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MANAGEMENT OF MIGRAINE THROUGH PANCHAKARMA: A CASE REPORT

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ABSTRACT

Migraine, the second most frequent cause of headache, affects about 15% of women and 6% of men. For most people in their prime age, i.e. from the second decade to the fifth, their professional and social life is affected, and their fitness is hindered. The burden of migraine is recognised by the W.H.O., which lists it among the main causal factors that remain mostly unexplained, but what is understood is that the trigeminal nerve plays a key role in the transmission of nociceptive information from the "pain-sensitive" intracranial/extracranial blood vessels to the central nervous system (CNS), which is referred to as the "trigeminal system." Therefore, early treatment intervention is expected in patients suffering from migraine. The illness ardhavabhedaka is one of the shirorogas, as our Acharyas have said, in which there would be extreme pain in one half of the shiras i.e. manya, bhru, shankha, karna, akshi and lalaata. Pain is going to be like those created by sharp objects like shastra and arani. Attacks of ardhavabhedak may take place once in ten days, once in fifteen days or once in a month. As for Acharyas, it is said that ardhavabhedaka, if left uncontrolled, leads to deafness and blindness. Ayurveda stresses different therapeutic methods, as in ardhavabhedaka, which involves both shaman and shodhan. Acharya Charaka has said that asthapana and anuvasana basti are successful in managing ardhavabhedaka.

Keywords: Ardhavabhedaka, Migraine, Panchakarma, Shiroroga.

INTRODUCTION

Head forms the fore-end of the body where all the unique sense of the organs eyes, ears, nose, and tongue are located in and around the face. It is at this end of the body where the central nervous system exhibits its greater growth contributing to brain formation.

Shiras is one of the trimarmas explained in our classics. Any injury to shiras can lead to severe complications, often leading to death as well. So, the Shiras need to be secured. Ardhavabhedaka is one of the 11 shirorogas explained in our classics. Ardhavabhedaka means a piercing form or a breaking type of pain in half of the head.

Clinical characteristics are unilateral headaches, involving manya, bhru, shankha, karna, akshi and lalata. Pain is paroxysmal, analogous to shastra-cutting, type-breaking, type-breaking and type-breaking in nature occurs once in 2 days, 3 days, once in 15 days or once in a month. If left unchecked, it can contribute to karna and akshi nasha. Other related signs include giddiness, oedema in the orbital area, the cheek, the individual feeling as though his eyes were falling out, intolerance of light, stiffness of the throat, chin, and pulsation of the sira. The onset is abrupt, with frequent intervals, and is diminished by itself.

Treatment modalities can shield shiras from different diseases and prevent them from occurring. Shodhana in chaitra, shravana, margashira in anatura. Shiroabhyanga, Moordhnaitaila. Padabhyanga, Chatradharan, Dhoomapana. Acharya Charaka has said that asthapana and anuvasana basti are successful in managing ardhavabhedaka.

Migraine is a familial disorder characterised by recurrent attacks of headache widely variable in intensity, frequency and duration. It is a disorder with numerous manifestations that can involve the brain, the eye and the autonomic nervous system. (API) Migraine is usually an episodic headache with certain related characteristics, such as sensitivity to light, sound, or movement, and sometimes with nausea or vomiting associated with headache. (Oxford, Ch-24, p-3213). Migraine is a benign and recurrent headache condition combined with other signs of neurological illness in a variety of compounds. (Harrisons Ch.15 P.96)

About 60% of patients with headaches have tension-type headaches; 35% have migraine headaches and 5% have cluster headaches. A family history of migraine is present in 90% of sufferers. Most studies show a decrease in prevalence in older age groups. (API)

Triggering factors are glare, bright lights, sounds, or other afferent stimulation; hunger; excess stress; physical exertion; stormy weather or barometric pressure changes; hormonal fluctuations during menses; lack of or excess sleep; and alcohol or other chemical stimulation.

Most patients benefit from identifying and avoiding causes of headache. A regulated lifestyle is beneficial, including a healthy diet, daily exercise, regular sleep schedules, avoiding unnecessary caffeine and alcohol, and avoiding acute increases in stress levels. Mild migraine symptoms can normally be treated by oral agents, with an estimated effectiveness rate of 50–70 percent. Severe migraine attacks can require parental counselling. The majority of medications used to treat migraine are part of one of three main pharmacological classes: NSAIDs, 5HT_{1B/1D} receptor agonists, and Dopamine receptor antagonists.

Case Report:

A 42-year-old male patient businessman has reported severe pain at the base of the neck, centrally radiating to the head, headache, nausea, vomiting, and dizziness for the past 3 years. Migraine attacks were located behind the eyes and around the temples. The patient described headaches of varying intensity, which lasted for three days. The migraine attack had recurred for several years, approximately every two weeks, and had pain in the neck, muscle tension and spasm. No history of illness or accident in the last three years and no medication for any illness or disorder. He has continuous, unilateral headache in frontal, parietal lobe in left side sometimes right side. The nature of the pain was moderate to severe due to nausea and sometimes vomiting. Blackouts and vertigo were also present. The history of the family was not contributing. He must take allopathic medicine for pain.

