



AYURVEDIC MANAGEMENT OF MIGRAINE- A CASE STUDY

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ABSTRACT

Migraine is a benign and recurrent syndrome of headache, nausea, vomiting and other symptoms of neurological dysfunctions in varying admixtures. It is as one of the diseases where cause is exactly not known. Migraine, the second most common reason for cerebral pain afflicts around 15% of women and 6% of men. With the disease afflicting majority of the people in their prime age i.e. from second decade to fifth decade, it is affecting their professional and social life, hampering their health. Ardhavabhedaka can be scientifically correlated with Migraine due to its cardinal feature 'half sided headache' and also due to its paroxysmal nature. All the three doshas are involved in the pathogenesis of the Ardhavabhedaka with the predominance of Vata or Vatakapha. Episodic migraine (EM) is characterized by <15 headache days per month and chronic migraine (CM) is characterized by ≥15 headache days per month. The World Health Organization (WHO) estimated that there are 3000 migraine attacks occurring daily for every million population. A 35 year old male patient with complaining of severe headache which disturbs his routine work and hamper his productivity came to OPD. He was taking Allopathic medicine, Tab. Sumatryptin. Raktamokshana (Bloodletting) was done. Godanti Bhasma 250mg OD, Sutashekhhar Ras 250mg BD, Shirshuladivajra Ras 250mg BD, Pathyadi kadha 20ml BD with equal amount of water was given. Virechana (therapeutic purgation) was given with Icchabhedi Ras. After Virechana patient got upto 90% relief in headache. He was advised to completely stop smoking.

KEYWORDS: Migraine, Ardhavabhedaka, Godanti Bhasma, Pathyadi kashaya.

INTRODUCTION

Headache in general is one of the commonest complaints of the people seeking professional help. Only few of us are spared the experience of a headache. It is also a major cause of absenteeism from work and of avoidance of social and personal activities. It is a benign symptom, which may be of primary idiopathic type or may be a manifestation of a wide range of organic diseases such as brain tumor, subarachnoid hemorrhage, meningitis or giant cell arteritis. It may be psychosomatic like migraine, tension headache or may be psychogenic in origin e.g. Anxiety, Depression, hypochondrial and delusional headache. Severe headache attacks despite of cause are more likely to be described as throbbing and associated with vomiting and scalp tenderness. Milder headaches tend to be non-descriptive tight band like discomfort often involving the entire head, the profile of tension type headache.

Migraine is recognized by the W.H.O., as one of the diseases where cause is not exactly known. Migraine, the second most common reason for cerebral pain, afflicts around 15% of women and 6% of men. With the disease

afflicting the majority of the people in their prime age i.e. from second decade to fifth decade, it is affecting their professional and social life, hampering their health. A useful definition of migraine is a benign and recurrent syndrome of headache, nausea, vomiting and other sign and symptoms of neurological dysfunctions in various admixtures. Migraine can often be recognized by its activators like stress (psychological as well as physical), Lack of Sleep, Worries, Red wine, Menses, Estrogen etc. and by its deactivators like sleep, relaxation, meditation, pregnancy, exhilaration, sumatriptan medication.

Coming to the management, other systems of medicines have lots and lots of limitations. The authentic text books of modern medicine clearly state that there is no proper standardized treatment for migraine. The various treatment modules comprises of non-pharmacological treatment such as identification of triggers, meditation, relaxation training, psychotherapy etc and pharmacotherapy as abortive and preventive therapy. Aspirin, Paracetamol, Ibuprofen, Diclofenac etc. are non-specific abortive therapy, whereas Ergot, 5-HT receptor agonists are specific abortive therapy.

In Ayurvedic text, almost all the Acharayas have referenced Ardhavabhedaka in Shiro-roga. Acharaya Sushruta has mentioned 11 types of Shiro-roga in Uttar Tantra. Among them, one of them is Ardhavabhedaka in which paroxysmal unilateral headache associated with vertigo and pain related with vertigo and agony of changing power is seen. This can be associated with Migraine. As indicated by Acharaya Sushruta, it is a tridoshaj disease and according to Acharaya Charaka it is Vataja or Vata-Kaphaja. Ardhavabhedaka can be scientifically correlated with Migraine due to its cardinal feature 'half sided headache' which is also explained by commentator Chakrapani as 'ArdhaMastakaVedana' (Ch.Su. 7/16) and also due to its paroxysmal nature. All the three doshas are involved in the pathogenesis of the Ardhavabhedaka with the predominance of Vata or Vatakapha. The disease may not be fatal but if not managed properly then it may damage eyesight or hearing. Ayurveda emphasizes various treatment modalities for Ardhavabhedaka which includes both shamana and shodhana in the management of Ardhavabhedaka.

