(IJRMST) 2018, Vol. No. 6, Jul-Dec

ROLE OF PANCHAKARMA IN THE MANAGEMENT OF MIGRAINE

*Dr. Akanksha Keshari, **Dr. M. K. Vyas, ***Dr. Dinesh Patil

*PG Scholar, **HOD, ***Lecturer

Dept of Panchkarma, Shubhdeep Ayurved Medical College & Hospital, Indore, Madhya Pradesh

ABSTRACT

Migraine is a primary headache disorder which is characterized by recurrent headache that is moderate to severe in nature and affects half of head which lasts from 2 to 72 hours.

It affects about 20% females and 6% males at some point in life. WHO estimated that there are 300 migraine attacks occurring daily for every million population. Psychological stress which is result of poor lifestyle is one of the causes of this condition. Migraine attack often occurs after period of stress. Headache is associated with vasodilatation of extracranial vessels and may be due to disturbed neuronal activity in brain.

Some of the other Causes of migraine that are related to poor lifestyle are study in insufficient light, use of laptop and mobile for long period, insufficient sleep, improper food habit etc. Migraine presents with the symptom triad of paroxysmal headache, nausea/vomiting and aura.

Migraine can be compared to Ardhavbhedaka in ayurveda. Doshik prominence of Vata and Pitta is mainly seen in migraine. In panchakarma, there are palliative treatment mentioned like Nasya, Shirodhara, Basti, Virechana, Raktamokshana etc. Aim of this article is to review the Panchakarma procedures for the treatment of migraine.

Key words: - Migraine, Stress, Ardhavabhedaka, Panchakarma.

INTRODUCTION

The way of living of an individual or the society which they manifest in coping with their physical, psychological, social and economical environment on daily routine basis is the lifestyle and but today we are so busy in maintaining our lifestyle that we have forgot that this lifestyle is also giving us a big bunch of lifestyle related disorders. With the increase in environmental pollution, professional work load, proliferating stress, unhealthy lifestyle choices and general dietary indiscipline, the incidence of lifestyle diseases like hypertension, diabetes, migraine, obesity and cardiovascular diseases has increased manifold over the last two decades.

(IJRMST) 2018, Vol. No. 6, Jul-Dec

Migraine is a primary headache disorder which is characterized by recurrent headache that is moderate to severe in nature and affects half of head which lasts from 2 to 72 hours.

It affects three times more common in women than men that is about 20% females and 6% males at some point in life. WHO estimated that there are 300 migraine attacks occurring daily for every million population. Psychological stress which is result of poor lifestyle is one of the causes of this condition. More than $2/3^{\rm rd}$ of migraine suffers, either have never consulted a doctor or have stopped doing so. The term 'migraine' refers to a syndrome of vascular spasms of cranial blood vessels.

There are two main types of migraines. The most common type is the 'migraine without aura' and it can be felt on one side of the head or both. This type commonly causes photophobia, nausea, vomiting, fatigue and mood swing.

The second type is the 'migraine with aura'. Aura is a neurological phenomenon that is usually visual and that happen between 10 and 30 min. before the pain begins.

The person will normally experience hallucinations or wavy images and bright shimmering lights at the edge of their vision. Some people experience a temporary loss of vision which is accompanied by dizziness, vertigo, numbness of the face, tongue and other extremities along with speech abnormalities and weakness.

Migraine can be compared to *Ardhavbhedaka* in ayurveda. According to Acharya *Charaka* from *ruksha bhojana, atibhojana, adhyashana, vega dharana, ativyayama vata* either alone or in combination of *kapha*, seizes the one half of the head and causes *tivra vedana* (acute pain) in *manya* (neck), *bhroo* (eye-brow), *shankh* (temple), *karna* (ear), *akshi* (eye), *lalatardha* (forehead of one side).

Doshik prominence of *Vata* is mainly seen in *ardhavbhedaka*. In panchakarma, there are palliative treatment mentioned like *Nasya*, *Shirodhara*, *shirobasti*, *Basti*, *Virechana*, *Raktamokshana* etc.

