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A Case of Ayurvedic Management of VatikaShiroroga 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 throbbing 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 *shirahshuldrivajra 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*, *Shirahshuldrivajra rasa* and *Nasya Karma*



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INTRODUCTION

Migraine is a central nervous system disorder characterized by vascular headache¹. Migraine headaches range from moderate to very severe, can cause debilitating pain, and can last from 4 to 72 hours². Migraine pain results primarily from increased activity of several agents that regulate blood vessels and sensory function of the brain³. 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 vomiting⁴. Treatments from conventional care mostly fails to cure or even reduce the symptoms of migraine and also having adherence effect along with adverse effects such as anxiety, nausea, vomiting, reduced sleep time, drowsiness, and weakness⁵. 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 undertreated⁶. Migraine is the 3rd most prevalent and 7th leading cause of disability worldwide. India, where the prevalence of migraine is unknown, is the 2nd 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 populations⁷.

Shiroroga is mentioned in *ayurvedic* classics with headache as a main characteristic feature. It occurs due to vitiation of *vata dosha* associated with other *dosha* and *rakta*⁸. Mainly five types of *shiroroga* i.e. *vataja*, *pittaja*, *kaphaja*, *tridoshaja* and *krimija*⁹ mentioned in *sutrasthana* while other 4 types of clinical varieties i.e. *shuryavarta*, *anantavata*, *ardhavabhedaka* and *shankhaka* are also mentioned elsewhere¹⁰. Severe pain started without any cause was mentioned in *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 throbbing 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 *kostha* 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 1 Assessment of sign and symptoms

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

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 *sukshama guna* by reaching in micro channels, disintegrates endogenic toxins,



which are then excreted through micro channels. Mainly due to *prabhava*, *prithvi* and *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 *shirorogaadhikara* 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).



REFERENCES

1. Goadsby P J, Raskin N H. Chapter 15 Headache. In: Fauci AS, Braunwald E, Kasper DL, Hauser SL, Longo DL, Jameson JL, et al., editors. Harrison's principles of internal medicine. 17th ed. New York: The McGraw-Hill Companies; 2008.
2. Silberstein SD. Preventive migraine treatment. *Neurol Clin.* 2009 May; 27 (2):429–43. [PubMed] Solomon GD, Santanello N. Impact of migraine and migraine therapy on productivity and quality of life. *Neurology.* 2000;55 (9 Suppl 2):S29–35. [PubMed]
3. Goadsby PJ, Raskin NH. Chapter 15 Headache. In: Fauci AS, Braunwald E, Kasper DL, Hauser SL, Longo DL, Jameson JL, et al., editors. Harrison's principles of internal medicine. 17th ed. New York: The McGraw-Hill Companies; 2008.
4. Silberstein SD. Preventive migraine treatment. *Neurol Clin.* 2009 May; 27 (2):429–43. [PubMed]
5. <http://www.neurology.org/content/55/6/754.full.html#ref-list-1>
6. Stewart WF, Lipton RB, Celentano DD, Reed ML. Prevalence of migraine in the United States. *JAMA* 1992; 267: 64–69.
7. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4180629>
8. Agnivesha Charak, Dridhabala; Charaka Samhita; Sutrasthana, Kiyantahshirashiya Adhyaya 17
9. Agnivesha, Charak, Dridhabala; Charaka Samhita; Sutrasthana, Kiyantahshirashiya Adhyaya 17
10. Agnivesha, Charak, Dridhabala; Charaka Samhita; chikitsasthana, trimarmiyachikitsa Adhyaya 26
11. Agnivesha, Charak, Dridhabala; Charaka Samhita; Sutrasthana, Kiyantahshirashiya Adhyaya 17