

AYURVEDIC MANAGEMENT OF CLUSTER HEADACHE: A CASE REPORT

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ABSTRACT

Headache is arguably the most common pain syndrome affecting the mankind. It is referred as a symptom of pain anywhere in the region of head or neck. They are of different types like tension, cluster and migraine headache. Cluster headache are often said to be the most painful of all headaches which is also described as “suicide headache”, since there is no cure for cluster headache in contemporary medicine and their aim of treatment is restricted to decrease the severity of pain². Ayurveda can take up a major role to treat such headache by identifying its particular *Nidana, Dosha and Dushyas* involved and treating accordingly to manage the disease effectively. Here is a discussion on case report document diagnosed as *Vata- pittaja shirashoola* which was effectively managed with Ayurvedic treatment.

Keywords: Cluster headache, neurological disorder, *vata pittaja shirashoola*

INTRODUCTION

Cluster Headache is a neurovascular disorder characterized by recurrent severe headache on one side of head typically around the eye, often accompanying watering of eye, nasal congestion, swelling around the eye on effected side. This symptom typically lasts for 15min to 3 hrs. Attacks often occur in clusters which typically last for week or months and occasionally more than a year¹. These are least common type of headache affecting less than 1 in 1000 people. Usually men get it more than women do³.

Case Report:

A male patient aged about 42yrs, advocate by profession came to Shalakyta OPD of Government

Ayurveda Medical College Bengaluru on 16th September 2017.

Main Complaints: C/o Severe right sided headache since 1 and half month associated with piercing pain, watering, mild redness in right eye and tenderness of scalp.

History of Present illness: Headache would start on right half and suddenly become severe and spread whole scalp causing tenderness in scalp area as if pricked with a needle, with watering and redness of eye.

- Duration of pain: 30min – 4 hr
- Frequency per day: 4-5 times
- Intensity: Very Severe

Personal History:

Work Stress, more travelling, late night sleep, more use of electronic gadgets, skipping meals and untimely intake of food, habit of having junk food most of the time.

Past History: Not a k/c/o DM, HTN and other systemic disorders.

Family History: Nil

Past Treatment History:

Since patient had attacks of pain associated with redness and pain around the eye he was ruled out for glaucoma at Narayana Netralaya, and also got ruled out for sinusitis and spondylitis from ENT Surgeon. Later he was diagnosed for Tension headache, Tab Eliwell 10mg OD H S was prescribed. After 15 days except for temporary mild relieve in pain no much changes was observed.

MRI Scan was done, no abnormalities were detected. Later diagnosed as a case of Cluster Headache by a Neurologist, and prescribed: Tab Divaa 500mg 1od Hs x 30days, Tab Napro D 500mg SOS Intensity of pain reduced only by 15-20% after one month of medication. Other option given was nerve block injectables; since patient was not willing to go for nerve block he approached OPD of Government Ayurveda Hospital for alternative management.

Examination:

Sinus tenderness: Nil

Tenderness on scalp: +++

Radiating pain over right side of face to nape of the neck

Ocular examination: Mild congestion of right eye

Nasal congestion: mild grade

Table 1: *Astathana Pareeksha:*

<i>Nadi</i>	74/min (<i>Vata pitta Pradhana</i>)
<i>Mala</i>	<i>Krura</i> (once in 2 days)
<i>Mootra</i>	<i>Prakruta</i> 5-6 times/day
<i>Jihwa</i>	<i>Alipta</i>
<i>Gandha</i>	<i>Prakruta</i>
<i>Roopa</i>	Mild hazy vision during attacks of headache
<i>Sparsha</i>	<i>Sparsha Asahisnuta</i> in Scalp region
<i>Aakriti</i>	<i>Madyama</i>