AIMS & OBJECTIVES

To review the ayurvedic approach for management of migraine.

MATERIALS

- Ayurvedic samhitas
- Ayurvedic text books
- Research articles
- Internet

(IJRMST) 2018, Vol. No. 6, Jul-Dec

• Modern medicine books

METHODS

Etiology:

- Ruksha sevana- taking dry foods.
- Adhyasana- consuming food immediately before the digestion of previous food,
- Poorva vata- exposure to direct breeze from east,
- Avasyaya- exposure to cold or dew,
- *Maithuna* excessive sexual indulgence,
- Vega dharana- suppression of natural urges,
- Ati vyayama and ayasa- over exertion etc.
- *Dhuma sevana* exposure to smoke,
- Atapa and tushara sevana- hot and cold climates,
- Ambu kreeda- swimming and water games,
- Atiswapna- excessive or continous sleep,
- Atijagarana- night arousals,
- *Utsweda* severe sweating,
- Purovaata- exposure to direct breeze or eastern air,
- Bhashpa nigraha- suppressing tears,
- Rodana- weeping,
- Athyambu madyapana- drinking excess water and alcohol,
- Krimi- presence of worms,
- Adhah pratate- looking downward direction,
- Amadosha- improper direction,
- Asathmya gandha- unaccustomed smells,
- Atibhashya- execessive speaking,
- Upadhana mruja abhyanga dwesha- avoiding pillow, bath and oil
- application etc.

Symptoms of migraine

Knowledge of symptom is very essential for diagnosis, prognosis and proper management of the disease.

Throbbing type of pain is typically felt on one side of head, the pain may be moderate but is often severe and incapacitating.

More physical activity, light, sound or smells may make the headache worse.

International Journal of Research in Medical Sciences and Technology

http://www.ijrmst.com

e-ISSN: 2455-5134, p-ISSN: 2455-9059

(IJRMST) 2018, Vol. No. 6, Jul-Dec

The headache is often accompanied by nausea, sometimes with vomiting.

The migraine attack often involves more than a headache. It may include a prodrome, an aura and a postdrome. The prodrome is a change in mood or behavior, which can precede the rest of the migraine by 24 hr people may become depressed, elated, irritable or restless.

Loss of appetite may also occur. Above 20% of people experience tinging reversible disturbances in vision, sensation, balance, movement or speech. Commonly, people see jagged, shimmering or flashing lights or develop a blind spot with flickering edges.

Less commonly, people experience tingling sensations, loss of balance, weakness in an arm or leg or difficulty in talking. The aura occurs within an hour before the migraine and ends as the migraine begins.

About 25% of people experience a postdrome which involves changes in mood and behavior after the migraine. Migraine attacks may occur frequently for a long period of time but they may disappear for many weeks, months or even years.

No procedure can confirm the diagnosis of migraine. If headache are developed recently or the pattern of symptoms has changed, CT or MRI of the head is performed to exclude other disorders.

Symptoms of ardhavbhedaka

Ardha sirah vedana

Bhedanvat pidah

Todvat pidah

Vedana mainly in manya, bhroo, shankh, karna, akshi and lalatardh

Attack of headache repeat at regular 10, 15 or 30 days interval or irregularly any time.

Treatment

A. Nidana Parivarjana (Avoidance of Causative Factors)

Nidana Parivarjana is the first and most useful method in the management of Ardhavabhedaka. The factors which are known to produce Ardhavabhedaka should be avoided.

B. Aushadha chikitsa

Shodhana chikitsa and shaman chikitsa both are important for the management of migraine. In this article we are focusing on shodhana chikitsa only. Under panchkarma some Shodhana Karmas (for radical removal of causative morbid factors of the disease from the body) and some other procedures (for instant relief by using specialized techniques) are indicated. These include:

(IJRMST) 2018, Vol. No. 6, Jul-Dec

- Shirodhara
- Nasya
- Basti karma
- Raktamokshana
- Shiro-basti
- Dahana karma

Shirodhara

Continuous pouring of oil on head for a specific period of time induces sleep has a tranquilizing effect.according to modern medicine local application like ointments may pass through the stratum cornium into the blood vessel and reach the appropriate organ. The oil used for dhara if it is processed with brahmi which consist of amino acids which acts as neurotransmitter in brain. some other preparations used in shirodhara are: kshirabala oil, bala oil, brahmi quath, dashamula quath etc.

