A Case of Ayurvedic Management of VatikaShiropga Vis –A-Vis Migraine: A Case Report

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ABSTRACT
Case history: In September 2017, a 47 year old male patient having migraine since past 8 years came to P D Patel Ayurveda hospital, Nadiad with complains of unilateral headache, stretching and thrombing pain since 8 years. He sometimes complained of nausea and vertigo also. He was assessed for sign and symptoms like severity of pain, duration of pain, frequency of attacks and associated symptoms (Nausea, vomiting, photophobia, phonophobia and vertigo). He was treated with virecana karma, after virecana karma oral medicaments shirahshuladrivajra rasa, pathyadi kvath and nasya karma for next two weeks.
Results: He got satisfactory relief in all the sign and symptoms. He got satisfactory relief in headache and associated symptoms like nausea and vertigo were absent after treatment.

KEYWORDS
Migraine, Virecana Karma, Pathyadi Kvatha, Shirahshuladrivajra rasa and Nasya Karma
INTRODUCTION

Migraine is a central nervous system disorder characterized by vascular headache\(^1\). Migraine headaches range from moderate to very severe, can cause debilitating pain, and can last from 4 to 72 hours\(^2\). Migraine pain results primarily from increased activity of several agents that regulate blood vessels and sensory function of the brain\(^3\). In about 15\% of patients, migraine attacks may be accompanied by aura (visual, sensory, or language symptoms). Other accompanying symptoms may include photophobia (excessive sensitivity to light), phonophobia (fear of loud sounds), osmophobia (hypersensitivity to smells), nausea, or vomiting\(^4\). Treatments from conventional care mostly fails to cure or even reduce the symptoms of migraine and also having adherence effect along with adverse effectssuch as anxiety, nausea, vomiting, reduced sleep time, drowsiness, and weakness\(^5\). This situation leads patient to take some alternate therapy for better relief. An estimated 18\% of women and 6\% of men experience migraine, but many go undiagnosed and undertreated\(^6\). Migraine is the 3\(^{rd}\) most prevalent and 7\(^{th}\) leading cause of disability worldwide. India, where the prevalence of migraine is unknown, is the 2\(^{nd}\)most populous country in the world.

Migraine is highly prevalent in Karnataka and South India, and associated with substantial disability, especially among women and rural populations\(^7\).

\textit{Shiroroga} is mentioned in \textit{ayurvedic} classics with headache as a main characteristic feature. It occurs due to vitiation of \textit{vatadosha} associated with other \textit{dosha} and \textit{rakta}\(^8\).Mainly five types of \textit{shiroroga} i.e. \textit{vataja, pittaja, kaphaja, tridoshaja and krimija}\(^9\) mentioned in \textit{sutrasthana} while other 4 types of clinical varities i.e. \textit{shuryavarta, anantavata, ardhavabhedaka} and \textit{shankhaka} are also mentioned elsewhere\(^10\). Severe pain started without any cause was mentioned in \textit{vatajashiroroga}\(^11\).

PRESENT HISTORY AND CLINICAL CONCERNS

A 47 years old male patient had diagnosed with migraine since 8 years. He was taking a paracetamol 500mg during intolerable headache. He had complaint of unilateral headache, stretching and thrombing pain since last 8 years. He had complaint of anorexia, sometimes feeling nausea and tired after wakeup. Patient took modern medicine but didn’t get relief so he came here at P. D. Patel Ayurveda hospital in September 2017 and had admitted here for 4 days afterwards discharged with oral medicaments and nasya karma for 2 weeks.
CLINICAL FINDINGS:
On his first visit, patient was conscious with intact mental status but looks anxious and his Blood Pressure was 130/80 mm of Hg, Pulse 72/min, Respiration rate 20/min and regular intake of drugs as mentioned above.

DIAGNOSTIC FINDINGS:
The presence of migraine’s features in the absence of tension criteria indicates diagnosis of migraine.

Migraine headache characteristics:
Minimum 5 headache attacks in last 6 months each attack lasting 4-72 hours if untreated.

Any 2 of the following:
Unilateral headache
Pulsatile headache
Moderate to severe intensity (the most important differentiation from tension headache)
Worse with exertion

And at least one of the following:
Nausea and/or vomiting
Photophobia and/or phonophobia

THERAPY:
He was hospitalized and treated with sarvanga abhyanga and sarvanga baspasvedana once in a day for 1st two days and mriduvirecana karma with eranda taila on 3rd day. The dose of eranda taila was varied from 40ml according to the kостха of the patients. Samsarjana karma was performed for the next two days. After the mriduvirecana karma, patients were treated with oral medicaments shirahshuladrivajra rasa 1 tab thrice/day with water, pathyadi kvatha 40 ml twice/day (empty stomach) for next two weeks. Nasya karma with narayana oil (8 drops in each nostril) will be given after the completion of samsarjana karma for next 2 weeks.

OUTCOMES:

<table>
<thead>
<tr>
<th>Sign and symptoms</th>
<th>Before Treatment 06/10/2017</th>
<th>After Treatment 2 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Severity of pain</td>
<td>Intolerable pain</td>
<td>No pain</td>
</tr>
<tr>
<td>Duration of pain</td>
<td>13 to 24 hr</td>
<td>1min to 3 hr</td>
</tr>
<tr>
<td>Frequency of attack</td>
<td>Once in 1 to 10 days</td>
<td>Once in 21 to 30 days</td>
</tr>
<tr>
<td>Associated symptoms</td>
<td>Nausea and vertigo sometimes</td>
<td>Absent</td>
</tr>
</tbody>
</table>

DISCUSSION
Virecana yoga gets absorbed and due to virya, it reaches to the hridaya, then the dhamani and thereafter it reaches to macro and micro channels of the body. The vyavayi guna of drug is responsible for quick absorption. The vikasi guna causes softening and loosening of the bond by dhatusaithilya karma. Due to ushna guna, the doshasanghata is liquefied. Action of tikshana guna is to break the mala and dosha in microform. According to Dalhana it is responsible due to quick excretion. Due to sukhshama guna by reaching in micro channels, disintegrates endogenic toxins,
which are then excreted through micro channels. Mainly due to prabhava, prithv iand jala constitution and presence of sara guna virecana occurs.

Shirahshuladrivajra rasa is specially indicated in all type of shiroroga but according to properties it is highly effective on vatikashiroroga because it contain dashamula kvatha and which is highly effective in vata provoked disease. Pathyadi kvatha is indicated in shirorogaadhitkara and indicated as shirahshulahara and ardhashirahshularujahara.

In Ashtanga samgraha – nasa is the gateway of shira. The drug administrated through nostrils reaches shringataka. It then spreads in the murdha (brain) taking marma of netra, karna, kantha, shiramukha. Scratches the morbid dosha in supra clavicular region and expels them from uttamanga.

CONCLUSION

The assessment of observations and results proves that use of multimodal ayurvedic management can help in the management of vatika shiroroga (migraine).
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10. Agnivesha, Charaka, Dridhabala; Charaka Samhita; chikitsasthana, trimarmiyachikitsa Adhyaya 26

11. Agnivesha, Charaka, Dridhabala; Charaka Samhita; Sutrasthana, Kiyantahshirashiy Adhyaya 17