



## Case Study

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### AYURVEDIC MANAGEMENT OF CHRONIC MIGRAINE THROUGH *MASHBALADI PACHAN KASHAYA NASYA*: A CASE STUDY

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#### ABSTRACT

A 38-year female having chronic headache was diagnosed with Ardhavbhedaka. The symptoms had resemblance with Migraine. This was a case study intending to evaluate the efficacy of *Mashbaladi Pachan Kashaya Nasya* and *Pana* in the management of chronic migraine. Patient had frequent episodes of headache along with associated symptoms such as vertigo, headache, nausea; vomiting, photophobia and phonophobia which were relapsing frequently even after continuous medication. The patient was primarily diagnosed as a case of Ardhavbhedaka with vata pitta dominance on the basis of symptoms, physical examination and clinical findings. As per ICHD-3 Criteria the case was diagnosed as chronic migraine. *Mashbaladi Pachan Kashaya* mentioned by Chakradatta in vata diseases was administered as *Pana* in a dose of 50 ml twice a day before meal for one month and *Nasya karma* for 14 days. Symptoms were assessed at the end of therapy and regular follow up was done at an interval of 30 days for 4 months. After one month of treatment, patient reported relief from symptoms, without any relapse of symptoms in follow up period. It is concluded that chronic migraine of middle-aged person having vata pitta dominance can be managed effectively with *Mashbaladi pachana kashaya nasya* and *Pana*.

**Keywords:** Ayurveda, Chronic Migraine, *Mashbaladi Pachan Kashaya, Nasya*

#### INTRODUCTION

Chronic migraine forces a considerable economic load on society. The progressive burden of the disorder brought it to position in the top 40 conditions leading to worldwide dysfunction according to the World Health Organization's 2012 global burden of disease figures, above all other neurological disorders other than stroke, meningitis and epilepsy. In the United Kingdom it is on third position behind stroke and the dementias, resulting in the loss of 230,000 disability-adjusted life years) annually<sup>1</sup>. The prevalence of migraine for Western countries is established as nearly between 5 and 9% for men and between 12 and 25% for women<sup>2</sup>.

Though Migraine is not mentioned in classics, Ardhavbhedaka concept helps to categorize it as a Vata Kapha Pradhan Sannipataja Vikara in Ayurvedic parlance. On the basis of strong similarity between etiological factors, symptoms, etiopathology and complication, it can be correlated with Ardhavbhedaka<sup>3</sup>. Use of contemporary and integrative medicine is increasing now a day to provide relief from migraine. After awareness of restriction of conventional medicine outlooks, the current case evaluated the positive effect of two Indian traditional systems of medicine on migraine that was disturbing the ability to function. Though a lot of researches are being carried out for alleviating the disease and new techniques are being explored for treating early stage of the disease. It's also an effort to evaluate the effect of *Mashbaladi pachan kashaya nasya* in migraine.

#### MATERIAL AND METHODS

A 38-year-old female patient attending Panchakarma OPD, Rishikul Campus, Haridwar, Uttarakhand, presented with complaints of headache involving half side of head for previous 2 months. She had history of the disease for last 10 years. Aggravating factors of headache were hunger, sun light, noisy surroundings whereas relieving factors were only analgesics sometimes. Patient has undergone hysterectomy, Cholecystectomy 20 years ago. She has addiction history of two cup of tea daily. No relevant family and psychosocial history were present. During episode of attack of pain, there was presence of vomiting, unilateral throbbing pain which decreases the ability to function. Study is carried out as per Declaration of Helsinki and consent form was taken before starting study.

#### Clinical examination

During Ashtavidha Pariksha; Nadi (~pulse) was Vata-Kaphaja; Jihwa (~tongue) was Malavritta; Mala (~stool) was Niram; Mutra (urine) was of yellow coloured; Shabda (speech), Sparsha, Drik (eyesight), Akriti were found normal.

