



AN AYURVEDIC CASE REPORT ON THE MANAGEMENT OF CALCIFIED GRANULOMA ASSOCIATED WITH APASMARA

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ABSTRACT

Apasmara (epilepsy) a disease involving both *Shareera* (physical) and *Mana* (mental) is considered as *Mahagada* in *Ayurveda* (science of life). The *Nidana* (cause) lead to *Dosha* (fault) aggravation accumulating in *Hridhaya* (heart) and *Manovaha* (mental) *Srotas* causing gradual development of *Apasmara* (epilepsy), *Bibhatsa Chesta* (seizures). Epilepsy is a chronic non communicable disease of the brain that affects people of all ages. The overall epilepsy prevalence in India is 5.59-10 per 1000. In this case patient along with other *Nidana* (cause) had a calcified granuloma. A calcified granuloma is a small area of inflammation in tissue that has become calcified over time. The 27yr year old patient with frequent epileptic attack, slurred speech, vertigo and weakness in lowerlimbs approached for ayurvedic treatment. The MRI Brain observed the presence of calcified granuloma in frontal lobe. He was advised with *Nasya* (nasal medications), *Yoga Basti* (enema), *Thalam* (medicated paste applied over forehead) and *Shamana Aushadhi* (palliative). After 3months of treatment MRI brain showed cleared Calcified granuloma and patient was relived from symptoms.

Keyword: Calcified granuloma, *Apasmara*, *Shunti*, epilepsy, *Nasya*

INTRODUCTION:

Apasmara (epilepsy) a disease involving both *shareera* (physical) and *Mana* (mental) is considered as *Mahagada* (incurable disease) [1] in *Ayurveda* (science of life). It is *Apagama* (loss) of *Smriti* (memory) associated with *Bibhatsta Chesta* (Irrelevant

behavior) due to derangement of *Dhi* (thinking capacity) and *Satva* (mental strength) [2]. The *Nidana* (cause) explained are *Mithya Yoga* (perverted unions), *Atiyoga* (excessive union) of *Indriyartha* (seanceofperception) and its *Karma* (function), *Viruddha* (incomptaible diet), *Ahitha* (unwholesome), *Ashuchi Ahara Sevana* (unhyginic food) and *Vega Nigrahana* (natural urges) [3]. This aggravates *Dosha* which moves towards hrit srotas(channels towrdas heart), starts accumulating in *Manas* (mental) and leads to gradual development of *Apasmara* (epilepsy) in the squence of *Smriti Apadhwamsa* (memory loss), *Tamah Pravesha* (feeling of aura) and *Sambramba* (irrelevant bheaviour).

It can be correlated to epilepsy in modern medicine. Epilepsy is a chronic non communicable disease of the brain that affects people of all ages. According to WHO, Around 50 million people worldwide are suffering from epilepsy, making it one of the most common neurological diseases globally. The overall epilepsy prevalence in India is 5.59-10 per 1000. Rural people had a greater prevalence (1.9%) than urban people (0.6%) [4].

In this case patient along with other *Nidana* (cause) had a calcified granuloma. A calcified granuloma is a small area of inflammation in tissue that has become calcified over time and are often the result of

a previous infection or inflammation, where the body has walled off the affected area to prevent the spread of infection. This can occur in various organs, most commonly the lungs, liver, and brain.

Nearly 80% of people with epilepsy live in low- and middle-income countries. It is estimated that up to 70% of people living with could live seizure-free if properly diagnosed and treated [5]. The intent of this case report is to present the methodological *Ayurvedic*(science of life) treatment of the *Apasmara* (epilepsy)

CASE REPORT:

PATIENT INFORMATION

DE-IDENTIFIED PATIENT DATA

A 27 year old male patient from Bagepalli, India, who works as supervisor at KEB, approached *Ayurvedic* (science of life) faternity with following compalients.

PRESENTING COMPLAINTS:

The patient complaints of frequent epileptic attacks along with weakness in lowerlimbs below knee joint bilaterally since 4 months. Patient also complaints of slurred speech,vertigo grossly 6-7 times a day along with lot of sleep disturbances.

PAST HISTORY:

The patient was apparently in good health until the age of 26. However, he began experiencing symptoms of *Shirogurutva* (head heaviness) since 9 months, which he initially ignored. As a result of this neglect, he started to experience increased

discomfort throughout his head and weakness in his legs. Over time, he also developed symptoms such as slurred speech and vertigo. Subsequently, he began to suffer from frequent epileptic seizures.

