OBJECTIVES

According to the WHO, 50 million people are suffering from epilepsy worldwide. It can be experienced by anyone at any age. Epilepsy affects 4 to 10 people per thousand populations.\(^7\) In older patients, it is the third most common neurological condition after Alzheimer's disease and stroke; & its prevalence is greater than cerebral palsy, multiple sclerosis and Parkinson's disease.\(^8\) The prevalence is more in developing countries affecting more than 80% of population. The adults have greater chance to develop than younger, but the risk is more in children than young adults. Untreated epilepsy becomes critical in developing countries due to lower educational and socioeconomic status. In addition, epilepsy treatment gap is defined as the proportion of the population with active epilepsy but do not receive the treatment.\(^9\) In rural areas of India, 3 million people with active epilepsy do not have treatment.

Failure to identify the person with epilepsy, failure to deliver the treatment and cost of the antiepileptic drug are some of the reasons for treatment gap. The cost for epilepsy care is higher due to expensive newer antiepileptic drug therapy. Also, the newer antiepileptic drugs are prone to develop hepatic, renal and neuronal defects in elder patients when used for longer period of time. There are many important limitations like seizure aggravation, tolerance, unpredictable efficacy to certain anti-epileptics like tiagabin, carbamazepine, gabapentin etc.\(^{10}\)

The aim of antiepileptic treatment should be to control seizures as quickly as possible with no or minimal side effects without any negative impact on the quality of life. Herbal therapy is the most complementary and alternative medical therapy without any serious effects. Many plants or parts of plants have been used traditionally to treat epilepsy naturally. In India, there are many Vedic and other texts which directly indicate the practice of this therapy as a most safe and successful in the management of the epilepsy.

In the present study, two plants have been taken to evaluate for antiepileptic activity. ‘Lasuna’ and ‘Pyaj’ are traditionally used in epilepsy. But, there are no documented reports & scientific data about their antiepileptic activity. Our attempt is to establish the scientific data of these plants as common alternative antiepileptic agents.