

INTERNATIONAL AYURVEDIC MEDICAL JOURNAL







Case Report ISSN: 2320-5091 **Impact Factor: 6.719**

ASSORTMENTS OF AYURVEDIC TREATMENT IN MIGRAINE: A CASE STUDY

Parveen Kumar¹, Jagjeet Singh², Lokesh Kumar³

- 1. Associate Professor, Deptt. of Kayachikitsa, FIMS, SGT University
- 2. Assistant Professor, Deptt. of Rachana Sharira, FIMS, SGT University
- 3. Assistant Professor, Deptt. of Kayachikitsa, FIMS, SGT University

Corresponding Author: py1096@gmail.com

https://doi.org/10.46607/iamj3913012025

(Published Online: January 2025)

Open Access

© International Ayurvedic Medical Journal, India 2025

Article Received: 08/12/2024 - Peer Reviewed: 29/12/2024 - Accepted for Publication: 09/01/2025.



Check for updates

ABSTRACT

Case history: In September 2023, a 47-year-old male patient having migraine for the past 8 years came with complaints of unilateral headache, stretching, and throbbing pain for 8 years. He sometimes complained of nausea and vertigo also. He was assessed for signs and symptoms like the severity of pain, duration of pain, frequency of attacks, and associated symptoms (Nausea, vomiting, photophobia, phonophobia, and vertigo). He was treated with virechana karma, after virechana karma oral medicaments shirahshuladrivajra rasa, pathyadi Kvatha, and nasya karma for the next two weeks.

Results: He got satisfactory relief in all the signs and symptoms. He got satisfactory relief from headaches, and associated symptoms like nausea and vertigo were absent after treatment.

Keywords: Migraine ,*Virechana karma, Pathyadi kvatha, Shirahshuldrivajra rasa* and *nasya karma*.

INTRODUCTION

Migraine is a central nervous system disorder characterised by vascular headache¹. Migraine headaches range from moderate to very severe, can cause debilitating pain, and can last from 4 to 72 hours². Mi-

graine pain results primarily from the increased activity of several agents that regulate blood vessels and the 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 fail to cure or even reduce the symptoms of migraine and also have adherence effects along with adverse effects such as anxiety, nausea, vomiting, reduced sleep time, drowsiness, and weakness⁵. This situation leads the 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 2ndmost 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 headaches as the main characteristic feature. It occurs due to the vitiation of Vatadosha associated with other dosha and rakta⁸. Mainly, five types of Shiroroga, i.e. vataja, pittaja, kaphaja, tridoshaja and krimija9, are mentioned in sutrasthana, while the other four types of clinical varieties, i.e. Suryavarta, Anantavata, Ardhavabhedaka and shankhaka are also mentioned elsewhere¹⁰. Severe pain started without any cause was mentioned in vatajashiroroga¹¹.

PRESENT HISTORY AND CLINICAL CONCERNS

A 47-year-old male patient had been diagnosed with migraine for 8 years. He was taking paracetamol 500mg and Duloxetine 20mg during intolerable headaches. He had complained of unilateral headaches, stretching and throbbing pain for the last 8 years. He had complained of anorexia, sometimes feeling nauseous and tired after waking up. The pa-

tient took modern medicine but didn't get relief and was admitted here for 4 days and afterward discharged with oral medicaments and *nasya karma* for 2 weeks.

CLINICAL FINDINGS:

On his first visit, the patient was conscious with an intact mental status but looked anxious. His blood pressure was 130/80 mm of Hg, Pulse 72/min, Respiration rate 20/min, and regular drug intake as mentioned above.

DIAGNOSTIC FINDINGS:

The presence of migraine features in the absence of tension criteria indicates a diagnosis of migraine.