Prakriti (~constitution) of patient was kapha-vataja, Vikriti (~pathogenesis) was Vata-Kaphaja and Sara was Mansa Sara, Samhana (~ body composition): medium and Vyayama Shakti (~exercise capacity) was Avara, Vaya: Yuva, Jarana Shakti (~digestion capacity), Ahara Shakti, Satva, Satmya, Bala (strength) were found Madhyam, Agni (~metabolism) was Vishamagni (~altered) during Dashvidha Pariksha.

During Cardiovascular and Respiratory system examination, findings were normal. In Central Nervous System examination, higher functions were normal.

There was no abnormality in flexion and extension of neck. Abnormal tenderness of neck muscles was not there. Patient was diagnosed with chronic Migraine without aura (Ardhvbhedaka) according to ICHD-3 Criteria. Differential diagnosis was done with hypertension, eye diseases and other type of headache (tension type headache, migraine with aura, Cervicogenic headache) using IHS Criteria<sup>4</sup>. Neck physical and radiological

(X-ray) findings of cervical region (normal posture and absence of distinct pathology like spondylosis) indicate that it is not a Cervicogenic headache. Normal Eye examination findings and diastolic and systolic range of blood pressure on regular measuring differentiate this from eye diseases and hypertension.

**Criteria for assessment**

Patient was assessed subjectively for the presenting symptoms such as vertigo, headache (severity and frequency) etc. after one month and 4 months of treatment (Table 1 & 3)

**Table 1: Severity assessment in headache**

Group	Description
VI (Stabbing)	Intolerable because of the intensity of the pain, somewhat unfamiliar behavior. Sometimes, borderline of self-abuse, or even awfully than it.
III (Severe- A)	With lassitude (lying stretched out on the ground) in a dark and quiet room, with shooting headache and vomiting. "Lock out the outside world", refuse any food; definite quietness all in an effort to prevent an aggravation.
B	Patient confined to bed (without lassitude) full time or temporary, but deficient of the special conditions as in group VA
II (Heaviness/discomfort)	Presence of (a) procrastination, (b) reduction of flourishing, and (c) loneliness tendency, In spite of more or less absolute capacity to work in regular work, at least one of the traits (a)-(c) should be present, to satisfy the criteria for group II.
I (Slight upset)	Observe minor change with head if the patient concentrates on the issue (but not if the mind is otherwise occupied with reading, watching television, etc.) Social functions are uninfluenced, inclusive of regular work. No procrastination.
0	No symptoms <sup>5</sup>

**Table 2: The order of drops instilled to patient for 7 day**

Days	1 <sup>st</sup> day	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>
Drops in each nostril	4	6	8	8	6	4	4

**Therapeutic Intervention**

Nasya karma (~instillation of drug through nose) with *Mashbaladi pachan kashaya*<sup>6</sup> was planned for 14 days. Patient was advised to avoid Nidana (causative factor) of migraine (Ardhvbhedaka).

Same dosage pattern of Nasya was followed up for next 7 days.

**Pharmacological treatment**

*Mashbaladi Pachana kashaya Pana* was given in a dose of 50 ml twice a day before meal for 1 month.

**Preventive measures**

Avoidance to dust, smoke, sunshine, anger, excess fatty and liquid diet, day sleeping, cold water

**Follow up and Outcomes**

Before and after treatment grading of symptoms is shown in Table 4. Adherence and tolerability of intervention was assessed by the patient. There was no adverse or unanticipated event during treatment. No diagnostic or other tests were performed after treatment.

**Table 3: The grading of symptoms before and after treatment**

	Before treatment	After one month of treatment	After 4 months of treatment
<b>Headache Frequency</b>	once in a week (for 4 -7 days and not relieved by any medications)	no	Mild occasionally
<b>Vertigo</b>	Vertigo more than 3 hours	No	No
<b>Severity Headache</b>	III (Severe A)	0	I
<b>Nausea</b>	Severe nausea, disturbing routine work	No	Mild occasionally
<b>Vomiting</b>	Forced to take medicine to stop vomiting	No	No
<b>Photophobia</b>	on exposure to sun light	Nil	Mild occasionally
<b>Phonophobia</b>	Moderate	Nil	Mild occasionally

**RESULT**

Patient was Panchakarma therapist having lower middle socioeconomic status and higher secondary qualification. After 14 days of *Mashbaladi pachan kashaya*, improvement was observed in almost all clinical features, which are summarized in Table 3. Patient was symptom free after 1 month of treatment. After 4 months of treatment, Intensity of headache was reduced,

and duration and frequency of pain was also decreased considerably. There was also improvement in other associated symptoms.

