

**A short review on *pittaja balapsmara* w.s.r. to febrile seizures: an ayurvedic approach**

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**ABSTRACT:-**

In today's modern era, every child is precious and medical science is trying to reduce the mortality and morbidity because of each and every disease in the field of Pediatrics, an attempt giving rise to healthy population to tomorrows world. *Balapsmara* is *Apasmara Vyaddhi* in pediatric age group patient; and it is observed over year that the seizures in children commonly presents as association with fever. Febrile Seizures is clinical entity in modern science described as seizures in children triggered by fever present in children below 5 years of life. But there is no any special reference in Ayurveda regarding seizures in pediatric age group especially febrile seizures. The present article is an attempt to highlight the details on details

of *Pittaja Balapsmara* with co-relating to Febrile Seizures.

**KEYWORD:-** *Apasmara, Pittaja Balapsmara*, Febrile Seizures, Pediatric.

**INTRODUCTION:**

Ayurveda has gained world wide recognition for its contribution to general medicine, surgery and other branches of modern medicine. However less is known to the modern world about Ayurvedic aspect newborn, perinatal with pediatric care and their diseases; Although it is known that Newborn and Pediatric care was well described in different texts of Ayurveda.

The first exclusive textbook on *Kaumarabhritya* (Pediatrics) is *KashyapaSamhita* which described general pediatrics in detail, but

unfortunately Kashyapasamhita is available partially. Also *Brihat-aatrey* i.e. Acharya Charaka, Sushruta and Vagbhata mentioned the *Kaumarbhritya* as one of important branch of *Ashtang-Ayurveda* and also described the basic principles of newborn care, perinatal care, pediatric care, their diseases along with respective *Chikitsa* and drug doses in children.

Acharya Sushruta defines *Kaumarbhritya* as :

“कौमारभृत्यनाम  
कुमारभरणधात्रीक्षीरदोषसंशोधनार्थं ।  
दुष्टस्तन्यग्रहसमुत्थानानां च व्याधीनामुपशमनार्थम् ॥”  
सुश्रुतसंहिता सूत्रस्थान वेदोत्पत्तिमध्यायम्

The branch of Ayurveda which deals nutrition of child (*Kumar bharan*), Purification and bettering of mothers milk (*Ksheera dosha shodhan kriya* of *Dhatri*), also cures the diseases peculiar to Neonatal and Pediatric age with diseases due to influence of malignant stars and spirits<sup>1</sup>.

#### APASMARA VYADHI :

स्मृतेपगमं प्राहुरपस्मारं भिषग्विदः ।  
तमःप्रवेशं बीभत्सचेष्टं धीसत्वसम्प्लवात् ॥

चरकसंहिता चिकित्सास्थान अपस्मारचिकित्साध्याय

Apasmara is manas vyadhi described in CharakaSamhita Chikitsasthana in

detailed with respect to its scientific principles i.e. Nidanpanchak and its Chikitsa (Treatment). Apasmara is characterized by transient departure of memory and unconsciousness associated with loathsome appearance due to derangement of intellect and mind<sup>2</sup>.

विभ्रान्त बहु दोषाणाम् अहिताशुचि भोजनात् ।  
रजस्तमोभ्यां विहते सत्वे दोषावृते हृदि ॥  
चिन्ताभय कामक्रोध शोकोद्वेगादि भिस्तथा ।  
मनस्यभिहते नृणामपस्मारः प्रवर्तते ॥  
धमनीभिः श्रिता दोषा हृदयम पीडयन्ति हि ।  
संपीडयमानो व्यथते मूढो भ्रान्तेन चेतसा ॥  
पश्यत्यसन्ति रूपाणि पतति प्रस्फुरत्यपि ।  
जिह्वाक्षिभ्रुस्त्रवल्लालो हस्तौ पादौ च विक्षिपन् ॥  
दोशवेगे च विगते सुप्तवत् प्रतिबुद्ध्यते ॥  
चरकसंहिता चिकित्सास्थान अध्याय १०

Acharya Charaka describes etiology and pathology as, in those who perverted mind and abundant morbidity due to unclean and unwholesome food intake, infliction of mind with Rajas and Tamas. The *Doshas* carried to by vessels to the heart afflict it and patient suffers from stupefied wandering mind. Patient sees non existing thing, falls down, gets twitching in tongue, eyes, eyebrows, excessive salivation and abnormal movement of limbs neck and other bodyparts<sup>3</sup>.

