

TREATING ARDHAVBHEDAKA (MIGRAINE HEADACHE) WITH PRATIMARSHNASYA OF GO-GHRITTA AND PRANAYAMA (BHASTRIKA AND ANULOMVILOM) – A CASE REPORT

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ABSTRACT

Migraine (*Ardhavbhedaka*) is recognized as a chronic illness, the second most common cause of headache. With advent of modern drugs, the pattern of disease has grossly changed, where the drugs only assuage the symptoms temporarily and the underlying pathology goes on progressively to worsen the condition. Therefore, the Ayurvedic therapeutics especially *Nasya karma* (Errhine therapy) and *Shirodhara* of *Panchakarma* therapy with various *Shaman Aushadh* has attracted considerable glamour for providing safe and effective remedies in the treatment of migraine. In present case it was observed that there was highly significant improvement in clinical manifestations of migraine after the therapy of *Pratimarsh Nasya Karma* with *Go-ghritta* and *Pranayama (Bhastrika & AnulomVilom)*.

Keywords: Migraine, *Ardhavabhedaka*, *Pratimarsh Nasya Karma*, *Shirodhara*, *Bhastrika Pranayama*

INTRODUCTION

Headache is the most common complaint that leads people to seek medical care in the world according to a global Nielson survey in 2007^[1]. Worldwide, migraine affect nearly 15% or approximately one billion people. It is more common in females than males (with 2-3:1).^[2] Migraine is a neurovascular disorder recognized as a major cause of disability globally and can be a debilitating disorder. The disorder ranked

eighth as measure of the burden of disease over society^[3]. The prevalence of the disorder in the United States may be as high as 18% with ~28 million currently affected^[4, 5]. The cost of migraines to employers in the United States is estimated at \$13 billion a year as result of missed workdays and reduced productivity^[6]. Migraine usually presents as severe, unilateral, throbbing headache, lasting between 4 to 72 hours. Asso-

ciated symptoms include nausea and emesis accompanied with photo-and phonophobia^[7,8]. Treatment for the disorder can include acute therapy. The acute therapy for migraines may include medications such as non-steroidal anti-inflammatory drugs (NSAIDS) and migraine-specific agents such as triptans^[9]. The success of acute therapies is guarded as acute medication overuse can itself cause more frequent headaches called rebound or medical overuse headache^[10,11]. Another treatment modality for the disorder is preventative therapy. Preventative therapy can include adrenergic receptor antagonists, such as propranolol and timolol; calcium-channel antagonists such as verapamil; tricyclic antidepressants such as amitriptyline; and anticonvulsants such as divalproex sodium, gabapentin, and topiramate^[5,9,12,13].

In Ayurveda migraine is found to be identical to *Ardhavybhedaka*. *Acharya Charaka* has mentioned that in *Ardhavybhedaka Vata* either alone or in combination with *Kapha*, seizes the one half of head and causes *Ativedana* (acute neuralgic pain) in the sides of the *Manya* (neck), *Bhroo* (eyebrow), *Shankha* (temple), *Karna* (ear), *Akshi* (eyes) or *Lalata* (forehead of one side). This pain is very agonizing like that of “*shastra-arninibham*” (churning rod or red hot needle like). If the condition becomes aggravated, it may even impasse the functions of the *Nayana* (eye) and *Shrota* (ear)^[14].

Ayurvedic therapeutics especially “*chatu Snehottamamatra, Shirkaya virechana, nadi swedana, Basti karma, upnah, shirobasti*”^[15] and *Shirodhara* of *Panchakarma* therapy and some yogic exercises have attracted considerable glamour for providing safe and effective remedies in the treatment of *Ardhavybhedaka* (migraine).

In the present study, we have tried to modify conventional *Ayurvedic* treatment of

Ardhavybhedaka (migraine) with an aim of bringing not only the symptomatic relief but to cure the disease completely and also provide psychological relaxation with an easiest and suitable way for patient.

CASE REPORT

A 24-year-old female who had been suffering from chronic headache was come to our hospital, Jammu Institute of Ayurveda and Research, Nardani, J&K. The patient reported she had been to a myriad of doctors from neurologist to pain management specialists. The patient stated she had limited or no success with the allopathic and other treatments received over 10 years and was becoming depressed and felt like there was no hope of improvement.

She presented with a history of chronic migraine headache for over 10 years. The patient was diagnosed with migraine headaches using the diagnostic criteria given by International Headache Society. The patient reported 4-6 attacks per month averaging at least 1-2 per week. The migraines typically lasted around 7-10 hours. She reported of severe pain and could have symptoms of nausea or photophobia with her attacks.