MEDICAL, FAMILY, PSYCHO-SOCIAL HISTORY:

The patient had no significant medical history and no family history of similar issues. The patient does not have a known history of diabetes, hypertension, ischemic heart disease, hypothyroidism, or any coagulative or genetic disorders.

PAST INTERVENTION AND OUTCOMES:

Due to frequent attacks of epilepsy patient consulted neurologist and was on medication of Levipril 500mg BD, Anxit 0.5mg OD and general antianalgesics SOS for more than 2 months with regular followup.

CLINICAL FINDINGS:

- Temperature: 38°C
- Pulse: 78 beats/minute
- Blood pressure: 130/90mm of Hg

- Respiratory rate: 20 breaths/minute
- Height: 6feet
- Weight: 78kg
- Skin texture: cracks present

ASHTAVIDHA PARIKSHA:

- *Nadi*(pulse): *Pitta Vata, Kakahamsagati* (Sharp and broad pulsation)
- *Jihva*(tongue): *Liptata* (coated)
- *Mala*(feces): *Baddha* (Constipated)
- *Mootra*(urine): 4-5 times/day (Complete evacuation)
- *Shabda*(sound): Lung fields are clear, Abdomen was scaphoid and undistended with normal gurgling sounds
- *Sparsha*(touch): *Ruksha*(dryness), *Krishna Twak* (blackish discoloration)
- *Drik* (vision): *Raktavarna Lochana* (reddish eyes)
- *Akriti* (physic): Well built, *Balavat* and *Asthisampurnitha Mamsa Dhatu* (well build muscles).

Table 1: Timeline

Date	Symptoms
Jan 2022	Shirogurutva
Mar 2022	Discomfort in total head region
Jun 2022	1 st episode of Apasmara(Epilepsy)
Aug 2022	Slurred speech Weakness in lowerlimbs Vertigo grossly 6-7 times a day
Sep 2022	Repeated episodes of epilepsy Approached to Neurologist Tab- Levipill 500mg 1-1-1 Tab- Pan 40mg 0-0-1 B/F Tab- Anxit 0.5mg 0-0-1 Inj- Eptoin SOS
Sep 2022	An MRI was performed since there had been no improvement in the apasmara episodes while taking medicine
Oct to Jan 2022-2023	Approached to Ayurvedic Treatment Shodhan Shamana

DIAGNOSTIC FOCUS AND ASSESSMENT:

DIAGNOSTIC TESTS:

On examination of brain by MRI scan, patient is diagnosed with a calcified granuloma and perilesional edema in left frontal lobe. The detailed analysis of signs and symptoms showed increase in *Kapha* and *Vata*. On diagnosis, it is a case of

calcified granuloma associated with epilepsy (*Apasmara*).

THERAPEUTICAL INTERVENTION:

Treatment aimed at *Nidanaparivarjana* (removing the causes), *Agnideepana* (digestive fire) and *Amapachana* (purify toxins) along with external and internal medications.

TYPES OF THERAPEUTIC INTERVENTION:

Table 2: *Nasya* (nasal instillation) as *Shodhana* (purification)

Day	Medicine	Drops or ML	
1st	<i>Shunti Swarasa</i>	10 drops	
2nd	30ml of <i>Shunti Ksheerapaka</i> + 5ml <i>Anutaila</i>	35ml	Next 3 days
5 th	<i>Shunti Swarasa</i>	25 drops	
6 th	<i>Anutaila</i> 5ml + 40ml <i>Shuntiksheera Paka</i>	45 ml	3 days
9 th	1gm <i>Trikatu Churna</i> mix with 40 ml of <i>Kushmanda Swarasa</i>	20 ml each nostril	
10 th	<i>Ksheerabala</i> 101	5ml	Next 5 days
15 th	1gm <i>Trikatu Churna</i> mix with 40ml of <i>Kushmanda Swarasa</i>	20 ml each nostril	
16 th	<i>Ksheerabala</i> 101	3ml	Next 7 days

Table 3: *Yoga Basti*

Day	1	2	3	4	5	6	7	8
<i>Yoga Basti</i>	A	A	N	A	N	A	A	A

*A- *Anuvasanabasti* with *Gandharvahasta Eranda Taila*
N- *Erandamoola Niruha Basti(enema)*

EXTERNAL THERAPIES:

Shiropichu(external application) with *Ksheerabala* 101

Patient was given with internal medication, *Pichu*(external application) and *Nasya*(nasal instillation) for two months continuously. After completion of above medicine patient was given with *Yogabasti*(enema) as mentioned in above Table 3.