Apasmara of 4 types : 1. *Vataja* 2. *Pittaja* 3. *Kaphaja* 4. *Sannipataja*

Charakacharya mentioned about *Pittaja Apsmara* and the presentation of *Pittaja Apsmara* considered same in pediatric and Adult group. Modern science describes in details about Febrile seizures, there are many studies and review articles on this topic and still the work is going on.

#### ***Pittaja Balapsamara* :**

पीतफेनांग वक्त्राक्षः पीतासृग् रूपदर्शनः ।  
सतृष्णोष्णानल व्यासलोकदर्शी च पैत्तिकः ॥

In *Pittaja Balapsmara* patient has yellow froth , limbs ,face, eyes looks reddish, sees things as yellow and red, suffers from thirst and heat and sees environment as caught with fire<sup>4</sup>.

#### **Febrile Convulsions:**

Febrile Convulsions are the commonest provoked seizures affecting 3-5 % children. They are defined as Seizures during fever occurring between 6 months and 5 years age in absence of the central nervous system infection in neurologically normal child<sup>5</sup>.

**Incidence** - Commonest cause of convulsion in children affecting 3-5 % of Children.

**Predisposing factors** - Genetic & Hereditary, Immature Brain, Predisposing Illness (Viral Infections, UTI)

**Clinican features** - Febrile Convulsion occur in rising phase of temperature, but fever is the criteria for the convulsion and not the height or rise of fever, occurs within 24 hrs of onset of fever; maximum within 48 hrs.

#### ***Pittaja Apasmara* & Febrile Convulsion both are presented with**

- Fever (उष्णानल)
- Face turns blue or red (पीतफेनांग वक्त्राक्षः)
- Loss of consciousness (स्मृति विनाश तमः प्रवेशा)
- Tonic clonic convulsion may or may not be a/w with uprolling of eyeball (बीभत्सचेष्टायुक्त आवेग)
- Frothing (फेनांग)

#### **CONCLUSION:**

The relative study of the *Pittaja Balapsmara* and Febrile convulsion reveals that are both clinical entities runs parallel to each other and have lot of similarities in their presentation clinical progress but etiology and pathology of the diseases varies according to basic principles corresponding science.

#### **DISCUSSION:**

There is lot if scope for study on both *Pittaja Balapsmara* and Febrile convulsion; also one can also review

and compare the treatment modalities of both clinical entities according to basic principles of respective sciences. Modern science gives guidelines for acute management in ictal stage with prevention on other hand an Ayurvedic approach gives for long term management and prevention for *Pittaja Balapasmara*.

#### REFERENCE:

1. 1.Ambikadatta shastri  
Vedotpattimadhyayam In  
Ambikadatta shastri  
Sushrutasamhita Purvarddha  
reprinted edition Varanasi  
chaukhambha Sanskrit  
pratishtan,2043 p 3
2. Acharya vidyadhar shukla, Prof.  
Ravi Dutta Tripathi  
Apasmarachikitsadhyaya In  
Acharya vidyadhar shukla, Prof.  
Ravi Dutta, editor. Carakasamhita  
of Agnivesa Reprinted ed. Delhi
3. Acharya vidyadhar shukla, Prof.  
Ravi Dutta Tripathi  
Apasmarachikitsadhyaya in  
Acharya vidyadhar shukla, Prof.  
Ravi Dutta, editor. Carakasamhita  
of Agnivesa Reprinted ed. Delhi  
chaukhambha Sanskrit  
pratishtan,2013 p 248
4. Acharya vidyadhar shukla, Prof.  
Ravi Dutta Tripathi  
Apasmarachikitsadhyaya in  
Acharya vidyadhar shukla, Prof.  
Ravi Dutta, editor. Carakasamhita  
of Agnivesa Reprinted ed. Delhi:  
Chaukhambha Sanskrit  
Pratishtan,2013. p. 250
5. Veena Kalra Central Nervous  
System In Vinod Paul, Arvind  
Bagga editor. Ghai Essential  
Pediatrics Eighth ed. New Delhi:  
CBS Publishers & Distrubutors  
Pvt. Ltd 2013. p. 556-557

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