



ISSN 2456-3110

Vol 3 · Issue 6

Nov-Dec 2018

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS



Charaka
Publications

Indexed

An Insight into the *Samprapti* of *Apasmara* w.r.t. *Shatkriyakala*

Dr. Poornachandra,¹ Dr. Ashwini,² Dr. Shreevathsa³

^{1,2}Final Year PG Scholar, ³Professor & HOD, Dept. of PG studies in Ayurveda Samhita & Siddhanta, Govt. Ayurveda Medical College, Mysuru, Karnataka, INDIA.

ABSTRACT

Apasmara is a disease entity described in all classics of Ayurveda with significant importance and it has been described among the *Maharoga*. *Apasmara* has striking similarities with epilepsy and has an incidence of 5-10 per every 1000 persons. It has the dubious distinction of affecting all the walks of life of an individual suffering from the disease. It is one of the disease which affects both *Shareera* and *Manas*. Both *Shareerika Doshas* i.e., *Vata*, *Pitta* and *Kapha* as well as *Manasika Doshas* i.e., *Rajas* and *Tamas* plays equal role in the manifestation of disease *Apasmara*. The factors responsible for the susceptibility to the disease have been emphasised giving them prime importance. The mutual dependence and involvement of *Shareerika* and *Manasika Doshas* are highlighted revealing the intricate nature of the *Samprapti*. *Shatkriyakala* is the process of understanding the pathogenesis of disease in consecutive stages. So here an attempt has been made to understand and highlight the *Samprapti* of *Apasmara* based on the stages of *Shatkriyakala*.

Key words: *Apasmara*, *Maharoga*, *Samprapti*, *Shatkriyakala*.

INTRODUCTION

Apasmara is a disease entity described in all classics of Ayurveda with significant importance and it has been described among the *Maharoga*. *Apasmara* has striking similarities with epilepsy and has an incidence of 5-10 per every 1000 persons. It has the dubious distinction of affecting all the walks of life of an individual suffering from the disease. It is one of the disease which affects both *Shareera* and *Manas*. Both *Shareerika Doshas* i.e., *Vata*, *Pitta* and *Kapha* as well as *Manasika Doshas* i.e., *Rajas* and *Tamas* plays equal

role in the manifestation of disease *Apasmara*.

Samprapti is the process of evolution of the disease, which gives an exact idea as how the aetiological factors give rise to *Dushti* of *Doshas*, how *Doshas* travel at different sites setting in the disease process. It gives the insight into the development of the disease. For *Aturavikara Prashamana*, the knowledge about disease origin and its progress is very important. This knowledge regarding disease manifestation is nicely explained under the heading of *Kriyakala* by *Acharya Sushruta*. The series of *Vikrtakriya* (abnormal activities) successively developing in different periods of *Kala* (time) is known as *Kriyakala* i.e., periods/stages of evolution of disease. It is the narration in sequential order of the abnormal changes taking place in the *Dosha*, *Dushya*, *Agni*, *Srotas*, etc. this knowledge is very helpful for both the diagnosis and treatment of diseases.

Vyutpatti and Nirukthi

The word '*Apasmara*' consists of '*Apa*' *Upasarga* and '*Smr*' *Dhatu* by applying '*Nich*' *Pratyaya*, which means loss of memory (during attack).

Address for correspondence:

Dr. Poornachandra
Medical Officer, S.D.M. Institute of Ayurveda & Hospital
Bangalore, Karnataka, India.
E-mail: poornalifecare@gmail.com

Submission Date : 10/11/2018 Accepted Date: 18/12/2018

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: 10.21760/jaims.3.6.24

The term *Apasmara*, which indicates the main clinical features of the *Vyadhi*, is a combination of two words i.e, *Apa* and *Smara*.

▪ **Apa**

Parivarjana i.e. loss.^[1]

Gamana i.e. to go down.^[2]

▪ **Smara**

The term '*Smara*' indicates '*Smrti*' which has been attributed many meanings in the literature. But, its meaning in the context of *Apasmara* is as follows:

- *Bhutartha Vijnana* i.e., knowledge of past experience.
- *Smarah Smaranam* i.e. ability to remember, recollect.

According to *Vachaspatyam* word *Apasmara* is derived from *Apa Upasarga, Smr Dhatu, Nich Pratyayam* with *Kartari Ach Dhatu* which means, loss of memory (transient loss only during the attack).