PATHYA (DIET AND LIFESTYLE MODIFICATION ADVISED):

He was recommended to incorporate *Ghruta* (ghee), *Purana Shali* (aged red rice), barley(*Yava*), green gram(*Mudgha*), Ivy gourd(*bimbi*), the red variety of drumstick(*Shigru*), bitter gourd(*Karavellaka*), dry(*Ruksha*) and pungent(*Katu*) substances, and carminative substances into his diet. Additionally, he was instructed to avoid dairy products, sugarcane juice and its derivatives, meat from animals found in marshy lands, flour-based foods, sour and sweet foods, heavy-

to-digest food, and food that could obstruct circulation channels like *Masha*(urudal), *Rajamasha*(cowpea), *Pruthuka*(puffed rice), *Dadhi*(curd).

FOLLOW- UP AND OUTCOMES:

CLINICIAN AND PATIENT- ASSESSED OUTCOMES:

After 60 days of above treatment and followed by *Pathya*, following changes were observed.

Table 4

Medicine	Dose
<i>Ekangaveera rasa</i> [6]	2-0-2
<i>Bhruhavatachintamani rasa</i> [7]	1-0-1
<i>Hingvashtaka churna</i> [8] 1tsp with 2tsp <i>Ghrta</i>	1-0-1
<i>Shuntiksheera paka</i> + 1tsp <i>Gandharvahastadi erandataila</i> [9]	1-0-0 empty stomach daily
<i>Ksheerabala</i> 101 oil	<i>Shirophichu</i> (external application) and <i>Nasya</i> (nasal instillation)

*Changes were observed

Table 5: *Lakshana* and *Upashya krama*

<i>Lakshanas</i>	Day 0	Day 1-5	Day 5-10	Day 10-15	Day 15-30	Day 60
Epileptic attack	+++	+	-	-	-	-
slurred speech	+++	++	+	-	-	-
Weakness in lowerlimbs	+++	+++	+++	++	+	-
Vertigo	+++	+++	+++	++	+	+
Sleeplessness	+++	++	++	+	-	-

FOLLOW-UP AND OUTCOME:

The patient was not advised to undergo any investigatory tests during the follow-up as the treatment was not completed so there may not be the confined best results so no any diagnostic parameters was not followed in between the treatment. The MRI was repeated after complete protocol of treatment.

INTERVENTION ADHERENCE AND TOLERABILITY:

The patient had trouble handling the dose and potency of the medicine used in the *Nasya* procedure.

ADVERSE AND UNANTICIPATED EVENTS:

No serious adverse events were noticed throughout the complete course of treatment.

DISCUSSION:

Apasmara (epilepsy) is not caused by single *dosha*, it is caused by *Trisharirika dosha* (vata pitta kapha) and impairment in *Dwimanasika dosha (raja tama)* [9]. So treatment protocol should emphasize on *Samyatha* (normalize) of *Sharira* (physical) and *Manasika* (mental) *doshas* and *dhatu* in a person with *Apasmara* (epilepsy). It is mentioned as one of *Ashtamahagada (incurable disease)* in *Charaka Samhitha* and *Ashtanga Sangraha*. Also in *Indriya Sthana* of *Charaka Samhitha*, the *Apasmara (epilepsy)* associated with *Bala* (strength)

and *Dhathu Kshaya* (loss of bodily tissues) is mentioned as *Asadhya* (incurable). The main line of treatment of *Apasmara* (epilepsy) mentioned is *Shodhana* (purification therapy) followed by *Ashwasana* (counsaling). Even the single *Nidana* (cause) can aggravate the symptoms.

In this case patient's *Nidana* (*Ahara*-diet & *Vihara*-lifestyle) was *Prabala* (strong). Hence, they were removed immediately and the treatment was planned with *Teekshna* (potent) *Nasya* (nasal instillation) and *Basti* (enema) with *Utthama Matra* (suitable dose).

