

# Role of Medhya Rasayana in the Management of Apasmara: A Critical Review of Bruhatrayee

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**Abstract:** Medhya Rasayana, a group of intellect-promoting and memory-enhancing formulations described in Ayurveda, plays a vital role in the management of disorders affecting higher mental faculties. Classical texts of Ayurveda- Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya- collectively known as Bruhatrayee, provide extensive insights into Medhya Rasayana and their therapeutic applications. Apasmara (epilepsy) is described as a neuropsychiatric disorder characterized by episodic loss of consciousness, abnormal movements, and cognitive impairment. The present review compiles references of Medhya Rasayana from Bruhatrayee and correlates their pharmacological properties with the pathophysiology of Apasmara. Evidence suggests that drugs such as Brahmi, Shankhapushpi, Yashtimadhu, and Guduchi exhibit neuroprotective, anticonvulsant, and cognitive-enhancing effects. These findings support their role as adjunct therapy in Apasmara management and highlight their relevance in integrative medicine.

**Keywords:** Medhya Rasayana; Apasmara; Epilepsy; Ayurveda; Bruhatrayee; Neuroprotection

## 1. Introduction

Ayurveda emphasizes mental health as a fundamental component of overall well-being. Medhya Rasayana is a specialized therapeutic group aimed at enhancing *dhi* (intellect), *dhriti* (retention), and *smriti* (memory) [1]. Apasmara is described as a major disorder involving derangement of *manas*, *buddhi*, and *smriti*, with clinical features resembling epilepsy [2].

Bruhatrayee texts provide a detailed description of Apasmara, including its etiology, pathogenesis, clinical features, and management, wherein Medhya Rasayana is considered a key therapeutic modality.

## 2. Materials and Methods

A comprehensive literary review was conducted using primary Ayurvedic texts:

- Charaka Samhita
- Sushruta Samhita
- Ashtanga Hridaya

Relevant references regarding Medhya Rasayana and Apasmara were collected and analyzed. Secondary data were obtained from modern research articles, journals, and pharmacological studies.

### Concept of Medhya Rasayana

Medhya Rasayana drugs are known to:

- Enhance cognitive functions
- Improve memory and learning
- Balance *rajas* and *tamas dosha*
- Act as central nervous system modulators

### Important Medhya Rasayana Drugs

- Brahmi (*Bacopa monnieri*)
- Shankhapushpi (*Convolvulus pluricaulis*)
- Yashtimadhu (*Glycyrrhiza glabra*)
- Guduchi (*Tinospora cordifolia*)

## Apasmara: Ayurvedic Perspective

### Nidana (Etiological Factors)

Improper diet, psychological stress, fear, and मानसिक दोष vitiation are major causes [2].

### Samprapti (Pathogenesis)

Aggravated *doshas* affect *hridaya* and *manovaha srotas*, leading to obstruction of consciousness and predominance of *tamas guna* [1].

### Lakshana (Clinical Features)

- Loss of consciousness
- Convulsions
- Abnormal body movements
- Cognitive impairment

## Role of Medhya Rasayana in Apasmara

### Cognitive Enhancement

Medhya Rasayana improves *dhi*, *dhriti*, and *smriti*, restoring cognitive balance.

### Dosha Shamana

They pacify *Vata* and regulate *Rajas* and *Tamas*, thereby stabilizing mental functions.

### Neuroprotective Action

Studies show antioxidant and neuroprotective properties, preventing neuronal damage [3].

### Anticonvulsant Activity

Brahmi and Shankhapushpi demonstrate seizure-reducing effects through modulation of neurotransmitters [4].

## 3. Discussion

The Ayurvedic approach to Apasmara focuses on correcting underlying मानसिक दोष and restoring cognitive function. Medhya Rasayanas play a dual role by acting as both preventive and therapeutic agents. Their pharmacological

properties align with modern concepts of neuroprotection, anticonvulsant activity, and cognitive enhancement.

#### 4. Conclusion

Medhya Rasayana provides a holistic approach in managing Apasmara by improving mental faculties and protecting neuronal integrity. Integration of these therapies with modern treatment protocols may enhance clinical outcomes in epilepsy management.

#### Conflict of Interest

None declared.

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