She stated that headache progressively worsened with passage of time. Initially, she had only 1-2 attacks in three months but presently frequency of episodes with severity had been increased to 1-2 attacks per week. The patient reported that the area with the highest concentration of pain was in right temporo-parietal. When taking her medical history, the patient was asked to report on an analog pain scale of 1 to 10 (1 being no pain and 10 being highest pain) when she was having migraine attack. Patient reported 8 on the scale during headache. She also reported the most painful areas by pointing to the affected area on her head. The most painful area

was in the right temporo-parietal area. After having cognizance of the history and symptomatology of the patient a modified treatment plan was planned rather than conventional *ayurvedic* treatment for *Ardhavbhedaka* (migraine) using *Pratimarsh Nasya* of *Go-Ghritta* and *Pranayama* (*Bhastrika* & *Anulom Vilom*). The dosage of *Go-ghritta Pratimarsh Nasya* was used that had been explained in *Samhita* (*Pratimarsh Nasya* – “*dvibindu*” in each nostril i.e 0.46 ml) two times a day in the morning and evening one hour before the food.^[16] The patient was told to do *Bhastrika* and *Anulom Vilom pranayama* early in the morning for two to five minutes each one. The patient was given post procedure instructions and told to return in end of first week for follow up. The patient was also told to keep a record any side effects and incidences of migraine attacks. At the 1st week follow up appointment the patient did not note any side effects from the therapy. During this week she don't had any attack of migraine headache. The patient was asked to come in weekly to record any changes. The patient reported of no side effects and no migraines until 4th week when she had her first migraine attack since taking treatment. The patient was asked on the pain scale how painful it was and she reported at 5 and after taking single tab. of NSAID's headache alleviates. The patient further continues the treatment plan and there is no pain for next 8 weeks. The patient understood that in approximately 3 months she have great relief not only in the headache but also in her sleep and anxiety. In summary, the patient expressed great satisfaction and stated with a smile “Now, I am not a prisoner of migraine.”

Diagnostic Criteria (Migraine, International Headache Society (HIS) diagnostic criteria ^[15])

A. At least 5 attacks fulfilling criteria B-D

B. Headache attacks lasting 4-72 hours (untreated or unsuccessfully treated)

C. Headache has at least two of the following characteristics:

1. Unilateral location
2. Pulsating quality
3. Moderate or severe pain intensity
4. Aggravation by or causing avoidance of routine physical activity (eg, walking or climbing stairs)

D. During headache at least one of the following:

1. Nausea and/or vomiting
2. Photophobia and phonophobia
3. Not attributed to another disorder.

DISCUSSION

The patient had been treated by several doctors for over a decade and the patient had little or no improvement in her migraine headache (*Ardhavbhedaka*) as she was a student living far away from hospital in a hostel and can't come to hospital on regular basis so *Pratimarsh Nasya* of *Go-Ghritta* and *Pranayama* (*Bhastrika* & *Anulom Vilom*) was a potential daily treatment option with no much major precautions and can be done easily by the patient. As *Brihtryi Samhita* have mentioned that *Nasa* is the portal (gateway) of *Shira Pradesh* (head).^[18,19,20,21] The drug administered through nose (*Nasya*) reaches to brain and eliminates the morbid *Doshas* responsible for producing the disease. The excellent tolerability with easiness of *Pratimarsh Nasya* makes it an effective treatment for patients of Migraine. The *Bhastrika Pranayama* is the most powerful of all *Pranayama* techniques and combines the *Kapalbhati* and *Ujjai* system in it whereas *Anulom Vilom* is the very first *Pranayama* of *Asthang Pranayama* techniques. *Pranayama* (*Bhastrika* & *Anulom Vilom*) improves coherence between the two cerebral

hemisphere signifying synchronization of logical and intuitive function. These breathing yogic techniques stimulates different divisions of the ANS, thus having useful implications in treating psycho physiological disorders associated with hemispheric and autonomic imbalance^[22,23]. Right nostril breathing correlates with the active phase of the basic rest activity cycle, it activates the sympathetic nervous system as shown by an increase in the oxygen consumption and left nostril breathing decrease the sympathetic activity as manifested by an increase in the level of Valvor galvanic skin resistance.^[24,25] By eliminating the morbid *dosha* slowly but on regular basis through *Pratimarsh Nasya* and maintaining the nervous synchronization of both hemisphere with proper blood circulation and oxygen consumption, patient got the great relief in migraine headache.

CONCLUSION

Because the case study described shows a correlation between *Pratimarsh Nasya* and *Pranayama* (*Bhastrika & Anulom Vilom*) with migraine episodes the author concludes that *Pratimarsh Nasya* of *Go-Ghritt* and *Pranayama* techniques (*Bhastrika & Anulom Vilom*) are safe and effective treatment and prevention options for patients with migraine headaches. At the same time author believes that the treatment of *Ardhav bhedaka* (migraine) is just not confined to symptomatic relief of the migraine headache but as a whole should involve by reliving various stressors specially the psychological stress. Therefore, the clinician along with treatment of migraine should also keep in to consideration the psychological aspects related to migraine and accordingly work in unison with *Panchkarma & yoga*.

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