



An Ayurvedic Approach of Migraine - A Case Study

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ABSTRACT

Migraine is a type of headache that occurs on one side of the head and causes extreme throbbing pain or a pulsing sensation. Nausea, vomiting, and acute sensitivity to light and sound are common symptoms. Ardhavabhedaka is referenced in Ayurveda texts under Shiroroga (Head Diseases), which can be linked to migraine. Migraine attacks can last anywhere from hours to days, and the pain might be severe enough to prevent you from going about your usual activities. As described by Acharyas, Laghusutshekhhar Ras and Godanti Bhasm are used to alleviate headaches and migraines using Anupan of Pathyadi Kwath. In this single case study, an attempt was made to assess the efficacy of the aforementioned medicines in the management of migraine. After 15 days of treatment, of oral administration, considerable improvement was seen in the clinical features of Migraine. Aims and Objectives: To find better and easily available treatment for Migraine. Materials and methods: A person who had been experiencing Migraine symptoms for 14 months was evaluated systemically and given an oral treatment plan. As shown on the scoring scale before and after treatment, the subject improved significantly. Discussion: A holistic approach including internal treatment modalities is used in an attempt to get satisfying results.

Keywords: Migraine, Ardhavabhedaka, Laghushootshekhar Ras, Godanti Bhasm, Pathyadi Kwath

Received 10.03.2022

Revised 21.05.2022

Accepted 24.05.2022

INTRODUCTION

Headache affects roughly 91 percent of men and 96 percent of women, while migraine affects about 6% of men and 18% of women (one-year prevalence). Migraine is more common in those in their third decade of life and in people from lower socioeconomic backgrounds. It has been linked to a higher rate of depression and panic episodes. Long-term usage of Triptans and NSAIDs is one of the most prevalent drugs administered for Migraine in today's medical system.

NSAIDs - Taking them on a regular basis can exacerbate headaches owing to pharmaceutical misuse. There is a need for a safe, effective, and easy therapeutic approach in Ayurveda to avoid the damage they inflict. Shiras (Head) is considered an *Uttamanga* in Ayurveda since it protects the vital components of the body, mind, and sense organs.[2]

According to *Acharya Susrutha*, there are eleven *Shirorogas* (head diseases), ten according to *Vagbhata Acharya*, and nine according to *Charaka Acharya*. One of the *Shirorogas* discussed is *Ardhavabhedhaka*. [3] If one side of the head gets acute tearing and pricking pain, giddiness, and piercing agony after a fortnight or tendays, it should be identified as *Ardhavabhedhaka* caused by all the Tridoshas, according to *Acharya Sushruta*. [4] *Ardhavabhedhaka*, according to *Acharya Charaka*, is a cranial disease in which a violent and excruciating pain of a piercing or aching nature is felt in one half of the cranium, orbit, neck, frontal and temporal regions of the head, making the subject giddy, and which either has no perceptible periodicity or recurs at a regular interval of ten days or a fortnight.

This comes as a result of *Vata's* or *Vatakapha's* concerted response. [5] *Ardhavabhedhaka* appears to be a type of *Vataja Shirashula*, according to *Acharya Vagbhata*. It strikes once every week or month, according to him [6].

OBJECTIVES-

1. To find a better *Ayurvedic* approach in Migraine.

CASE REPORT -

Basic information of the patient

Age: 32 years

Gender: Female

Religion: Hindu

Occupation: Teacher

Socioeconomic status: Middle class

History of present illness: A 32 year's old female patient visited OPD and presented with chief complaints of headache involving half side since last 14months and interval of headache was 07 days to 15 days. Severity of headache was increased since last one month and interval was on alternate day since 20 days. Associated complaints were irritability, nausea, anger, palpitation. Aggravating factors of headache were stress, hunger, sun light, noisy surroundings and crowd whereas relieving factors were only analgesics. Patient was diagnosed with Migraine (*Ardhavabhedaka*) on the basis of clinical features and after assessing Dosha, *Agni, Satmya, Bala, Vaya, etc., Laghusootshekhar Ras, Godanti Bhasm with Anupan of Pathyadi Kwath* is planned.