AIM AND OBJECTIVE

1. To study literature regarding migraine & Ardhavabhedaka.
2. Assess the effect of Ayurvedic treatment in the Migraine.

MATERIAL AND METHODS

A known case of Chronic Migraine was taken from OPD. Detail history of the patient was taken. Complete examination was done. Ayurvedic treatment was given along with Panchkarma therapy. Assessment was done after complete treatment.

Patient History: A 35 year old male patient came to OPD with complaining of severe headache since 2 days which disturbs his routine work and hampers his productivity. On examination patient was afebrile, pulse 72 per minute, blood pressure was 120/80 mmHg. All other systemic examination was done which found to be normal. Patients have 4-5 episodes of headache in a week. One episode may persist for 2-3 days sometimes. Patient has started the problem of headache 3 years before. Patient has addiction of cigarette smoking. He used to take salt in cooked food. Patient has mental tension due to family problem. He also has history of night awakening. Patient on Regular Tablet Migratan 50 mg OD for relief, But as he didn't get desired effect so he came to take Ayurvedic treatment.

Treatment given

Patient was given Godanti Bhasma 250mg OD, Sutashkhar Ras 250mg BD, Shirshuladivajra Ras 250mg BD, Pathyadi kadha 20ml BD with equal amount of normal water after food for 7 days. Raktamokshana (Bloodletting) was done from right hand around total 100ml. Patient was advised to stop smoking and come

for follow up after 7 days. On first follow up same medicine was repeated for 7 days and patient was advised for Virechana (therapeutic purgation), Snehana (oleation therapy) was given with Panchtikta Ghrit in increasing dose for 7 days, started with 30ml and daily 30ml increased. Abhyanga(whole body oil massage) and Swedana(steam) was given on 8th and 9th day. On 10th day Abhyanga and Swedana was done and Virechana was given with Icchabhedi Ras 2 Tablet empty stomach in morning, madhyama shudhi achieved (12 Vegas (urges)). After Virechana patient was advised to follow Sansarjanakrama (dietary regimen). After that same Ayurvedic medicine was given for next 15 days and treatment was stopped and patient was advised to stop smoking completely.

RESULT

On first follow up patient had got 40-50% relief in headache. He has only 3 episodes of Heache which persist for 5-6 hours only which don't hamper his routine work. After Virechana patient got upto 90% relief in headache. Now patient don't have long episode of headache which increased his work productivity and also only 1-2 episode per week. After one month patient had 95% relief. So he was advised to completely stop smoking.

DISCUSSION

Patient was already diagnosed as chronic migraine came to OPD for Ayurvedic treatment. Migraine can be clinically correlated with Ardhavabhedaka vyadhi which is explained in Shirorog(diseases of head). Etiological factors given by Acharya Vagbhata, for Shirorog are Smoking, swimming, night awakening and day sleeping, excessive sweating, mental stress and excessive alcohol consumption. Line of treatment for Ardhavabhedaka is Siravedha(bloodletting), Nasya (drug administration through nose) by Milk and Ghee in daytime, regular use of milk and ghee and Virechana (therapeutic purgation). So Raktamokshana was done in patient. Due to Raktamokshana vitiated Shakhagata Pitta removed which gives relief to patient. But as koshtagata Pitta was not removed patient got 40-45% relief in his complaints. So to remove Koshtagata Pitta Virechana was advised. As the Snehana was given with Panchatikta ghrit in increasing amount, it pacifies the vitiated Pitta and Vata in patient. Virechana was given because it said to be best for Pitta dosha shodhana .Godanti Bhasma is given for headache with Pathyadi Kadha. It is a good remedy for Headache of Migraine. It is Deepana (appetizer), Pachana (digestive), Shoolaghna (analgesic) and Jwaraghna (antipyretic) Shirashuladivajra rasa is very good medicine for Headache, even severe headache. Sutashkhar Rasa is useful in headache due to vitiation of Pitta. It reduces Pittastrava (secretion of peptic juice) from stomach and remove the accumulated Pitta from stomach. So in this way all medicine either pacifies or removes the vitiated Pitta and subside the symptoms of

Migraine.

CONCLUSION

A known case of Migraine was taken. He was diagnosed as per Ayurved as Ardhavabhedaka. Raktamokshan and Virechana was done as Shodhan chikitsa (elimination therapy) and Godanti Bhasma, Sutashekhar Ras, Shirashuladivajra ras and Pathyadi Kadha was given for Shamana chikitsa (pacifying therapy). Patient got more than 90% relief. So we can use this treatment in other cases of Migraine. But it is only a single case. Multiple clinical trials should be conducted to establish this treatment as general treatment for Migraine.

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