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# An Ayurvedic Management of Migraine - A Case Study

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## ABSTRACT

Migraine is an episodic headache disorder usually characterized by pain involving either half of the head. According to International headache society, Migraine constitutes 16% of the primary headache and affects about 10-20% of the general population. *Ardhavabhedaka* is mentioned under *Shiroroga* (Diseases of head) which can be correlated with migraine. *Nasya Karma* (Errhine Therapy) is considered as the best therapeutic intervention in *Shiro Roga* by *Acharya Charaka*. *Kumkumadi Ghrita* is mentioned by *Acharya Vagbhata* in context of *Shiroroga Chikitsa*. So, an attempt has been made to assess the efficacy of *Anu Taila Nasya* in the management of migraine in this single case study. After 7 days of *Nasya Karma*, considerable improvement was seen in the clinical features of Migraine.

**Materials and methods:** The subject who approached *Shalaky Tantra* OPD of Government Ayurveda Medical College Bengaluru with symptoms of Migraine since 4 years was systemically reviewed and *Nasya* line of treatment is adopted. **Results:** The subject showed marked improvement as depicted in the scoring scale before and after treatment. **Discussion:** By adopting the holistic approach with both internal and external treatment modalities an attempt is made to bring about satisfactory results.

**Key words:** Migraine, *Ardhavabhedaka*, *Anu Taila*, *Nasya*.

## INTRODUCTION

“Migraine” – This one word can turn a beautiful day into the most dreadful one. It is the third most common disease in the world (behind dental caries and tension-type headache) with an estimated global prevalence of 14.7% (around 1 in 7 people). It is more prevalent than diabetes, epilepsy and asthma combined. Migraine is ranked globally as the seventh most disabling disease among all diseases

(responsible for 2.9% of all years of life lost to disability/YLDs) and the leading cause of disability among all neurological disorders.<sup>[1]</sup>

It is highly prevalent in Karnataka, India (2014), and associated with substantial disability. Prevalence was greater among females (31.6%) vs. among males (18.5%) and in rural areas (28.9%) vs. urban areas (21.7%).<sup>[5]</sup>

Migraine is a recurrent headache disorder with intense pain that may be unilateral (one-sided) and accompanied by nausea or vomiting as well as photosensitivity (sensitivity to light) and phonosensitivity (sensitivity to sound).<sup>[3]</sup> Due to similarity of the signs and symptoms Migraine can be understood as *Ardhavabhedaka*.<sup>[2]</sup>

Common Migraine, that is Migraine without aura, characterized by no presence of early visual changes, dizziness, confusion, having pins or needles in the skin sensation, forms roughly 75% of Migraine.<sup>[4]</sup> Therefore, the common Migraine has been selected for this study.

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In the contemporary medical system, one of the common medicines prescribed for Migraine constitute long term use of Triptans, and NSAIDs.

NSAIDs - Taking them daily can make headaches worse due to medication overuse.

To avoid the damage caused by them, there is a necessity for a safe effective simple treatment modality in Ayurveda, which the study is aiming at. Ayurveda considers *Shiras* as an *Uttamanga*, as it shelters the vital components of body, mind and sense organs.<sup>[6]</sup> *Shirorogas* (disorders pertaining to Head) are said to be eleven in number according to *Acharya Susrutha*, ten according to *Vagbhata Acharya*, nine according to *Charaka Acharya*. *Ardhavabedhaka* is one among the *Shirorogas* explained.<sup>[7]</sup>

According to *Acharya Susrutha*, if one half of the head develops severe tearing and pricking pain, giddiness, and piercing pain, suddenly after a fortnight or ten days, it should be diagnosed as *Ardhavabhedaka* caused by all the *Tridoshas*.<sup>[8]</sup>

According to *Acharya Charaka*, *Ardhavabhedaka* is the disease of the head 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 head, which makes the subject feel giddy, and which either follows no distinct periodicity or recurs at a regular interval of ten days or a fortnight. This happens due to the concerted action of *Vata* or *Vatakapha*.<sup>[9]</sup>

According to *Acharya Vagbhata* – *Ardhavabhedaka* appears to be a type of *Vataja Shirashula*. He describes it to occur once in a fortnight or a month.<sup>[10]</sup>

## OBJECTIVES

1. To understand the pathophysiology of Migraine in the perspective of *Ardhavabhedaka* explained in *Ayurveda* classics.
2. To find a better *Ayurvedic* approach in Migraine.