Personal history

Aharaja: diet predominantly of *Katuand Kashaya Rasa, Rooksha Ahara*.

Viharaja: day sleep for 1 hour regularly.

Examination

Asta Sthana Pareeksha

- **Nadi:** *Prakruta*, 78/min
- **Mutra:** *Prakruta*, 4 to 5 times/day, once at night
- **Mala:** *Prakruta*, regular, once a day
- **Jihwa:** *Alipta*
- **Shabda:** *Prakruta*
- **Sparsha:** *Prakruta*
- **Druk:** *Prakruta*
- **Akruti:** *Pittavatala*

Assessment Criteria

The improvement was assessed on the basis of relief in the signs and symptoms of the disease.

Subjective Criteria

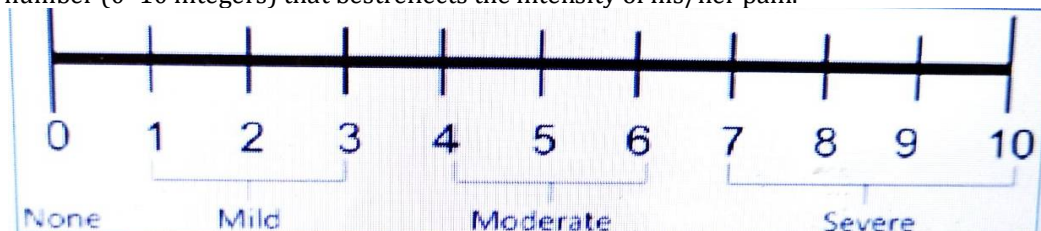
- Pain will be assessed using **Numeric Pain Rating Scale** before and after the treatment. Table 1
- Disability will be assessed using the **MIDAS questionnaire**, [7] before the treatment and after the follow up.

Table 1: Effect of *chikitsa* on symptoms of Migraine.

S.no.	Symptoms	Before treatment	After treatment
1	Headache intensity	3	2
2	Frequency	3	1
3	Duration	2	1
4	Nausea	1	0
5	Vomiting	1	0

Numeric Pain Rating Scale[8]

The NPRS is a segmented numeric version of the visual analog scale (VAS) in which a respondent selects a whole number (0–10 integers) that best reflects the intensity of his/her pain.



Before treatment: 10 (Severe), **MIDAS Grade:** 4 (Severe Disability)

TREATMENT PROTOCOL

Laghusootshekhar ras 500mg, Godanti Bhasm 500mg is given with *Pathyadi Kwath 20 ml* twice a day in morning empty stomach and in evening after meal.

Patient is advised not to eat spicy food and especially green chili.

OBSERVATION

After 15 days of oral medicine treatment improvement was observed in almost all clinical features, Intensity of headache was reduced and duration and frequency of pain was also decreased considerably. There was also markedly improvement in symptoms like nausea.

Numeric pain rating: 3 (Mild)

MIDAS Grade: 1 (Mild)

DISCUSSION

Migraine can be a challenging disease to diagnose being based on clinical symptoms only that are subjective and verifiable only by the patient. The clinical correlation of migraine in *Ayurveda* can be done on the basis of etiopathology, symptomatology, and prognosis etc. *Ardhavabhedaka* is the condition which is a nearer correlation to Migraine, which has been explained as *Tridoshaja Vyadhi* by *Acharya Sushruta*, *Vata-Kaphajaby Charaka* and *Vatajaby Vagbhata*. Thus, the medicines administered affect the vitiated *Doshas* in head. So, systemically taken oral medication cures almost all the symptoms of migraine.

Laghusootashekara Rasa was administered internally 500mg BD before food in morning and after food in evening for 15 days. It is *Katu* and *Tikta Rasa* and *ushna Virya* have *Deepana–Pachana Karma*, which causes *Amapachana* and thus provides proper metabolism and ultimately balances the *Agni*. Thus, these *Rasa* works at *Agni Dushti* stage in the *Samprapti* of *Ardhavabhedaka* and pacify the *Kapha Dosh*. [9]

Godanti Bhasm was administered internally 500mg BD before food in morning and after food in evening for 15 days. It is used for treatment of migraine and balances all three *doshas*, especially *pitta dosha*. [10]

Pathyadi Kwath is widely used in treating all type of headache like migraine, vascular headache, earache, eye pain, night blindness, toothache etc. It balances *Vaat* and *Kaphadosha*.