According to *Shabdha Kalpa Dhruma*, word *Apasmara* is derived from *Apa Upasarga Smri Kartari Dhatu* with *Ghan Pratyaya, Apasmaryate Poorvavrittam Vismryathe Anenaha* indicating loss of memory of past experience during the attack, i.e., loss of memory of events that took place during the attack.

Paribhasha

According to Acharya Charaka^[3]

Apasmara is defined as the transient appearance of consciousness with loath some expression due to derangement of *Smrti* (memory), *Buddhi* (intelligence) and *Satva* (mind)

Apasmara is defined as the disease characterized by *Apagama* of *Smrti* (*Smritinasha*) associated with *Tamapravesha* (*Jnana Abhava*) and *Bhibhatsa Cesta* due to derangement (*Samplava*) of *Dhi* and *Satva*.^[4]

Tamah Pravesha is equivalent to *Jnana Abhava* i.e, absence of consciousness; *Bibhatsa Cesta* includes all loath some expressions and *Samplava* indicates *Vibhrama* or perversion.

According to Acharya Sushruta^[5]

Acharya Sushruta defines '*Smrti*' as *Bhutartha Vignana* i.e., faculty of recollecting the past thing and

the disease characterized with loss of transient memory during the time of *Apasmara Vega* and hence patient will be unable to recollect the events during the attack.

According to Acharya Vagbhata^[6]

Apasmara is *Apaya* of *Smrti* due to *Samplava* of *Dhi* and *Sattva*.

It is clarified by *Indu* that *Smrityapaya* is '*Smrti Apagama*' i.e, loss of *Smrti*; *Dhi* is *Buddhi* and *Sattva* is *Dhairya*.

The meaning of *Apaya* is commented as *Vinasa* by *Arunadatta*.^[7]

Nidana

Nidana plays an vital role in manifestation of any disease by initiating the disease process. Any *Nidana Sevana* leads to *Vatadi Dosha Prakopa* initiating the disease, ultimately produces the disease. In Ayurveda, *Nidana* have been given utmost importance because in both *Samprapti* and *Chikitsa*, *Nidana* takes the prime importance.

SN	Nidana	C.S.	S.S.	A.S.	A.H.
1	Malina Ahara	+	+	+	+
2	Asuchi Ahara	+	+	+	+
3	Upahita Ahara	+	+	+	+
4	Viruddha Ahara	+	+	+	+
5	Madya Sevana	+	-	-	-
6	Vishama Bhojana Prayoga	+	-	-	-
7	Vishama Sharira Chesta	+	+	+	+
8	Upakshaya	+	-	-	-
9	Vega Nigraha	-	+	-	-
10	Asatmendriyartham Samyoga	-	+	-	-
11	Udbhranta Dosha	+	-	-	-

12	Bahu Dosh	+	-	-	-
13	Vishama Dosh	+	-	-	-
14	Rajasvala Gamana	-	+	-	-
15	Deva Dvija Guru Apamana	-	-	+	+
16	Rajas Vikruthi	+	+	+	+
17	TamasVikruthi	+	+	+	+
18	AlpaSatva	-	-	+	+
19	Kama	+	+	-	-
20	Krodha	+	+	-	-
21	Bhaya, Shoka	+	+	-	-
22	Lobha	+	-	-	-
23	Moha	+	-	-	-
24	Harsha	+	-	-	-
25	Chinta	+	-	-	-
26	Udvega	+	+	-	-
27	Marmabhighata	+	-	-	-
28	Visha Upavisha	-	-	+	+
29	Abhighata (Fall)	-	-	-	-
30	Upahata Chetas	+	-	-	-

Samprapti

According to Acharya Charaka^[8]

Due to the *Nidana Sevana*, the *Dosas* located in the *Dhamani* (vessels/artery) afflict the *Hrudaya* and cause disturbances in its functions. The person, thus affected, is afflicted with stupor and malfunctioning of the mental activities.

According to Acharya Sushruta^[9]

When the channels carrying sensation get dominated by somatic and psychic *Dosas*, *Rajas* and *Tamas*, the

person, due to mental disturbance, gets bewildered, throws his hands and feet at random with crooked brows and abnormal gaze, bites teeth, emits froth and falls down on ground with protruded eyes; after a short period regaining consciousness-this is the feature of epilepsy.

