

AYURVEDIC MANAGEMENT OF MIGRAINE- A CASE STUDY

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ABSTRACT

Migraine is a common disabling brain disorder. 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. Prophylactic drug treatment of migraine should be considered when the quality of life is severely impaired. Migraine can be clinically correlated with *Suryavarta vyadhi*. 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, *Sutashekhar Ras* 250mg BD, *Shirshuladivajra Ras* 250mg BD, *Pathyadi kadha* 20ml BD with equal amount of water was given. *Virechana* (therapeutic purgation) was given with *Ichhabhedi Ras*. After *Virechana* patient got upto 90% relief in headache. He was advised to completely stop smoking.

Keywords: Migraine, *Suryavarta*, Sumatryptin, Bloodletting, Smoking, *Virechana*

INTRODUCTION: Migraine is a common disabling brain disorder. It has been estimated that migraine is the second most prevalent brain disorder after anxiety, affecting nearly 41 million adult¹. Episodic migraine (EM) is characterized by <15 headache days per month and chronic migraine (CM) is characterized by ≥ 15 headache days per month. However, the definition of chronic migraine has evolved over the past 25 years², most recently with the 2013 release of ICHD-3 beta³. Comorbidity with migraine is associated with more severe depression, anxiety, and somatic symptoms, as well as a poorer health-related quality of life (HRQoL)^{4,5,6}. The World Health Organization (WHO) estimated that there are 3000 migraine attacks occurring daily for every million population⁷. Acute attacks are treated with different analgesics or triptans. Only a minority of migraineurs take preventive medication to decrease the frequency,

duration and severity of migraine attacks. Prophylactic drug treatment of migraine should be considered when the quality of life is severely impaired, when two or more attacks occur per month, when migraine attacks do not respond to acute drug treatment or in case of intolerance to or side effects of acute treatment⁸. A particular issue in migraine is that of side effects, such as weight gain with many preventives⁹, or vascular issues with acute attack therapies¹⁰.

AIM & OBJECTIVE:

To study literature regarding migraine & *Surayavarta*

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, *Sutashekhar 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 *Ichhabhedi 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:

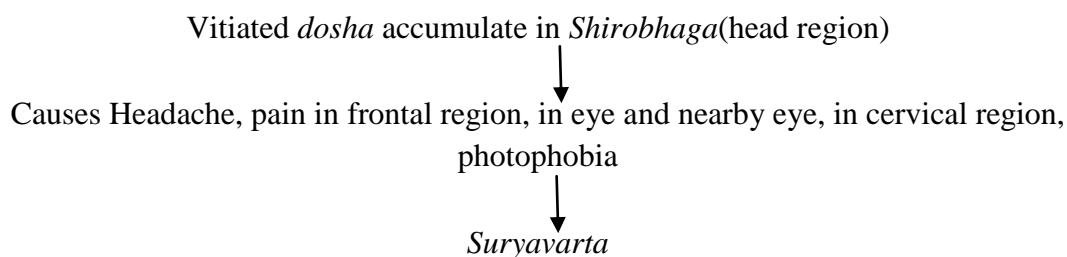
On first follow up patient had got 40-50% relief in headache. He has only 3 episodes of Headache which persist for 5-6 hours only which don't hamper his routine work. After *Virechana* patient got upto 90% relief in headache. Now patient don't have long episode of headache which increased his work productivity 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 *Suryavarta 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 consumption¹¹. Symptoms of *Suryavarta* are Headache, pain in frontal region, in eye and nearby eye, in cervical region, photophobia¹². Etiopathogenesis of *Suryavarta* in patient was as follow-

Excessive smoking, night awakening, mental stress, excessive salt intake

↓
Vitiation of *Pitta* and *Vata dosha*



Line of treatment for *Suryavarta* is *Siravedha*(bloodletting), *Nasya* (drug administration through nose) by Milk and Ghee in daytime, regular use of milk and ghee and *Virechana* (therapeutic purgation)¹³. So *Raktamokshana* was done in patient. Due to *Raktamokshana* vitiating *Shakthagata Pitta* removed which gives relief to patient. But as *koshthagata Pitta* was not removed patient got 40-45% relief in his complaints. So to remove *Koshthagata Pitta* *Virechana* was advised. As the *Snehana* was given with *Panchatikta ghrith* in increasing amount, it pacifies the vitiating *Pitta* and *Vata* in patient. *Virechana* was given because it is said to be best for *Pitta dosha shodhana*¹⁴. *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)¹⁵. *Shirashooladivajra rasa* is very good medicine for Headache, even severe headache¹⁶. *Sutashekhar Rasa* is useful in headache due to vitiating of *Pitta*. It reduces *Pittastrava*(secretion of peptic juice) from stomach and remove the accumulated *Pitta* from stomach¹⁷. So in this way all medicine either pacifies or removes the vitiating *Pitta* and subside the symptoms of Migraine.

CONCLUSION:

A known case of Migraine was taken. He was diagnosed as per Ayurved as

Suryavarta. *Raktamokshana* and *Virechana* was done as *Shodhan chikitsa* (elimination therapy) and *Godanti Bhasma*, *Sutashekhar Ras*, *Shirasgooladivajra 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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