## CASE REPORT

### Basic information of the patient

**Age:** 25 years

**Gender:** Male

**Religion:** Hindu

**Occupation:** Student

**Socioeconomic status:** Middle class

**History of present illness:** A 25 years old male patient visited OPD of *Shalaky Tantra*, Government Ayurveda Medical College, and Bangalore and presented with chief complaints of headache involving half side since last 4 years and interval of headache was 15 days to one month. Severity of headache was increased since last one month and interval was on alternate day since 15 days. Associated complaints were irritability, nausea, anger, palpitation, burning in upper abdomen. 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., *Nasya* with *Anu Taila* was planned for 7 days.

### Personal history

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

**Viharaja:** day sleep for 1 to 2 hours 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**

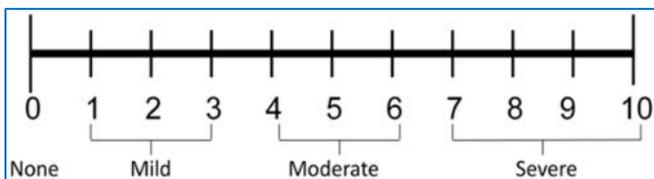
- Pain will be assessed using **Numeric Pain Rating Scale** before and after the treatment. Table 1
- Disability will be assessed using the **MIDAS questionnaire**,<sup>[11]</sup> before the treatment and after the fourth follow up.

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

SN	Symptoms	Before treatment	After treatment
1.	Intensity of headache	4	2
2.	Frequency of headache	4	1
3.	Duration of headache	3	1
4.	Nausea	2	0
5.	Vomiting	1	0
6.	Photophobia	3	1
7.	Vertigo	0	0

**Numeric Pain Rating Scale<sup>[12]</sup>**

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.<sup>[32]</sup>



**Before treatment:** 9 (Severe)

**MIDAS Grade:** 4 (Severe Disability)

**TREATMENT PROTOCOL**

**Poorva Karma**

*Sthanika Abhyanga* and *Ushna Sveda* (local massage and fomentation) of scalp, forehead, face, and neck were performed. *Abhyanga* was done with *Ksheerabala Taila*.

**Pradhana Karma**

The patient was made to lie down in supine position with head low and legs slightly raised and then lukewarm *Anu Taila* was instilled slowly in either of the nostrils in an increased dosage. The other nostril was pinched while administering the medicine in one nostril. The patient was advised to sniff the instilled drug once followed by slow breathing. The same procedure was repeated in another nostril.

**Paschyat Karma**

After the administration of *Nasya*, the patient was advised to remain in supine position for a minute (time of counting up to 100) and spit out medicines which come in mouth. Patient was again subjected to fomentation<sup>12</sup> on supraclavicular region and then advised to gargle with warm water to expel out the residual mucous lodged in throat. *Dhumapana* with *Haridra Dhuma Varti* was advised. The patient was advised to avoid dust, smoke, sunshine, alcohol, riding, anger, excess fatty and liquid diet, day sleeping, cold water for any purpose like *Pana* (Drink), *Snana* (Bath) etc.

**OBSERVATION**

After 7 days of *Anu Taila Nasya* 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 improvement in symptoms like photophobia.

**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-Kaphaja* by *Charaka* and *Vataja* by *Vagbhatta*. *Nasa* is considered as therapeutic gate

way of head. Thus, the medicine administered through *Nasya Karma* can affect the vitiated *Doshas* in head. So, systemically performed *Nasya Karma* cures almost all the diseases of *Urdhvajatrugata Rogas*. *Anutaila* is best used for *Nasya Karma*. It contains more than 25 herbs which are blended together in the form of decoction. This decoction is slowly infused with sesame oil over a long period of time with the help of controlled heating till the desired quality of oil is obtained. This process is repeated 10 times to have effective potentization. *Aja Ksheer* (Goat Milk) is also used in the last cycle only. Hence it is said that *Anutaila* is having property of *Mahagunam, Sarvottam Gunam*. (Excellence over other of Oils used for *Nasya Karma*)

Hence, *Anu Taila Nasya* can provide relief in *Ardhavabhedaka* and *Nasya* is nearest root to alleviate the diseases of head

*Laghu Sootashekara Rasa* was administered internally 2 tablets BD before food 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*.<sup>[13]</sup>

## CONCLUSION

Migraine is a disabling medical illness. *Ardhavabhedaka* is clinically *Pitta* dominantly *Tridoshaja Vyadhi*. It works as *Doshapratynika* and *Vyadhipratynika Chikitsa* in *Ardhavabhedaka*. In present era due to high level of stress, there is imbalance in the hormonal level. Indigestion along with constipation and acidity is one of the causative factors of Migraine. So, it should be treated carefully. So, it can be concluded that *Nasya* with *Anu Taila* along with the drug *Laghusutasekhara Rasa* 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 fortnight or ten days but it also helps in relieving constipation and acidity. It can be concluded

that here is satisfying scope of suggesting this *Ayurvedic* management as safe and effective medicine for *Ardhavabhedaka*.

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