Migraine headache characteristics:

Minimum five headache attacks in the 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 critical 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 Bashpa Svedana* once a day for 1st two days and *mridu virechana karma* with *eranda taila* on 3rd day. The dose of *eranda taila* varied from 40ml according to the *koshta* of the patients. *Samsarjana karma* was performed for the next two days. After the *mriduvirecana karma*, patients were treated with oral medicaments *shirahshuladrivajra rasa* one tab thrice/day with water, *pathyadi kvatha* 40 ml twice/ day (empty stomach) for the next two weeks. *Nasya karma* with *Narayana* oil (8 drops in each nostril) will be given after the completion of *samsarjana karma* for the next 2 weeks.

OUTCOMES:

Table no. 1: Assessment of signs and symptoms

Sign and symptoms	Before Treatment	After Treatment	
	06/10/2023	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

Virechana yoga gets absorbed, and due to virya, it reaches the hridaya, then the dhamani and thereafter, it reaches the macro and microchannels of the body. The Vyavayi guna of the drug is responsible for quick absorption. The vikasi guna causes softening and loosening of the bond by dhatushaithilya karma. Due to ushna guna, the doshasanghata is liquefied. The action of tikshna guna is to break the mala and dosha in microform. According to Dalhana, it is responsible for quick excretion. Due to sukshma guna by reaching in micro channels, disintegrates endogenic toxins, which are then excreted through micro channels. Due to the prabhava, Prithvi, and Jala constitution, sara guna virechana occurs.

Shirahshuladrivajra rasa is specially indicated in all types of Shiroroga, but according to its properties, it is highly effective in vatika shiroroga because it contains dashamula kvatha, which is highly effective in vata provocation disease. Pathyadi kvatha is indicated in shiroroga adhikara and is indicated as *shirahshulahara and ardhashirahshularujahara*.

In *Ashtanga*, *samgraha* – *nasa* (Nose) is the gateway of *Shira* (Head). The drug administrated through the nostrils reaches *Shringataka*. It then spreads in the *murdha* (brain), taking the *marma* of *Netra*, *Karna*, *Kantha*, *and Shiramukha*. Scratches the morbid *dosha* in the supra clavicular region and expels them from *Uttamanga*.

CONCLUSION

The assessment of observations and results proves that the use of multiple ayurvedic treatments can help in the management of *vatika shiroroga* (migraine).

Furthermore, studies are required to establish the principle.

REFERENCES

- Goads by 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.
- Silberstein SD. Preventive migraine treatment.NeurolClin.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]
- Goads by 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.NeurolClin.2009 May;27(2):429–43
- 5. http://www.neurology.org/content/55/6/754.full.html# ref-list-1
- 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/PMC41806
 http://www.ncbi.nlm.nih.gov/pmc/articles/PMC41806
- 8. Yadavji trikamji, Agnivesha Charak, Dridhabala; Charak Samhita; Sutrasthana, Kiyantahshirashiya Adhyaya Chaukhambha publications, Varanasi, Reprint 2016, page no. 100
- Yadavji trikamji, Agnivesha Charak, Dridhabala;
 Charak Samhita; Sutrasthana, Kiyantahshirashiya
 Adhyaya Chaukhambha publications, Varanasi, Reprint 2016-page no. 100
- Yadavji trikamji, Agnivesha Charak, Dridhabala;
 Charak Samhita; Chikitsasthana, Trimarmiyachikitsa
 Adhyaya Chaukhambha publications, Varanasi, Reprint 2016-page no. 597

11. Yadavji trikamji, Agnivesha Charak, Dridhabala; Charak Samhita; Sutrasthana, KiyantahshirashiyaAdhyaya Chaukhambha publications, Varanasi, Reprint 2016-page no. 101

Source of Support: Nil Conflict of Interest: None Declared

How to cite this URL: Parveen Kumar et al: Assortments of Ayurvedic treatment in Migraine: A case study. International Ayurvedic Medical Journal {online} 2025 {cited January 2025} Available from: http://www.iamj.in/posts/images/upload/240 243.pdf