Examination –

1. Duration of headache – 3 year
2. Frequency of attacks – 2 weeks
3. Severity of headache – Varying intensity, can't ignore but he can do his usual activities
4. Duration of each attack – lasted for three days
5. Site: Unilateral (Frontal & parietal)
6. Location – character – Changing
7. Nature of pain - Severe
8. Associated symptoms- Nausea/vomiting/dizziness/vertigo/blackouts
9. Symptoms of raised ICP – non-significant
10. Quality: Pulsatile & heaviness
11. Rhythm of the disease – Continuous
12. Quantity: Can't do ADL
13. Daily course of the disease – Morning
14. Seasonal course – Annual
15. Onset of the disease - Acute
16. Aggravation by: Neck movements & sneezing
17. Comorbidity: Panic disorders. Anxiety & Irritability
18. Past history- dental surgery
19. Family History – Non-Contributory
20. Life stress – Occupation
21. History of treatment – oral analgesic pills
22. Any change in the pattern of headache – stress on the family, personality
23. Headache alarms – headache after 40 years of age, sudden severe onset, increased frequency and severity, headache with systemic disease.
24. Precipitating factors – Lifestyle factors – fatigue, unrefreshing sleep, stress, physical exercise, environmental – bright lights, noise, strong odours.

Physical Examination –

Body weight: 76 kg

Heart Rate: 94/min

Respiration Rate: 23/min

Blood pressure: 140/90mmHg

Investigations

HB – 12.8 gm%

TLC – 7400 cu.mm.

DLC – Neutrophils-56 Lymphocytes-38 Monocytes-3 Basophil-0 Eosinophil-3

ESR – 09 mm/hour

RBS – 138 mg/dl

C.T. scan of head – Normal study.

Treatment Schedule –

1. Shirashuladivajra Rasa 1 BD with Honey
2. PathyadiKwath 20 ml BD with equal quantity of water (B.P) for 1 month
3. Matra Basti with Dashmool taila 25 ml for a period of 14 days.
4. Nasya Karma – Mashadi Taila – 8 drops for a period of 14 days.

Results: Before and after completion of 14 days treatment of Panchakarma procedure and 1 month of oral medication clinical assessments were made from the interrogation and gradation of scoring pattern. There was a drastic change in the parameters as:

Sign & Symptom	BT	1 st week	2 nd week	3 rd week	4 th week
Severity of headache	4	2	1	1	1
Frequency of headache	3	2	1	1	0
Duration of headache	3	2	1	1	0
Vomiting	3	2	1	1	0
Nausea	2	2	0	0	0
Aura	2	2	1	0	0
Other associated symptoms	2	1	1	0	0

DISCUSSION

Migraine, the second most common cause of headache, afflicts approximately 15% of women and 6% of men. Ardhavabhedaka can be correlated with Migraine due to its cardinal feature “half sided headache” which is also explained by commentator Chakrapani as “Ardha Mastaka Vedana” (Ca.Sa.Su. 7/16) and also due to its paroxysmal nature. 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. Migraine is recognized by the W.H.O., as one of the diseases where cause is exactly not known. Hence an early treatment intervention is needed in patients suffering from ardhavabhedaka.

Dashamoola tails from Bhaishajya Ratnavali is having Vatanashaka, Kaphanashaka, Shothahara, Deepana, Pachana and Vedanasthapaka i.e. pain-relieving properties. Snigdha guna, guru guna, madhura vipaka, madhura rasa, lavana rasa and ushna virya present at Dashamoola Taila pacify the Vata dosha. Ruksha guna, kashaya rasa, madhura rasa and tikta rasa, madhura vipaka and sheet virya, pacify the Pitta dosha. Laghu guna, tikshna guna, ruksha guna, katu rasa, tikta rasa, kashaya rasa, katu vipak and ushna virya are pacifying the Kapha dosha.

Shirashuladivajra Rasa (Bhaishajya Ratnavali Shiroroga) is a herbo-mineral preparation contains heavy metals, used in the treatment of headache, migraine, tension headache and vascular headache. It balances tridosha.

Pathyadi Kwath (Sharangdhara samhita) is the poly herbal decoction effective for all types of headaches. It is anti-inflammatory, purgative, pain relieving and reduces the intensity and frequency of migraine attacks. Mashadi taila nasya gives the balya, vatahara and brumhana effects.

CONCLUSION

The present case study indicates the role of Panchakarma therapy in the treatment of Migraine with positive results. Patients can make substantial changes in intensity, frequency, duration of headache and other associated symptoms within a comparatively short period of time. In addition, there were no legal questions that existed during the Ayurvedic care of the patient. While this case study was performed with a single patient with a limited period, programming of the mass study with a broad statistical analysis is important for further assessment.

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