

Management of vataj type of Shirshula with Goghrit Pratimarsha nasya- A case report

Niteen Ambatkar^{*1}, Namdeo Dorkhande² and Sunita Paradkar³

¹PG Scholar, ²Professor & HOD,

³Professor, Department of Dravyaguna Vigyan; Bhausaheb Mulak Ayuvedic Mahavidyalaya & Research Centre, Nandanvan Nagpur, India

Abstract

Shira is also known as Uttamanga in Ayurveda. It is the most vital part of our body. In Ayurveda, Shiro rogas are restricted to pain or discomfort seen around cranial vault and not the disorders of brain mostly. Headache is the most frequent and troublesome reason to seek medical help in our daily life. Tension type headache is the most common, primary, most neglected and difficult to treat occurring in about three-quarters of the general population. They can range from the occasional mild headaches to daily disabling headaches in some cases. Current allopathic approach is highly limited in treating the disease with just pain killers, which again have lot of side effects. Holistic Ayurveda approach practically is found to yield very good results in the patients of headache. Vataja Shiroroga can be an apt classical correlation of Tension-type headache. Atiuccha bhashana, Vegadharana, Ratrijagarana, Upavasa and Shoka are the major causes of Vataja shirashula. Classical books of Ayurveda advocate the use of Snehana, Swedana, Navana nasya, Snaihika dhumapana and local Vatahara kriya like Lepa and Parisheka as main mode of treatment. Nasya is a special therapy in all Shalakyia disorders and Goghrita is considered as best Vatahara dravya. In this study, Goghrita pratimarsha nasya is done in a 29 year old patient having typical symptoms, to access the overall efficacy. After 1 month of therapy, significant improvement was seen in the symptoms. Mild recurrence was seen post follow-up period.

Keywords: Shiroroga, Tension type headache, Goghrita pratimarsha nasya.

*Correspondence Info:

Dr. Niteen Ambatkar
PG Scholar,
Department of Dravyaguna Vigyan;
Bhausaheb Mulak Ayuvedic Mahavidyalaya &
Research Centre, Nandanvan Nagpur, India

*Article History:

Received: 15/09/2021
Revised: 28/09/2021
Accepted: 28/09/2021
DOI: <https://doi.org/10.7439/ijasr.v7i1.5688>

QR Code



How to cite: Ambatkar N, Dorkhande N. and Paradkar S. Management of vataj type of Shirshula with Goghrit Pratimarsha nasya- A case report. *International Journal of Advances in Scientific Research* 2021; 7(1): e5688. Doi: 10.7439/ijasr.v7i1.5688 Available from: <https://ssjournals.com/index.php/ijasr/article/view/5688>

Copyright (c) 2021 International Journal of Advances in Scientific Research. This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/)

1. Introduction

Shira sis a one of the Sadhyopranahara marma and a vital seat of Prana in body.[1] Shirashoola involves all the aches and discomforts located in Shira (head), and is considered as a synonym of Shiroroga.[2] There is elaborate classification of Shirorogas in our classics. Acharya Sushruta has explained 11 types of Shirorogas.[3] Among them, Vataja Shiroroga is the frequently encountered type of headache clinically. The reason might be the classically mentioned causes such as Vegadharana (suppressing the natural urges), Ratri-jagarana (staying awake at night), Upavasa (irrational fasting), Ati-ucchabhashana (speaking loud for longer hours), and Bhaya[4] (anxiety), which reflect the stressful daily

regimen the people go through in their day to day lives. Nasya is an important therapy in all Shirorogas as Nose is the gateway for the Shiras.[5] Acharya Sushruta advocates the use of Snehana, Swedana, Nasya, Shirolepa, Shiroabhyanga, Dhumapana, Parishekaand Upanahausing Vatahara dravyas, as Bahya upakramas. As Abhyantara upakramas, Snehapana, Anuvasanaand Niruha bastis are explained. [6] Headache is an extremely frequent reason for seeking medical help. Tension-type headache is the most common primary headache disorder. 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. Stress, sleep deprivation, bad posture, irregular diet habits, teeth

clenching, eye strain and muscle tension around head and neck are some of the precipitating factors. [7]

World Health Organization classifies it as episodic and chronic. Episodic TTH, occurring on fewer than 15 days per month, is reported by more than 70% of some populations. They usually last a few hours, but can persist for several days. Chronic TTH, occurring on fewer than 15 days per month, affects 1-3% adults. It often begins during the teenage years, affecting 3 women to every 3 men. Its pathology may be either stress related or associated with musculoskeletal complications in the neck. It can be unremitting and is much more disabling than episodic TTH. The headache in both the varieties is described as pressure or tightness, often like a band around the head, sometimes spreading into or from the neck. [8] Management involves careful assessment followed by discussion and explanation of the underlying pathology, physiotherapy with muscle relaxation and stress management, low dose of anti-triptyline (10mg) may be necessary.