Hingvastakachurna was intended for *Amapachana*, *Agnideepana*, *Vata Anulomana*, *Vata-Kaphahara* action. *Shuntiksheerapaka* administered along with 5ml of *Gandharvahastadi Eranda Taila* was given for *Agnideepana*, *Srothoshodana* and primarily to address the calcified granuloma. *Ksheerabala* 101 being *Sukshma* in nature when used as *talam* may penetrate into scalp and decrease the nerve tension, prevent epileptic attacks by its *Vatahara*, *Brumhana* and *Shodana* effects. *Bruhatvatichintamani* was used to address *Apasmara*, as it contains *Swarna* (gold), *Rajatha* (silver), *Loha* (iron), *Pravala* (coral), *Muktha* (pearl) *Bhasma* which helps in removal of *Dushita Vata*, *Pitta Dosha* and helps to promote *Dhatu Samyata*. *Ekgaveerarasa* is a *Kapha Vatahara*

Kalpna which mainly enhances the action of *Srothoshodana* (purify srotas), parallelly it may have action in resolving calcified granuloma in frontal lobe of CNS.

CONCLUSION:

Sharira (physical) is inseparably related to *manas* (mental), so there exist no specific and separate treatments individually for *Sharira* and individually for *Manas*. Every *Apasmara* (epilepsy) *Nidhana* which reaches *Sharira* (physical) and *Manas* (mental) should pass through by hampering of *Agni* (digestive fire) incipiently along with *Dosha Prakopa* (aggravation of dosha) and create *Dhatu Pradosha* (disturbance of *Dhatu*). Here the protocol aimed at *Dhatu Samyatha* (proper functioning of *dhatu*) by enhancing *Agnivardhana* (stimulation of *agni*), *Srothoshodana* (purification of *srotas*), *Vatanulomana* (carminative), *Dosha Nirharana* (balancing of *doshas*) and finally *Samprapthi Vighatana* (pathogenesis). This effectiveness is demonstrated by a reduction in symptoms and confirmed by radiological evidence which can be considered as *Pratyaksha Pramana* (direct perception).

THE PRIMARY TAKEWAY LESSONS OF THIS CASE REPORT:

This case report suggests that *Ayurvedic* (science of life) treatment has the potential to hasten recovery in calcified granuloma associated with epilepsy (*Apasmara*). The *Panchakarma* (purification therapy)

treatments, including *Shiropichu*(external application), *Nasya* (nasal instillation), and *Basti*(enema), used in conjunction with internal medicine, are safe for treating *Apasmara* (epilepsy) and do not cause interactions or adverse effects. So, this case report also demonstrates how *Ayurvedic*(science of life) principles of diagnosis and treatment can be applied to successfully manage disease that are *Mahagadha*(incurable disease).

PATIENT'S PERSPECTIVE:

Although the treatment was somewhat challenging, it was effective. I saw considerable improvement without any side

effects, it enhanced my quality of life and enthusiasm.

INFORMED CONSENT:

Consent was obtained from the patient to publish medical information that has been de-identified.

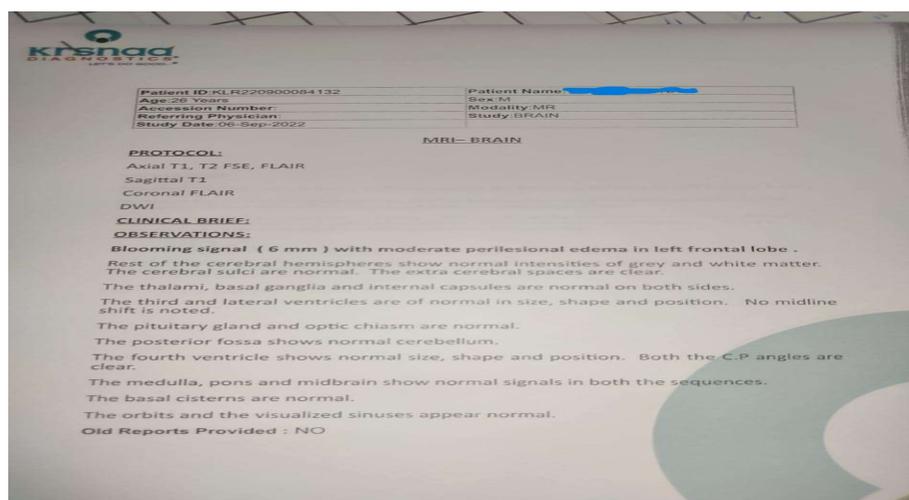
FINANCIAL SUPPORT AND SPONSORSHIP:

Nil

ACKNOWLEDGEMENT:

I would like to express my deepest gratitude to my Professors of Rasashastra and Bhaishajyakalpana department, for their guidance, support, and encouragement, and I extend my gratitude to colleagues.