According to Acharya Vagbhata^[10]

Apasmara is *Apaya* (going away, loss, destruction) of *Smrti* (memory, knowledge of the surroundings, of past events) and results from loss of *Dhi* (understanding, wisdom) and *Satva* (consciousness, mind) when the *Chitta* (mind, thinking) gets deranged by (the effect of) *Chintha* (worry), *Shoka* (grief), *Bhaya* (fear) etc., by the *Dosas* getting increased in the same way as in *Unmada* (insanity) localised in the *Hrudaya* (mind) and *Deha* (body); when the mind gets deranged by the obstructions of the *Sanjnavaha* channels (pathways of consciousness) the person enters into *Tama* i.e., darkness (loss of consciousness) with his mind becoming inactive, *Ati Bhibhatsa Kriya* (performs terrifying actions) such as *Dantan Khadan* (grinding the teeth), *Phenam Vamana* (emitting froth from the mouth), *Hasta Pada Vikshipan* (shaking the hands and feet violently) i.e., convulsions, *Pashyan Asanti Rupani* (seeing non-existing things), *Praskhalan Patati Kshitou* (loses balance and falls on the ground), with irregular eyes (movements) and eyebrows, get up regaining conscious after the expiry of *Dosha Vega* (bouts of the *Dosas*). After sometime (days or months) he acts similarly, performing such abnormal activities.

Explanation of Samprapti based on the stages of Kriyakala

Utpadaka Hetus → *Chaya* - Vitiation of *Vatapradana Tridoshas* → *Prakopa* of *Vatadi Tridoshas*, *Rajas* and *Tamas* → *Prasara Vatadi Doshas* through *Rasayanis Rajas* and *Tamas* in *Manovaha Srotas* → *Sthana Samshraya* settles in *Hrudaya* and *Indriya Ayatanas - Siras* → Because of *Vatadi Dosh + Rajas + Tamas* → *Satva Guna Kshaya* producing *Upahata Chetas* (This *Prakupita Sharirika*, *Manasika Doshas* and *Upahata Cetasavasta* continued to present through out the life of the patient till he is *Apasmara Rogi* and when

patient consumes *Vyanjaka Hetus*, it produces *Apasmara Vega* → *Vyanjaka Hetus* → *Prakopa Prasara Prakopa* and *Prasara of Linavastha Doshas* → *Sthanasmashraya Sanjnavaha Srotas* → *Avarodha to Sanjnavaha Srotas* by *Rajas* and *Tamas* → *Dhi, Satva Samplava* → *Smriti Nasha + Bhibhatsa Chesta* → *Vyaktavasta Apasmara Vega*.

Samprapti Ghataka of Apasmara

- *Dosha* : Both *Shareerika* and *Manasika* (*Raja* and *Tamas*)
- *Vata* - *Vyana, Prana, Udana*
- *Pitta* - *Sadhaka, Alochaka*
- *Kapha* - *Tarpaka*
- *Dushya* : *Dhatu - Majja*
- *Upadhatu* - *Dhamani*
- *Dhatu Mala* - *Sveda, Kapha*
- *Agni* : *Jatharagni, Dhatvagni*
- *Agnidushti* : *Mandata*
- *Ama* : *Agnijanya*
- *Srotas* : *Sanjnavaha Srotas, Rasavaha Srotas*
- *Srotodusti* : *Sanga*
- *Udbhavasthana* : *Shirohrdaya*
- *Adhisthana* : *Manas, Shiras*
- *Vyaktasthana* : *Mana and Sarvasharira*
- *Sancharasthana* : *Rasayanis*
- *Svabhava* : *Asukari, Cirakari*
- *Prabhava* : *Ekadoshaja Sadhya, Tridoshaja Asadhya*
- *Rogabheda* : 4 types
- *Rogamarga* : *Madhyama*

Sadhya - Asadhyata

Vataja, Pittaja and Kaphaja types of *Apasmara* are considered to be *Sadhya*, if they are of acute origin. Where as the fourth type i.e. *Sannipataja Apasmara* is considered to be *Asadhya*.

If the patient is emaciated and the disease is chronic, then even the *Eka Doshaja Apasmara* are considered as *Asadhya* to treat. *Apasmara* is stated to be *Asadhya* if the patient gets repeated attacks (convulsions), if he is emaciated and suffers from fierce movement of eyebrows.