Table 2: *Samprapti Gatakas:*

<i>Dosha</i>	<i>Vata Pitta</i>
<i>Dushya</i>	<i>Rasa Rakta</i>
<i>Srotas</i>	<i>Rasa Rakta and Manovaha srotas</i>
<i>Sroto Dusti</i>	<i>Vimargagamana</i>
<i>Roga Marga</i>	<i>Madyama</i>
<i>Udbhava Stana</i>	<i>Amashaya</i>
<i>Vyakta Stana</i>	<i>Shiras</i>
<i>Adhistana</i>	<i>Urdwajatru</i>
<i>Vyadhi Swabhava</i>	<i>Ashukari</i>

Final Diagnosis: *Vata Pittaja Shirashoola with Rakta Anubadha*

Treatment:

Shiropichu with *Chandanadi Taila* for 1 week with *Shamanoushadis: Pathyadi khada* 15ml-0-15ml

B/F, *Kamaduga mouktika* 1-0-1B/F, Dologran 1-0-1A/F and *Nidana parivarjana* was instructed.

Follow up after a week- Pain had reduced considerably by 80-90% but complaints of tenderness of scalp was still persisted so *viddakarma* was done on scalp region suspecting *rakta anubandhata*. Later

ksheeradhara was planned with *Manjista*, *Lodhra*, *Yasti* for 1 week.

Follow Up medicine: *Pratimarsha Nasya* with *Anu Taila* 2 drops to each nostril twice daily and *Pataladi Gritha* 1tsp with milk at bed time for 1 month.

Table 3: Observation:

Follow Up	Observation
1 st visit (16 th September 2017)	With <i>shiropichu</i> and <i>shamanoushadis</i> for a week pain reduced by 80-90%
2 nd visit (22 nd September 2017)- C/O scalp tenderness still persisted	<i>Viddakarma</i> (localized bloodletting) on scalp region –tenderness reduced immediately(soreness of pricking persisted for 1 day)
3 rd visit (29 th September 2017)	<i>Ksheeradhara</i> for 1week –pain was completely relieved with no attacks of headache from 3 rd day of procedure
4 th visit (October 18 th 2017)	No recurrent episodes of pain was observed

DISCUSSION

Rationale behind selecting particular drug and procedure can be substantiated with their pharmacological action.

Main *dosha* involved in this particular case was *Vata-pitta*, and *dushya* was *rasa- rakta* which was targeted by above selected treatment schedule. *Chandanadi taila* used for *Shiropichu* by its coolant properties along with its *rakta shodaka* and *prasadaka guna* balances *pitta* and *rakta dosha* and acts by its local effect based on cellular absorption of drug through transdermal route, systemically cellular absorption and circulation has effect on CNS⁴ thus relieving the pain.

Kamaduga mouktika is a classical Ayurvedic preparation which is an excellent *pittashamaka* and *ojovardhaka* drug thus helped in reducing neurovascular pain by its antioxidant properties. *Patyadi kahada* a classical preparation told in *sahasrayoga kashaya prakarana* is a well-known Ayurvedic preparation which has *tridoshashamaka* effect and has properties of anti-inflammatory, analgesic, antioxidant and also it is laxative in nature.

Viddakarma (bloodletting) was done to remove localized toxins trapped in tissue⁵ (*dooshita rakta*) of scalp region. Drugs used for *ksheerapaka* like *manjista*, *lodra*, and *yasti* has *pitta rakta shamaka*

and *rakta prasadaka* properties and *Ksheeradhara* acts by its relaxing and coolant effect, it stimulates endocrine system thus correcting the metabolism and circulation and revitalizing the nervous system⁶.

CONCLUSION

In contemporary medicine the management of cluster headache is challenging due to lack of robust evidence base for preventive treatment and adverse events associated with conventional preventive treatments, and challenging reimbursement landscape for well-accepted treatment (eg: Oxygen therapy). It lacks effective prevention for many patients may lead to the excessive use of acute therapies often multiple time each day, which drives the illness up significantly⁷. So Ayurveda can take up the major role in treating and preventing such headaches more effectively without consequence of adverse events by targeting involved vitiated *dosha* with selective internal and external therapies and preventing recurrence by revitalizing nervous system through *Nasya* and *Dhara kalpana*.

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