**DISCUSSION**

This case report is significant as it is a chronic case and the patient had tried all possible conventional treatment modalities. Severe

headache, nausea, photophobia etc. were prevalent in patient and compromising her quality of life.

Some of drugs of conventional treatment like ergot derivative exert agonist action on serotonin receptors, Calcitonin gene-related peptide blockers have non-serotonergic effect, Glutamate which are used as Glutamate receptor antagonist causes trigeminovascular activation, central sensitization and cortical spreading depression<sup>7</sup>.

Acharya Vagbhatta mentioned Nasya in Ardhavbhedaka with modification in treatment according to doshika involvement. Also, Nasya is considered best controller of disease of above neck region.

There are various routes between air sinuses and cavernous sinuses enabling the transudation of fluids and thus regulation of brain functioning. The drug administered enters the paranasal sinus especially frontal and sphenoid sinus i.e., Shringataka where the ophthalmic veins and the other veins spread in the sphenoid sinus are in close relation with intra-cranial structures.

Small emissary veins, facial vein and inferior ophthalmic vein drain into cavernous sinus of the brain. In addition, neither the facial veins nor the ophthalmic veins have any venial valves so there are more chances of blood draining from facial vein into the cavernous sinus in the lowered head position<sup>8</sup>. Considering these facts, Nasya (nasal administration of drug) was planned.

White matter hyper-intensities are found in patients of migraine<sup>9</sup>. White matter in nervous system such as myelin sheath increases the conduction rate or contraction like activities. Signaling and communication is attributed by Vata specially Chala guna. Increase in movements indicate the towards the Chala guna of vata. Increased excitability of the cerebral cortex and abnormal control of pain neurons in the trigeminal nucleus of the brainstem in migraine<sup>10</sup> indicates Vata vitiation.

History of Cholecystectomy may also increase the exposure of the small intestine; stomach and esophagus to bile and change metabolic hormone levels<sup>11</sup> which indicate the vitiation of pitta dosha. Symptoms like pain indicate towards the vata and nausea, photophobia shows paittika involvement. So, *Mashbaladi kashaya* indicated in vatika disease was taken for management of this case. It balances the Vata by virtue of properties Madhur rasa, Snigdha Guna and Pitta by its Sheeta Veerya. Processing of Kashaya with drugs like Ghrita Hingu and Saindhava lavana give the action for kapha vilayan, balancing Vata and Shroto-Shodhan visualize as relief in all symptoms. Pacification of the Pitta Dosha is seen by relief in nausea, vomiting and Photophobia.

One-month treatment has prevented the chronic migraine symptoms for longer duration without side effect which were not relieved by contemporary medicines. Symptoms resolved showed no relapse.

Chronic headache patient of Vata- kapha prakriti having symptoms of vata-pitta predominance in migraine can be treated with *Mashbaladi pachan kashaya nasya* and *Pana*.

Case should be postulated by diagnostic findings. Objective parameters should be taken to assess before and after changes. In further studies, there is need to validate the findings with deeper insights. Forthcoming studies that integrate symptomatic findings after Nasya with changes in metabolomic, genomic and physiological parameters may facilitate a broader system level understanding and mechanistic insights into these integrative practices that are employed to promote health and well-being.

## CONCLUSION

As in this case report, patient got significant relief, it may be concluded that *Mashbaladi Pachana Kashaya Nasya* and *Pana* is effective in the management of Migraine (Ardhavbhedaka) by virtue of its Tridosha Shamaka property. RCT needs to be conducted to validate result in larger sample which will generate evidence for support. Acharyas has already mentioned Nasya as a treatment modality for Urdhvajatrugata Vikaras.

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