DISCUSSION

Discussion on how *Nidana* is responsible for *Samprapti* (etiopathogenesis) i.e., causation of the disease *Apasmara*

Based on the nature of the disease and according to the duration, from time of consumption of *Nidana* to occurrence of *Apasmara Vega*, the *Nidanas* of *Apasmara* can be classified into two groups i.e. *Utpadaka Nidanas* and *Vyanjaka Nidanas*.

Utpadaka Nidana

These are the *Nidanas* which vitiates the *Doshas, Cetas* and *Indriyas*, but are not capable of inducing an *Apasmara Vegas* because the *Doshas* which are vitiates are subtle in nature and these *Nidanas* needs *Vyanjaka* (precipitating), *Nidanas* for the causation of an *Apasmara Vega*. Further these *Utpadaka Nidanas* can be classified into *Aharaja Nidanas* and *Viharaja Nidanas*.

1. *Aharaja Nidana*

a) *Samala, Malina*

The food that becomes contaminated during the process of cooking or after it.

b) *Asuchini, Asuchibhojana*

The food which is prepared of unclean raw materials or stored in contaminated utensils.

c) *Upahitani*

The food that is mixed along with contaminated food articles.

These foods either individually or in combination are responsible for the vitiation of *Sharirika* and *Manasika Doshas*. The *Aharas* contaminated with *Mala* may not do the *Poshana Karma*. The *Mala* present may act as *Gara Visha* depending on its contents. It can also

vitiating *Rajas* or *Tamas Doshas* according to its nature. *Asuchi* and *Upahita* also have the same action on *Agni* and *Doshas* and *Malina Ahara* leads to *Tridosha Prakopa* along with the exacerbation of *Rajas* and *Tamas*.

d) *Vikruta Viruddha*

Charaka has explained a specific type of *Samskara Viruddha Ahara*, which results in *Apasmara*. One must not eat *Pauskara*, *Rohinika* or *Kapota* fried in *Sarsapa Taila*. These should not be eaten along with honey & milk. If done so, one would suffer from *Shonitabhisyananda*, *Dhamani Pratichaya*, *Apasmara*, *Shankaka*, *Galaganda*, *Rohini* and may ultimately lead to death.

The *Samskara Viruddha Ahara* acts as *Visha*.

e) *Ahita Bhojana*

The *Ahita Ahara* doesn't result in *Dosa Prakopa* at once, but in constant *Nidana Sevana* in a long run provides a fertile ground for the causation of *Vyadhis*.

f) *Ahara Vidhi*

If one does not follow the proper *Asta Vidha Ahara Vidhi* *Vishesha Ayatanas* which alters the process of *pachanakarma* producing *ama dosha* it will in turn result in the vitiation of *Doshas* of both *Sharira* and *Manas*.

2. *Viharaja Nidana*

a) *Vishamaachara and Sharira Chesta*

Vishama Achara - not following the *Sadvrittis* (dialy regimens and good conducts) may lead to both physical and mental stress causing *Manasika* and *Sharirika Doshas* *Vikruthi* or any change in the lifestyle of the patient will act as a precipitating factor in epilepsy.

Vishama Chesta may be *Abhighata*, *Ratrijagarana* or *Ativyayama*. This leads to *Vata Prakopa*, later vitiation of other *Doshas*. *Vishama Chesta* might also indicate trauma indirectly.

b) *Malina Vihara*

Vishama Vihara also includes *Vega Nigraha*. This would also lead to *Vata Prakopa*. *Vega Nigraha* has

been mentioned specifically by *Susruta* as one of the cause. Among the various *Vega*, *Trishnanigraha* results in condition similar to *Apasmara*.

c) *Rajasvalabhigamana*

It is considered as one of the *Nidana* of *Upadamsha*, causing *Shukra Dushti* resulting in *Pratiloma Dustis* or *Kshaya* of *Dhatu* leading to *Dhatu Kshaya* causing *Vata Prakopa* along with *Manasika Dosa Dusti* causing *Apasmara*.

d) *Madya*

Apasmara is one of the *Vyadhis* that results due to intake of excess of *Madya* along with *Moha*, *Bhaya*, *Shoka*, *Krodha*, *Murcha*, *Unmada*, *Apatantaka* and even death.

Madya acts on *Sanjnavaha Srotas* and causes *Smrti Vibhramsa*. It also turns an individual into *Avara Satva* by decreasing *Satva Guna* and increasing *Rajas* and *Tamo Guna*. Thus *Madya* acts as both *Utpadaka Nidana* as well as *Vyanjaka Hetu*.