2. Case Report

A patient, aged 29 years, came to OPD at Bhausahab Mulak Ayurved Mahavidyalaya, Nandanvan, Nagpur. apparently normal 3 month back. He gradually developed symptom of severe headache associated with mild giddiness. The site of headache was around the forehead and behind the neck, aching type, continuous severe pain with no periodicity. During stressful situations, he felt irritability and some sort of sound associated with mild pain in the ears. The symptoms used to aggravate during exposure to sun, at night and the relieving factor was having rest, analgesics and tying cloth tightly to forehead. He consulted local physicians for the same, where painkillers were given. He only had temporary relief from pain. Next day same headache used to recur. Hence he visited our hospital on 12th November 2020.

No significant past history and no similar complaints in the family members. He was having mixed diet, usually spicy and irregular. The sleep was disturbed due to habit of late night awakening to study or to watch movies in android. No significant habits like alcohol intake or smoking.

2.1 Clinical findings:

The patient was conscious and well oriented. On examination, PR-75/min and BP was 125/80mm of Hg. Under systemic examination, CNS, CVS, Loco motor system, RS had no abnormal deviations. In GIT examination, the tongue was coated. In Eye examination, visual acuity was 6/6 both eyes for distance and N6 for near. ENT examination revealed mild tenderness present at ethmoidal sinus. Rest part of examination was insignificant.

2.1.1 Hematological findings:

Hb%-12.5gm/dl, Total blood count –WNL

2.1.2 Samprapti Ghatakas and Nidana Panchaka :

Samprapti vighatana indicates involvement of Vata dosha. Dushyais Rasa dhatu. Agniinvolved is both Jatharagni and Dhatvagnialong with Agnijanya Ama. Srotasininvolved is Rasavaha srotas. Srotodushtiis Sanga. Both Udbhava sthanaand Vyakta sthanaare Shiras. Rogamargais Madhyama. Nidanain this patient is Ratrijagarana, Vegadharana andShoka(stress). Rupaare Teevra shiroruja, Nishi cha atimatra, Bhrama, and Karna nada. Upashayais Bandhanaand Vishranti(rest). Samprapti indicates involvement of Manasika nidanas prominently leading to Vata dosha prakopa in Shiras.

2.2 Diagnosis and Assessment

The differential diagnosis of this type of headache includes tension type of headache, migraine headache and meningitis. Migraine is excluded as the headache is not associated with visual disturbances, nausea or vomiting, no aggravation on physical work and is non-episodic. Meningitis can be ruled out as there were no acute symptoms like fever, vomiting or convulsions. Hematological findings do not support it either. Tension type of headache will be final diagnosis because the patient has history of sleep deprivation, stress, eye strain and irregular eating habits, which are the precipitating factors of the disease. The site of headache is around the forehead band like and aching type. We can include Ardhavabhedaka, Suryavarta and Vataja Shirashoola for Vyavachedaka nidana. Typical classical features like Teevra shiro ruja, Nishi cha atimaatram, Bandhana upashaya, Bhrama and Karnanada lead us to the diagnosis Vataja Shirashula.

2.3 Treatment Plan:

As the classical and modern approach advocates that Nidana parivarjana (avoiding the causative factors) is the prime approach to Vataja shirashula, the patient was counseled to change the food habits, manage the stress related to studies, get less exposed to hot sun, android phones and to sleep on time. As the patient was unable to visit the hospital, he was advised Pratimarsha nasya. Since Snehana and Navana nasya are classically indicated in Vataja shiroroga, Goghrita[11], which is considered as best Vatahara dravya, was selected. The patient was advised to instill warm ghee in the dose of 2 drops in each nostril, early morning four times day.

2.3.1 Pathyapathya: [13, 14]

Snigdha, Madhura, Bala vardhaka ahara, Mudga, Masha, Kulatha, Ksheera, Ghrita and Sharkara is advised as Pathya ahara. Pathya-vihara is Shiro-abhyanga, Mardana, Ushna swedana. Apathya-ahara is Vata vardhaka Ahara, Tikshna amla katu lavana rasa. Apathya-vihara is Upavasa,

Sandharana, Krodha and Ratrijagarana. Goghrita is Vata-pitta shamaka, Sheetoshna veerya, Snehana, Agnivardhaka and Rasayana in nature. [17]

3. Result

After completion of the therapy, the patient had complete relief from headache, giddiness and tinnitus. The sleep pattern was also improved. There was no irritability on exposure to noise. The patient appeared to be more relieved and pleased. On completion of follow-up period, the patient complained of recurrence of very mild headache once during reading his book for long.

