



Research Article

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AYURVEDIC MANAGEMENT OF EPISODIC TENSION HEADACHE: A CASE REPORT

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ABSTRACT

Headache or cephalalgia is the symptom of pain anywhere in the region of head, neck or scalp. There are different types like tension, cluster and migraine headache. Tension head ache is primary disorder which is most neglected and difficult to treat. The aim of treatment is restricted to minimize the symptoms as there is no permanent cure in contemporary medicine this case report documents a male patient, 24 years complaining of headache with symptoms of meningitis and tension type. Ayurvedic classics, in the context of siroroga (diseases of head) explain that vitiated doshas either solely or in combination can cause headache. Vata dosha causes headache without any obvious cause and the pain becomes more at night and reduces by Snehana karma (oleation therapy), swedana karma (sudation therapy), mardana (rubbing), abhyanga (massage), bandhana (bandage), ushnopachara (hot fermentation) and other vatahara line of treatment. He was diagnosed as a case of vataja shirashoola (headache) and was effectively treated with Ayurvedic treatment is discussed here.

Keywords: Shirashoola, Meningitis, Tension type headache, Snehana, Swedana, Abhyanga

INTRODUCTION

Tension headache is the most common type of primary headache. Peripheral mechanisms (myofascial conception) and central mechanisms (sensitization and inadequate endogenous pain control) form the intermingled pathogenesis. The pain can radiate from lower back of the head, neck and eyes or other muscle groups in the body typically affecting both sides of the head. They account for nearly 90% of all headaches. Various precipitating factors are stress, sleep deprivation, bad posture, irregular diet habits, eye strain, teeth clenching, muscle tension around head and neck^{1,3}. Tension type headache can be episodic or chronic. Tension type are characterized by constant pressure, as if squeezing of head occurs on both sides from moderate to severe pain². Episodic tension type head ache occurs fewer than 15 days a month. Chronic tension headache occurs 15 days or more than a month up to 6 months. Tension type headaches can last from minutes to days, months or even years. Tension headache affects about 20% of the population and frequent use of pain medications may lead to the development of rebound headache. In this case patient presented with episodic headache and as per our science it was diagnosed as vataja shirashoola⁴.

Before coming here he was evaluated at a local hospital where he was treated with medications for meningitis. He showed initial significant symptomatic improvement for first ten days followed by recurrence of treatment. Later he was referred to KIMS, Trivandrum and underwent treatment, but found no relief. In our hospital he was effectively treated with vata hara management².

Presenting concerns

The subject of this report is a 24 year old gentle man, native of Kerala with business as his profession. He came to our Shalakyta Tantra OPD of Amrita school of Ayurveda on 12/02/16 with

complaints of episodic severe headache since one and a half month, more increased on right side. Headache was not associated with nausea, vomiting, redness of the eye, recurrent chills, fever, sneezing. Photophobia was present. No history of similar prior episodes.

Initially he was evaluated at a local hospital where CSF study was done and he was diagnosed as meningitis and treated for 10 days. He showed initial significant symptomatic improvement for first ten days followed by recurrence of symptoms. Later he was referred to KIMS; Trivandrum where MRI Brain and CSF study was done two times and found to be normal. His Laboratory findings were negative. Patient was admitted and evaluated and was given symptomatic and supportive treatment. He was discharged after 8 days as he was evaluated to be better and was advised for follow up.

Clinical findings

The patient approached a local hospital with complaint of severe episodic headache on 11/1/16. Head ache increased on right side. No other co morbidities. CSF study was done and was treated as a case of meningitis with acyclovir, monocef (antibiotic) and dexona (corticoid steroid) for 12 days^{6,7}. He had initially significant symptomatic improvement for ten days followed by recurrence of symptom. He then got admitted in KIMS, Trivandrum, on 23/1/2016, where diagnosis was mentioned as meningitis and tension headache. Patient was conscious and oriented. On examination his vitals were normal. USG of abdomen showed hepatomegaly with minimally heterogeneous parenchyma echoes. MRI of brain was negative for any structural lesions, edema, diffusion restriction and mass effect intracranial. No evidence of sinus thrombosis. All hematological and biochemical blood parameters were within normal limit except ESR 34mm/hr. Serum CRP 4.7mg/dl. TFT – normal.