Vyanjaka Nidana

When the vitiated *Doshas* and *Manas (Rajas/Tamas)* are in *Lingavastha* and are incapable of producing an attack, needs further vitiation of *Doshas*. These *Vyanjaka Nidanas* are capable of further vitiating the *Doshas*, *Hridaya* and *Indriyas* producing *Upahata Cetas* and immediately initiates an attack.

a) *Manasika Karanas*

Kama, *Krodha*, *Bhaya*, *Lobha*, *Moha*, *Harsha*, *Shoka*, *Chinta* and *Udvega* may act as precipitating factors of *Apasmara Vega*. The vitiated *Doshas* are present in *Hridaya* and *Indriya Ayatana* in *Linavastha*. The above mentioned *Kamadi* etc. occludes the *Indriya Ayatana* and *Sanjnavaha Srotas* causing *Apasmara Vega*. They also aggravate the *Doshas*, which are already *Udbranta* and *Bahu* in nature. *Kama*, *Shoka* and *Bhaya* vitiating *Vata* while *Krodha* aggravates *Pitta*.

b) *Marmaghata*

Apasmara has been enumerated as one of the *Vyadhis* from *Hridaya Marmabhigata*. They may act as *Sannikrista Karana* for *Apasmara*.

c) Asatmyendriyarthasamyoga

Excessive or faulty indulgence in objects of sensory perceptions has been included as one of the *Nidanas* of *Apasmara*. It is explained by *Dalhana* that *Indriyarthas* refer *Shabdadi PancaJnanendriya* and *Karmanam* refers to *Karmas* of *Kaya, Vak* and *Manas*. It may act as *Utpadaka Hetu* in the long run, but can act as *Vyanjaka Hetu* in a person with *Upahata Chetas*.

Discussion of Samprapti based on the stages of Kriyakala

The peculiar nature of *Apasmara* requires a fresh approach to be adopted while dealing with its *Samprapti*. Since an individual afflicted with this disease is apparently normal in between the *Vegas*, there might be different processes, which finally culminate in *Apasmara Roga* and *Apasmara Vega*.

Thus, the *Samprapti* can be classified into two phrases;

1. **Sthayi (Utpadaka) Samprapti:** That which persists throughout the course of the disease.
2. **Vega Kalina (Vyanjaka) Samprapti:** This is the transient process that takes place during the *Vega Kala*.

Sthayi (Utpadaka) Samprapti

- a) **Sancaya** - The *Rajas* and *Tamas* act on the *Manas* resulting in '*Upahata Chetas*'. Here, *Rajas* and *Tamas* gain dominance either through the inherent nature or *Prakruti* of the individual or by dint of *Ahara, Vihara* that aggravate them.
- b) **Prakopa** - The factors of *Prakopa* vary according to different *Nidanas*. They may act individually or in combination. *Nidana Sevana* vitiates the related *Dosha*.
- c) **Prasara** - Persistence in *Nidana Sevana*, lack of any *Dosha Pratyhanika Chikitsa* or the factor like *Kala, Ritu* aid the further aggravation of the already vitiating *Doshas* leading to their *Prasara Avastha*.

d) **Sthana Samsraya** - The *Prakupita Doshas* spread through the *Rasavaha Srotas* and when they reach *Hridaya* and *Indriya Ayatana* i.e. *Shiras*, they settle down making them their abode. They remain in *Linavastha* until the *Vyanjaka Nidana* acts on them.

e) **Vyakti** - This results in *Apasmara Roga*. This *Samprapti* will be present without any manifestation.

This *Samprapti* is of high significance since *Avasthika* or *Vegakalina Samprapti* in itself is not capable of causing *Apasmara Roga*. This statement is further fortified by the observation made by *Gangadhara*. *Apasmara* cannot afflict an individual who acquires '*Upahata Satva*' by the action of *Rajas* and *Tamas* due to that cause alone. He acquires *Apasmara* by the later vitiation of *Vatadi Doshas* thus requiring *Manasa* and *Sharirika Doshas* for the causation of disease.

The term '*Vyakti*' in the context of this *Samprapti* refers to the stage, when the *Vyadhi* manifests itself but is not evident in between *Vegas*. This in turn plays as a fertile ground for the precipitating factors to act upon the already established *Dusti*.