BEFORE TREATMENT:

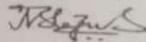


Patient ID: KLR220900084132	Patient Name: [REDACTED]
Age: 26 Years	Sex: M
Accession Number:	Modality: MR
Referring Physician:	Study: BRAIN
Study Date: 06-Sep-2022	

IMPRESSION:
Calcified granuloma (6 mm) with moderate perilesional edema in left frontal lobe

Disclaimer: Report is done by teleradiology after the images acquired by PACS (picture archiving and communication system) and This report is not meant for medicolegal purpose.

Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. Conclusion is markedly affected by input provided at that time. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.


Dr. Rajendra T M
 M.B.B.S., M.D. (Radio diagnosis)
 Reg.No. 76796

Date: 06-Sep-2022 15:30:10

AFTER TREATMENT:



Patient ID: KLR230100084132	Patient Name: [REDACTED]
Age: 26 Years	Sex: M
Accession Number:	Modality: MR
Referring Physician:	Study: BRAIN
Study Date: 26-Jan-2023	

MRI- BRAIN PLAIN

PROTOCOL:-
 Axial T1, T2 FSE, FLAIR.
 Sagittal T1.
 Coronal FLAIR.
 DWI.

CLINICAL BRIEF:- slurring of speech

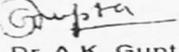
OBSERVATIONS:-
 The posterior fossa shows normal cerebellum.
 The medulla, pons and midbrain show normal signals in both the sequences.
 The basal cisterns are normal.
 The third and lateral ventricles are of normal in size, shape and position. No midline shift is noted.
 The fourth ventricle shows normal size, shape and position. Both the C.P angles are clear.
 The thalami, basal ganglia and internal capsules are normal on both sides.
 Both the cerebral hemispheres show normal intensities of grey and white matter. The cerebral sulci are normal. The extra cerebral spaces are clear.
 No diffusion restriction noted.
 The orbits and the visualized sinuses appear normal.
 The pituitary gland and optic chiasm are normal.

Patient ID: KLR230100084132	Patient Name: [REDACTED]
Age: 26 Years	Sex: M
Accession Number:	Modality: MR
Referring Physician:	Study: BRAIN
Study Date: 26-Jan-2023	

IMPRESSION:-
No significant abnormality noted in the brain.

ADVICE:- Clinical correlation and follow up.

Disclaimer:- Investigations have their limitations. Solitary pathological/Radiological and other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms and other related tests. Please interpret accordingly.


Dr. A.K. Gupta
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Regd.No. DMGR 80755
Date: 26-Jan-2023 23:35:21

REFERENCES

- [1] Agnivesha (2015) Charaka Samhita. In: Acharya T, et al. (Eds.), Ayurveda Deepika Commentary of Chakrapani. Chikitisa Sthana, Chapter 10, verse 68, Chaukhambha Orientalia, Varanasi, India, pp: 477.
- [2] Agnivesha (2015) Charaka Samhita. In: Acharya T, et al. (Eds.), Ayurveda Deepika Commentary of Chakrapani. Nidana Sthana, Chapter 8, verse 5, Chaukhambha Orientalia, Varanasi, pp: 226.
- [3] The Charaka Samhita of Agnivesha revised by Charaka and Drudhbala with the Ayurveda Dipika Commentary of Chakarpanidatta and with Vidyotini Hindi Commentary by Pt. Kasinath Sastri, Chaukhambha Bharati Academy, Varanasi, Reprint Edition-2009, Chikitsasthana 10/3, p.no.253.
- [4] <https://karger.com/ned/article/54/2/185/226881/The-Epidemiology-of-Epilepsy>
- [5] <https://www.who.int/news-room/fact-sheets/detail/epilepsy> (31/07/2024-10.30am)
- [6] Nighantu Ratnakar Nidanasa Chikitsa by Krishnashastri Navare Nirnaya Sagar Publication Mumbai page no. 436
- [7] Lochan K, English translation on Bhaisajyaratnavali of Shri Govinda Das. vol-2; 1 edition, Vata vyadhi: chapter 26, verse 145-148. Varanasi, Chaukhambha Sanskrit bhawan, 2006: p.643
- [8] Lochan K, English translation on Bhaisajyaratnavali of Shri Govinda Das. vol-1; 1 edition, Mandagni:

chapter 10, verse 59. Varanasi,
Chaukhambha Sanskrit bhawan,
2006: p.157

[9] Lochan K, English translation on
Bhaisajyaratnavali of Shri Govinda

Das. vol-2; 1 edition, Vriddhi roga:
chapter 43, verse 105-108. Varanasi,
Chaukhambha Sanskrit bhawan,
2006: p.643.