CONCLUSION

Migraine is a disabling medical condition. *Ardhavabhedaka* is clinically *Tridoshaja Vyadhi with Pitta* dominance. In *Ardhavabhedaka*, it functions as *Doshapratynika and Vyadhipratynika Chikitsa*. Because of the high level of stress in today's world, there is a hormonal imbalance. One of the causes of migraine is indigestion, which includes constipation and acidity. As a result, it must be handled with care. As a result, it can be concluded that the drug *Laghusutasekhara Rasa* and *Godanti Bhasm with anupan of pathyadikwath* was effective not only in relieving the cardinal features like paroxysmal unilateral headache associated with vertigo, giddiness, vomiting, pain of varying intensity, severe tearing, piercing and pricking kind suddenly after a week or ten days, but also in relieving. It is possible to conclude that this study is satisfactory.

REFERENCES

- Pasha, S. M. (2021). An Ayurvedic Management of Migraine-A Case Study. *Journal of Ayurveda and Integrated Medical Sciences*, 6(02), 223-227.
- Kulkarni, G., Rao, G., Gururaj, G., Subbakrishna, D. K., Steiner, T., & Stovner, L. J. (2014, December). EHMTI-0333. The prevalence and burden of migraine in india: results of a population-based study in Karnataka state. In *The Journal of Headache and Pain* (Vol. 15, No. 1, pp. 1-1). BioMed Central.
- Paradkar, H. S. (2016). *Astanga Hridaya of Vagbhata with Sarvangasundra commentary of Arunadatta & Ayurvedarasayana of Hemadri. Varanasi, Chaukambha Surbharati Prakashan, reprint edition, Sutra Sthan, 8, 31-32.*
- Adikananda Biswal, Rasmita Routray (2014). *A Text book of Shalakyantra*, Varanasi – Chaukambha Publications.
- Sushruta, Ācārya Nārāyaṇa Rāma. Ḍalhaṇa, Gayadāsācārya (2008). *Suśrutasaṃhitā. Ācārya Yādavaśarmā Trivikrama, editor. Vārāṇasī: Kṛṣṇadāsa Akādamī. Uttara.25.15.*
- Acharya VYT (2008), Agnivesha, Charaka, Drdhabala. Charaka Samhita. editor. Varanasi, U.P: Chaukambha Surbharathi Prakashan. Ch.Si.9.74-78.721.
- Vagbhata, Arunadatta, Hemadri (2002). *Ashtanga hrdaya of Vagbhata, with the commentaries of Sarvangasundara and Ayurveda Rasayanam. Varanasi, U.P: Chaukambha Surbharathi Prakashan. Annotation: Anna Moreshwar Kunte and Krishna Ramachandra Shastri Navre. Uttarasthana. 23.7-8.*
- Dennis L. Kasper, Anthony S. Fauci, Stephen L. Hauser, Dan L. Longo, J. Larry Jameson Joseph Loscalzo (2016). *Harrison's Manual of Medicine. 19th Edition, Chapter 49. New York City, USA: McGraw-Hill Education; 2016. 215.*
- McCaffery, M., Beebe, A., et al. (1989). *Pain: Clinical manual for nursing practice*, Mosby St. Louis, MO. Available from URL: <https://www.sralab.org/sites/default/files/2017-07/Numeric%20Pain%20le%20Instructions.pdf>
- Bhanudutta, trans. Gopaldutta Joshi. Editor Devdutta. Amar Printing Press Vijay Nagar, Delhi (1974) *Ras Tarangini. Tarang 11-24.*

CITATION OF THIS ARTICLE

Hariom Sharma, Amit Upasani, Abhishek Singh, V. M. Sreekanth. An Ayurvedic Approach of Migraine - A Case Study. *Bull. Env. Pharmacol. Life Sci.*, Vol 11[7] June 2022 : 284-286.