blood-brain barrier and has a neuroprotective-neurotransmitter modulating effect, and improves memory. [12, 13] *Sarasvatarishta* improved general well-being, memory, sleep, immunity, and emotional satisfaction. [14] *Madiphala Rasayana* was used in treatment dosage as a rejuvenating drug of the nervous system and restoring *Ojas* and pacifying vitiated *Vata*. [15] Yogic interventions played a supportive role in the man-management plan. *Pranayama* improved oxygenation of the brain, the autonomic system, and metabolism, thereby decreasing the severity and duration of seizures. *Dhyana* (meditation) calms the mind, normalizes cerebral circulation, neutralizes stressful hormones.

4. CONCLUSION

The above case study of A 25-year-old woman with episodes of altered consciousness that had occurred over two years, along with auditory and visual hallucinations and behavioral disturbances has been treated by using integrated treatment protocol, This integrated treatment protocol, involving *Panchakarma* procedures (*Yoga Basti*, *Shirodhara*, *Nasya*), along with palliative Ayurvedic formulations (*Madiphala Rasayana*,

Bramhi Vati, Brahmi Ghrita, Sarasvatarishta) and supportive yogic modalities (*Pranayama, Asanas, Dhyana*), along with her ongoing conventional ant-convulsant medicines led to complete cessation of seizures and significant improvements in mood, cognition, sleep, and social functioning during the 90 days of treatment, with no reported side effects. Follow-up evaluations confirm the durability of these improvements. The case highlights the potential of combining traditional *Ayurveda* with *yoga* as an effective, patient-centered, and comprehensive management strategy. It also recommends future clinical trials with larger sample sizes, similar protocols, and objective neurophysiological assessments to develop evidence-based treatment guidelines for managing *Apasmara*.

Declaration of Patient Consent – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

Patient perspective - My condition used to be that I had frequent seizures and experienced anxiety, confusion, and tiredness regularly before this treatment. After practicing *Ayurvedic* treatment and *yoga*, my convulsions disappeared, I sleep better, and I feel great. My mood has improved, and I am much more energized and self-assured. I am extremely happy with the treatment I received and the results.

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REFERENCES:

1. Yadavaji Trikamaji (editor). Charaka Samhita of Charaka, Chikitsasthana, chapter 10, verse no.3, Reprint edition, Varanasi; Chaukhambha Orientalia; 2015; 474
2. Yadavaji Trikamaji (editor). Madhavanidana by Madhavakara, Apasmara Nidana, chapter 21, verse no.1, Reprint edition, Varanasi; Chaukhambha Orientalia; 2010; 161
3. Yadavaji Trikamaji (editor). Susrutasmhita of Susruta, Uttarantra, chapter 61, verse no.3, Reprint edition, Varanasi; Chaukhambha Orientalia; 2014; 799
4. Mishra UK, Kalita J. Clinical Electroencephalography. 1st ed. Vol. 17. Gurgaon, Haryana: Elsevier Publishers; 2009; 371-3.

5. World Health Organization. Epilepsy [Internet]. Geneva: WHO; 2023 [cited 2025 Aug 21]. Available from: <https://www.who.int/health-topics/epilepsy>
6. GBD Epilepsy Collaborators. Global, regional, and national burden of epilepsy, 1990–2021: a systematic analysis for the Global Burden of Disease Study 2021. *Lancet Public Health*. 2025 Mar;10(3):e203–e227. Available from: [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(24\)00302-5/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(24)00302-5/fulltext)
7. Fisher RS, Cross JH, French JA, Higurashi N, Hirsch E, Jansen FE, et al. Operational classification of seizure types by the International League Against Epilepsy: Position paper of the ILAE Commission for Classification and Terminology. *Epilepsia*. 2017 Apr;58(4):522–30. Available from: <https://pubmed.ncbi.nlm.nih.gov/28276060/>
8. Pawar A, Suryawanshi P. Role of Ayurveda in management of Apasmara – case study. *Journal of Ayurveda and Holistic Medicine (JAHM)*. 2023;11(4). Available from: <https://jahm.co.in/index.php/jahm/article/view/814>
9. Diddi S, Lohidasan S, Arulmozhi S, Mahadik KR. Standardization and ameliorative effect of Kalyanaka Ghrita in β -amyloid induced memory impairment in Wistar rats. *Journal of Ethnopharmacology*. 2023 Jan 10; 300:115671. Available from: <https://doi.org/10.1016/j.jep.2022.115671>
10. Yadavaji Trikamaji (editor). *Charaka Samhita of Charaka, Chikitsasthana*, chapter 10, verse no.24, Reprint edition, Varanasi; Chaukhambha Orientalia; 2015; 475
11. Yadavaji Trikamaji (editor). *Charaka Samhita of Charaka, Chikitsasthana*, chapter 10, verse no.25, Reprint edition, Varanasi; Chaukhambha Orientalia; 2015; 475
12. Saxena R, Sharma A, Singh H, et al. Neuropharmacological and cognitive effects of *Bacopa monnieri* (L.). *Phytomedicine*. 2019 Oct;64:153–60. Available from: <https://doi.org/10.1016/j.ctim.2019.03.016>
13. Pandit Sri Brahma Sankara Misra (editor). *Bhavaprakasa of Sri Bhavamisra, Uttarardha*, chapter 22, verse no.18, 9th edition, Varanasi; Chaukhambha Samskruta Sansthana; 2005; 225
14. Parekar RR, Jadhav KS, Marathe PA, Rege NN. Effect of *Saraswatarishta* in animal models of behavior despair. *Journal of Ayurveda and Integrative Medicine (J Ayurveda Integr Med)*. 2014 Jul-Sep;5(3):141–7. Available from: <https://doi.org/10.4103/0975-9476.140469>
15. Hebbar JV, Ramdas S. *Madiphala Rasayanam: Uses, Dose, Ingredients, Side Effects*. *Ayurved Info*. 2016 Jun 17. Available from: <https://www.ayurvedinfo.com/2016/06/17/madiphala-rasayanam-uses-dose-ingredients-side-effects/>