Avasthika (Vegakalina) Samprapti

- a) **Chaya, Prokopa and Prasara** - The *Vyanjaka Nidanas* i.e. *Kama, Krodha* etc. exacerbate the already vitiating *Doshas* and agitate them. At this juncture, the *Caya, Prakopa* and *Prasara* phases occur spontaneously.
- b) **Sthana Samsraya** - Among the vitiating and agitated *Doshas, Rajas* and *Tamas* by the intensity of the subtleness occlude the *Sanjnavaha Srotas*. This results in *Dhi* and *Satva Samplava*. Here, the term '*Samplava*' stands for derangement paving way to *Apagama* of *Smrti*.
- c) **Vyakti** - This is the stage of manifestation of *Apasmara Vega* bringing about a chain of events, which repeats themselves during each *Vega*.

The *Avasthika Samprapti* repeats itself during each *Vega*. But the *Sthana Samsraya* at the level of *Sanjnavaha Srotas* is transient. Thus, there are no

signs of *Sanjnavaha Sroto Dusti* in between the *Vegas*. This *Avasthika Samprapti* may act as *Nidana* for the successive *Vegas*.

d) **Bheda** - It stands for the specific classifications of the 4 types of *Doshic Apasmara*. They are as follows:

1. *Vataja Apasmara*
2. *Pittaja Apasmara*
3. *Kaphaja Apasmara*
4. *Sannipataja Apasmara*

CONCLUSION

Smriti Nasha, *Tama Pravesha* and *Bhibhatsa Chesta* are the cardinal features of disease *Apasmara*. *Apasmara* is one of the disease which affects both *Shareera* and *Manas*. All the 3 *Acharyas* of *Brihatrayis* laid down equivocal opinion regarding *Samprapti* of *Apasmara*. Both *Shareerika Doshas* and *Manasika Doshas* plays equal role in the manifestation of disease *Apasmara*.

REFERENCES

1. Vaidya JT Acharya, NR Acharya, editors. Sushruta samhita of Sushruta with Nibandha sangraha. Varanasi: Choukhamba Sanskrit sanstan; 2013. p.799
2. Vaidya JT Acharya, NR Acharya, editors. Sushruta samhita of Sushruta with Nibandha sangraha. Varanasi: Choukhamba Sanskrit sanstan; 2013. p.800
3. Vaidya YT Acharya, editor. Charakasamhita by Agnivesha with Ayurveda deepika commentary. Varanasi: Chowkhamba krishnadas academy; 2010. p.226
4. Vaidya YT Acharya, editor. Charakasamhita by Agnivesha with Ayurveda deepika commentary. Varanasi: Chowkhamba krishnadas academy; 2010. p.474
5. Vaidya JT Acharya, NR Acharya, editors. Sushruta samhita of Sushruta with Nibandha sangraha. Varanasi: Choukhamba Sanskrit sanstan; 2013. p.799
6. S Sharma, editor. Astanga sangraha of vridhdha vagbhata with Shashilekha commentary. 2nd ed. Varanasi: Chaukhamba Sanskrit Series Office; 2008. p.681
7. Pt HSS Paradakara, editor. Ashtanga hridaya of Vagbhata with Sarvanga sundara and Ayurveda Rasayana commentaries. Varanasi: Chaukhamba Sanskrit Sanstan; 2010. p.802
8. Vaidya YT Acharya, editor. Charaka samhita by Agnivesha with Ayurveda deepika commentary. Varanasi: Chowkhamba krishnadas academy; 2010. p.474
9. Vaidya JT Acharya, NR Acharya, editors. Sushruta samhita of Sushruta with Nibandha sangraha. Varanasi: Choukhamba Sanskrit sanstan; 2013. p.800
10. Pt HSS Paradakara, editor. Ashtanga hridaya of Vagbhata with Sarvangasundara and Ayurveda Rasayana commentaries. Varanasi: Chaukhamba Sanskrit Sanstan; 2010. p.802

How to cite this article: Dr. Poornachandra, Dr. Ashwini, Dr. Shreevathsa. An Insight into the Samprapti of Apasmara w.r.t. Shatkriyakala. J Ayurveda Integr Med Sci 2018;6:159-165.
<http://dx.doi.org/10.21760/jajims.3.6.24>

Source of Support: Nil, **Conflict of Interest:** None declared.