Salmonella typhi –negative, Infectious virology-Negative Infectious virology was negative. CSF study was normal. MRI Brain with MRV was done and was normal. Medical gastro enterology consultation was done in view of raised liver enzymes and orders were followed. Holistic medicine consultation was done. Patient was given symptomatic and supportive treatment. Discharge medications given were provanol⁸ (for head ache), lonazepam⁹ (for tension, anxiety), Noanxium (antidepressant)¹⁰. As per the discharge summary, the condition was improved and was discharged with advice for follow up. The discharge medications were given for migraine head ache and for depression.

He reported to the Shalaky Tantra OPD of Amrita school of Ayurveda on 12/02/16 complaining of episodic severe headache since 1 1/2months more increased on the right side of head. Photophobia was present. No history of similar prior episodes. On examination, PR-74/min, BP-120/70 mm of Hg

Systemic examination: CVS-S1 S2 heard, No murmur, Chest-clear, CNS – oriented to time, place and person. Tenderness present at ethmoidal and frontal sinuses. His visual acuity was recorded as **Vision-** Distant vision RE 6/60, LE 6/18, fully corrected with glasses for the past 5 years. Near Vision -N6.

Diagnosis focus and assessment

The differential diagnosis of tension type headache include migraine headache, meningitis. No associated complaints such as nausea or vomiting were present. CSF, MRI studies were normal. Hematological and micro biological tests were within normal limits. Hence meningitis was ruled out. The head ache did not aggravate with physical activities, thus migraine head ache was ruled out.

Table 1: Pharmacological effect of the medication

Medicine Name	Pharmacological effect
Pathyashadangam kashayam	Vaso Dilator, Nervine Tonic, Tranquilizer.
Varunadi Kashaya	Lipolytic, Anti-inflammatory, Diuretic, Digestive (Kapha medoghna).
Shirashoola vajra rasa	circulatory, digestive, nervous, and respiratory systems antioxidants, possess antibacterial, anti-viral, anti-cancer.immunomodulator
Kayathirumani tailam	Anti microbial,anti oxidant,wound healing ¹⁹
Varanadi Ghritam	Carminative,anti-inflammatory,wound healing,vaso dialator, diuretic and lithotriptic., appetiser, in renal and urinary troubles, gastro-intestinal and urinary affections;
Varanadi ksheerapaaka	Thermogenic, emollient, diuretic, febrifuge, diaphoretic, depurative, anti-inflammatory, expectorata and tonic, antacid

RESULT

The patient had a drastic improvement with no headache and neck stiffness and there was no relapse of the symptoms in the following days after treatment. The patient was more confident and socially interactive unlike earlier before treatment.

DISCUSSION

Probable mode of action of Ayurvedic medications: Even though the case was diagnosed as Vataja shirashoola, sthanika dosha kapha should also be taken into consideration. First line of management is karshana for stanika dosha kapha which was done as jalaoukavacharana (bloodletting therapy) followed by brimhana chikitsa (nourishment therapy) for vata dosha by ksheerabala 101 marsha nasya. *Varunadi kashaya* acts as digestive which takes care of Agni and counteracts vata and kapha. *Varunadi ghrita* acts as carminative making up for anulomana (downward movement) of vata. Most of the drugs in these preparations are balya and vatahara.

The patient had head ache associated with photophobia and condition did not aggravate with physical activity which explains the diagnosis of tension head ache.

Therapeutic focus and assessment

Within a period of one and a half month he underwent treatments in 3 hospitals.

The patient was treated as a case of vataja shirashoola in amrita Ayurveda medical college, and subjected to both internal and external treatments

Internal medication

- Pathyashadangam kashayam+Varunadi kashayam-10 ml each with 45 ml Luke warm water 2 times a day before food at 6am and 5pm.¹¹
- Sirasoolavajra rasa -1 tablet thrice daily¹².
- Kayathirumani tailam - external application over the head.
- Varanadi Ghritam - 1 teaspoon with milk after food twice daily¹³
- Varanadi ksheerapaaka -25ml- 0 - 25ml 11am and 3 pm¹⁴

External therapies

Rakta mokshana (bloodletting therapy) with jaloukavacharana (leech)¹⁵

Marsha nasyam (nasal instillation) with ksheerabala 101 -7 days with 20 drops in each nostrils¹⁶

Mukhaabhyanga (oil massage over the face) with bala tailam¹⁷

Lepam (paste application) with rasnadi choornam and ginger juice-7 days^{18,19}

CONCLUSION

Headache is one on the major problem in day to day life .so identify the cause and treatment the diseases will give complete relief. Ayurveda has mentioned many formulation and procedures for the headache in classics. The appropriate treatment has been given in this case which gives the complete cure from headache.

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