<u>Nasya</u>

The medicines which are administered through the nose will reach all the organs and cells and destroys the vitiated doshas from the whole body. It stimulated whole nervous system, cranial nerves and also maintains the function of endocrine glands. Nasyakarma can be done for 7-21 days according to severity and chronicity of the disease. Preparations used in nasya Karma are:

Taila/Ghrita- Shadabindu Taila, Anu Taila, Dashmoola Taila, Gunja Taila, Goghrita, Devadarvadi Ghrita, Lakshadi taila, Kumkumadi Ghrita, kusthadi ghrita mixed with sharkara.

ShiroBasti

In Shiro Basti, a cranial pouch or cuff around the head is prepared and medicated oil is filled into this pouch for about 1 muhurta (48 minutes). In Ardhavabhedaka Vata or Vatakaphanashaka medicated oils like Dashmoola taila and four types of Sneha viz. Ghrita, Taila vasa, majja etc. are used.

Basti

Due to the enlargement of the temporal artery, it stretches the nerve that coils around the artery and cause the nerves to release chemicals like serotonin which cause inflammation, pain and further enlargement of the artery. Sympathetic nervous activity delays emptying of the stomach and therapy prevent oral medications from absorption. That is why basti is being considered as one of the best therapeutic procedures for the management of migraine. Niruha Basti prepared with Vatanashaka drugs should be given first, followed by Anuvasana Basti prepared of Ghrita, Taila etc.

(IJRMST) 2018, Vol. No. 6, Jul-Dec

Raktamokshana

leech therapy nin migraine pain is somewhat relieved when circulation to the particular painful area is improved and the same principle holds true with migraines and this is where leeches come in handy.there is a theory that suggests migraine is caused by tiny blood clots and hirudin is an anticoaugulant, causing blood to become more dilute. It can dissolve those little clots that have formed by converting fibrinogen to fibrin.

Dahana karma

Dahana Karma is indicated in last when all the mentioning approaches are not responsed in Ardhavabhedaka. According to Acharya Charaka, Dahana Karma should be applied at Shankha and Lalata Pradesha, limited to dermal layer (Twaka Daha) with the help of Sharkandagra or Godanta. Acharya Bhela has prescribed Pippali for Dahana Karma.

CONCLUSION

This is the fact that majority of the disorders prevailing in the present society are similar to the mentioned ayurvedic texts in the process of panchakarma of the body, it will certainly help to prevent the accumulation of toxins in the body and will help to maintain the healty condition. By the above review discussion it can be said that Ayurvedic treatment should be preferred in case to migraine. All these mentioned karma helps in alleviating the symptoms of migraine. Prolongation of these karmas may provide better results. Panchakarma is not only good for alleviating disorders due to toxins but is also very useful to maintain excellent health.

REFERENCES

- Agnivesh, Charak samhita with Vaidyamanorama Hindi commentary by Acharya Vidyadhar Shukla & Prof. Ravi Dutt Tripathi; pub. by Chaukhambha Sanskrit Pratishthan, Varanasi; part 2, 1st edi.1988.
- Sushruta, Sushruta Samhita with Ayurveda Tatva Sandeepika hindi commentary by Kaviraj Ambikadatta Shastri; pub. by Chaukhambha Sanskrit Sansthan, Varanasi; part 2, reprint edi. 2004.
- Vagbhata, Astanga Hridyam, Nirmala hindi commentary by Brahmanand Tripathi; pub. by Chaukhambha Sanskrit Pratishthan, Delhi: Reprint 2007.
- Ayurveda clinical practice neurology, vol. 2, edited by l. mahadevan, second edition.
- Clinical panchakarma by Dr. Polepally Yadaiah, third edition
- Dr. Anil Prasad Jaitwar/ijaar/vol. 3/2017
- Dr Rakesh Agrawal, clinical studies on migraine.