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## Importance of *Aushadha Sevana Kala* in Migraine without Aura- A Case Report

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### ABSTRACT

#### Introduction

A female patient of 30 year old approached *shalakyatantra* OPD of Government Ayurveda Medical College, Bangalore with complaint of left half headache associated with nausea, photophobia and phonophobia since 2 years. Headache appears two or three days prior to menses and headache lasts for more than 12 hours during every attack and subsides only after vomiting. Menstrual history is regular and the patient is not a known case of diabetes mellitus, hypertension or any other systemic diseases. The diagnosis was made as migraine without aura based on symptoms.

#### Materials and Methods

The subject was systematically reviewed and intervention was done in two phases with same line of treatment but with different time of administration of medicines.

#### Results

The subject showed subjective improvement in second phase of the treatment as shown in Headache Impact Test (HIT-6) score.

#### Discussion

There are eleven different time of administration of medicines mentioned in the classics depending upon *doshas* and diseases. In diseases like migraine, diabetes etc. though correlation can be made with the disease mentioned in ayurveda classics, the *doshic* component and the



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time of administration of medicine should be understood based on the symptoms and causes of the disease. This concept will be detailed in this case study.

## **KEYWORDS**

*Aushadha, Sevana, Kala, Migraine*



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## INTRODUCTION

Headache is among the most common reasons patient seek medical attention on a global basis being responsible for more disability than any other neurologic problem. An international classification system characterizes headache as primary and secondary. A primary headache is an independent disorder whereas secondary headaches are caused by exogenous disorders. Migraine is a primary headache disorder and second most common cause of headache after tension-type headache. It generally afflicts females more than males. Migraine has been included under the diseases of central nervous system and the brain of the patient of migraine is sensitive to external sensory stimuli. This sensitivity is amplified in females during menstrual cycle. Headache can be initiated or amplified by various triggers including glare, bright lights, sounds, hunger, stress, physical exertion, stormy weather, hormonal fluctuation during menses, lack or excess sleep, alcohol etc. The sensory sensitivity that is characteristic of migraine is probably due to dysfunction of mono-aminergic sensory control systems located in brainstem and hypothalamus<sup>1</sup>. Migraine without aura or common migraine includes symptoms like half headache which is throbbing or pulsating type associated with

nausea or vomiting, photophobia and phonophobia. In *Ayurveda* classics, *ardhavabhedaka* is the nearest correlation for migraine. The causes mentioned for *ardhavabhedaka* are vata aggravating factors like un-unctuous ingredients, food in excess quantity, intake of food before previous meal is digested, exposure to the easterly wind as well as fog, excessive sexual indulgence, suppression of the manifested natural urges, fatigue and physical work. This *vayu*, alone or in association with *kapha* causes seizure of half of the head thereby causing excruciating pain in sternocleido-mastoid region, eye brows, temples, ears, eyes and forehead<sup>2</sup>. The triggering factors mentioned above in the contemporary medicine are also *vata* aggravating factors thereby establishing the homogeneity between the concepts of two medical system in establishing the causative factors.

## OBJECTIVES OF THE STUDY

1. To understand the *doshic* components involved in migraine without aura.
2. To study the effect of *aushadhasevanakala*(time of administration of medicines) in migraine without aura.

## MATERIALS AND METHODS



## Case report: Basic information of the patient:

Age: 30 years

Sex: Female

Religion: Hindu

Occupation: Software Engineer

Socioeconomic status: Upper middle class

## Chief complaints:

Left half headache associated with nausea, vomiting, sensitivity to light and noise since 2 years.

## History of present illness:

The patient was apparently normal two years ago. Gradually she developed pain in left half of the head associated with nausea, sensitivity to light and noise, two or three days prior to menses. Menstrual history was regular with menses once in 28 to 30 days with normal flow. The patient also started developing left half headache while travelling, fasting, after physical and mental stress, after walking under sun, after head bath and after eating spicy foods. The headache attack usually starts in less than one hour after head bath or while travelling and in early morning for other triggering factors. The attack lasts for more than 12 hours and only subsides after vomiting by force. Hence the patient approached Shalakyatantra OPD of Government Ayurveda Medical College, Bangalore for the needful.

## History of past illness:

The patient is a known case of gastritis since 14 years. No other past history of diabetes, hypertension, seizures, stroke, cardiac problems or any other systemic abnormalities.

## Personal history:

a) Aharaja: Untimely eating habits and diet is predominantly with *katu-amlarasa* (spicy & sour diet)

b) Viharaja: The patient has a habit of sleeping late in the night (after 12 am).

## Examination:

1. *Prakriti* (Constitution): *Pitta-vatajaprakriti*

2. Vitals were normal.

3. Respiratory system, cardiovascular system and per abdomen showed no abnormality.

4. Central nervous system: No abnormality detected. Romberg's test is Negative.

5. Ophthalmic examination:

A. Vision:

a) Distant vision: i) Right eye: 6/6 ii) Left eye: 6/6

b) Near vision: i) Right eye: N6 ii) Left eye: N6

B. Pupil: pupils equal, round, reactive to light and accommodation in both eyes.

C. Intra-ocular pressure (Schiotz tonometry): 17.3 mm Hg in both eyes.

6. ENT examination:

A. i) Right ear: Tympanic membrane: Intact  
External Auditory canal: Clear



ii) Left ear: Tympanic membrane: Intact  
External Auditory canal: Clear

B. Tests of hearing

i) Rinne's test: Right ear- Rinne's positive

Left ear- Rinne's positive

ii) Weber's test: No lateralization.

### Diagnosis:

Migraine without aura.

### Treatment adopted:

Phase I (from 23/03/2019 to 22/04/2019):

1) Pathyakshadhatryadikashaya(kottakkal) 3 tsp-0-3 tsp with equal quantity of warm water after food for 1 month.

2) Laghusootashekhara rasa (Baidyanath) - 0-1 with warm water after food for 15 days.

Phase II (from 01/05/2019 to 31/05/2019):1)

Pathyakshadhatryadikashaya(kottakkal) 3 tsp-0-3 tsp with equal quantity of warm water in the middle of the food for 1 month.2) Laghusootashekhara rasa 1-0-1(Baidyanath) with warm water in the middle of the food for 15 days.

### Assessment criteria:

Subjective criteria:

Headache Impact Test (HIT-6)<sup>3</sup> questionnaire score, before and after treatment.

## RESULTS

1. The headache impact test (HIT-6) score showed severe impact(score-68) before phase I of the treatment. After phase I, the impact was still severe (score 61).

2. After phase II of the treatment, the impact was only little (score 48).

## DISCUSSION

For *ardhavabhedaka*, the line of treatment is same as that of *suryavartha*. *Nasya*, *lepa*, *parisheka*(*shirodhara*), *kavalagraha*, *shirobasti* etc. are the treatments mentioned for *suryavartha*. Since the patient was a working lady and could not afford to undergo the procedures mentioned above, she was given *shamanaaushadhis* for the period of 1 month and was advised to take the medicines after food in the phase I of the treatment. The rationality behind the selection of medicines in this case is mentioned in table 1.

**Table 1** Rationality behind selection of medicines.

Sl no.	THERAPY/ MEDICINES	REASON
1	<i>Pathyakshadhatryadikashaya</i>	Directly indicated in <i>Sharngadharasamhita</i> for <i>ardhavabhedaka</i> . The drugs in this medication are mostly bitter and astringent which alleviates <i>pitta</i> . <i>Pathya</i> , <i>aksha</i> , <i>dhatri</i> together causes <i>anulomana</i> of <i>vata</i> .
2	<i>Laghusootashekhara rasa</i>	Indicated for <i>ardhavabhedaka</i> in <i>Rasa tarangini</i> . Also given in all <i>pittajavyadhis</i> . <i>Swarnagairika</i> and <i>nagavalli</i> are <i>pittaharas</i> . <i>Shunthi</i> <i>iskapha</i> - <i>vataharabut</i> <i>madhuravipaka</i> .



The time of administration of medicines was after food, since *adhobhaktam* (after food) is *aushadhasevanakala* (time of administration of medicine) for diseases of upper part of the body<sup>4</sup>. Since *ardhavabhedaka* is a *shiroroga*, the time of administration of medicine was advised after food. There was not much change observed by the patient in the follow up of phase I of the treatment after 1 month. *Ardhavabhedaka* is a disease which involves *doshic* components like *vata* or *vata* associated with *kaphain* the pathogenesis. But this concept cannot be directly imposed on migraine without aura. Generally in majority, most of the patients of migraine without aura are chronic patients of gastritis who will gradually end up in migraine headaches after few years which accounts for the *pitta dosha* predominance in the pathogenesis of migraine. Pittajarogas like *urdhwagaamlapitta* (gastritis) also mentions vomiting and *shiroruja* (headache) as its symptoms<sup>5</sup>. The period before menses (*raja srava*) is again a time of *pitta vridhhi* which explains the reason for headache attack prior to menses. Hence, in phase II of the treatment, the medicines were advised in the middle of the meal (*madhyabhaktam*) as it is the time of administration of medicine for ailments caused by *pitta* or *samanavata*. After Phase

II, the symptoms like nausea and headache attack two or three days prior to menses reduced. The patient also showed considerable improvement after phase II of the treatment in follow up from severe impact (score 61) to little impact (score 48).

## CONCLUSION

Sushruta describes *ardhavabhedaka* as a disease of *tridoshajadushti* without mentioning the predominant *dosha*. But the symptoms like *bheda*, *toda*, *bhrama*, *shoola* are symptoms of aggravation of *vata dosha*<sup>6</sup>. Clinically, the symptoms of common migraine (migraine without aura) like unilateral pain, throbbing pain, pain aggravating by movement are all due to aggravation of *vatadosha*. Photophobia or *prakashaakshamatha*, is due to aggravation of *pitta dosha*. Phonophobia or *shabdaasahishnuthais* due to *rasa dhatukshaya* which in turn causes *kaphadoshakshaya*. Nausea or vomiting is due to involvement of *pitta-kaphadoshas*. But since the causative factors for migraine is *pitta* aggravating in general, the medicines should be given in the middle of the meal which in turn induces *pitta shamana* and *vata anulomanaby* normalisation of *samanavata* and *apanavata*. Again, the location of disease is head which is a *kaphasthana* and therefore,



the medicines should be selected so as to not increase *kaphadosha*. Hence the common migraine is a disease of *pitta-vatadosha* localised in the *sthanaofkaphadosha*.





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