4. Discussion

Headache is the most common, and yet most the most difficult clinical problem encountered by the physicians. Ayurveda gives special importance by mentioning Shirorog as separately. The different forms of pains or discomforts felt in the cranial vault are included under Shirashula. Vataja shirorogais the commonest disease, given the rise in etiologies leading to Vata dosha vitiation in this stressful run for life era. Even though Atiuccha bhashana, Vegadharana, Ratrijagarana, Upavasaand Shokaare the major causative factors for Vataja shirashula mentioned classically, Manastaapa has an important role in causing Vataja shirashula [18]. Manasika bhavas like Chinta, Shoka, Bhaya etc leads to Jatharagni mandya, which in turn leads to Apakva ama rasa formation. Malarupi kapha is increased in quantity, which goes to Rasa-Rakta Samvahana and reaches Shiras. Their Sanga occurs due to Khavaigunya. It causes Khavaigunyain Manovaha srotas leading to Raja and Tamo guna increase. Thus it leads to Vata dosha prakop aand hence Vataja Shirashula. [19] Tension type headache is the most common type of headache and is experienced at some time by the majority of the population in some form. Though the pathology is poorly understood, it may be stress related or musculo-skeletal involvement in the neck. Emotional strain or anxiety is a common precipitant to TTH. [20]Nasa is described as the gateway of Shiras. The drug thus administered reaches Shringataka(a Sira Marma in Nasa srotra) and spreads in the Murdha(brain) reaching the Marma of Netra (eye), Shrotra (ear), Kantha(throat), Siramukha (opening of the vessels, etc.). Then by virtue of its potency, it scrapes the vitiated Doshasfrom Supraclavicular region and expels them from Uttamanga.[21] The drug that enters nasal pathway will have vascular absorption, enters systemic circulation, has direct pooling into the intra cranial region, lymphatic transportation, effect on neuro-endocrinal junction is also well established.[22] Goghrita is having Sheetoshna veerya,

Tridosha shamaka, Agnivardhaka, Madhura rasa, Medhya and Rasayana property.[25] As per Ayurvedic Pharmacopia of India, Cow's Ghee instillation into the nostrils relieves the headache.[26] Hence the Snehana and Vatahara property of Ghrita can be of significant help in treating Vataja shiroroga.

5. Conclusion

- 1) Tension type headache is a common psychosomatic disease which can be compared with Vataja shirashula.
- 2) The stressful physical and psychological lifestyle compulsions like improper food and sleeping habits have led to people suffering from Vataja shirashula almost frequently in their day to day lives.
- 3) Atiuccha bhashana, Vegadharana, Ratrijagarana, Upavasa and Shokaare the major causes of Vataja shirashula.
- 4) Nidana parivarjana i.e., avoiding the causative factors is the main line of treatment along with Bahya and Abhyantara snehana to tackle the vitiated Vata dosha.
- 5) Nose is the gateway for Shiras and Nasya is the best therapy for all Shirorogas.
- 6) Goghrita is a well-known Vatahara and best Snehana dravya. By the virtue of its property its instillation as Nasya can effectively cure Shiroroga.
- 7) At the end of the therapy, the patient had wonderful results and was completely cured.

References

- [1]. Agnivesha. Caraka Samhita: elaborated by Caraka and Dridhabala, with the Ayurveda-Dipika commentary by Cakrapanidatta, edited by Vaidya Jadavaji Trikamji Acharya. Reprint edition. Varanasi: Choukambha Surabharati Prakashan; 2008. p. 99.
- [2]. Agnivesha. Caraka Samhita: elaborated by Caraka and Dridhabala, with the Ayurveda-Dipika commentary by Cakrapanidatta, edited by Vaidya Jadavaji Trikamji Acharya. Reprint edition. Varanasi: Choukambha Surabharati Prakashan; 2008. p. 100.
- [3]. Sushruta. Sushruta Samhita: with Nibandhasangraha commentary of Sri Dalhanacharya and the Nyayachandrika Panjika of Sri Gayadasacharya on Nidana sthana, edited by Vaidya Jadavji Trikamji Acharya (From the beginning to the 9th Adhyaya of Chikitsa sthana) and the rest by Narayan Ram Acharya Kavyathirtha. Reprint edition. Varanasi: Choukambha Surabharati Prakashan; 2008. p. 654.
- [4]. Agnivesha. Caraka Samhita: elaborated by Caraka and Dridhabala, with the Ayurveda-Dipika commentary by Cakrapanidatta, edited by Vaidya Jadavaji

- Trikamji Acharya. Reprint edition. Varanasi: Choukambha Surabharati Prakashan; 2008.p. 99.
- [5]. Agnivesha. Caraka Samhita: elaborated by Caraka and Dridhabala, with the Ayurveda-Dipika commentary by Cakrapanidatta, edited by Vaidya Jadavaji Trikamji Acharya. Reprint edition. Varanasi: Choukambha Surabharati Prakashan; 2008. p.722.
- [6]. Sushruta. Sushruta Samhita: with Nibandhasangraha commentary of Sri Dalhanacharya and the Nyayachandrika Panjika of Sri Gayadasacharya on Nidana sthana, edited by Vaidya Jadavji Trikamji Acharya (From the beginning to the 9thAdhyaya of Chikitsa sthana) and the rest by Narayan Ram Acharya Kavyathirtha. Reprint edition. Varanasi: Chaukambha Surabharati Prakashan; 2008.p-656.
- [7]. Sivabalaji K., Ashwini B, Sundar Raman, Sreedevi, Ayurvedic management of episodic tension headache: A case report. *Int. J. Res. Ayurveda Pharm.* 2016;7(6):65-67.
- [8]. LeybourneStanley Patrick Davidson. Davidson's Principles and Practices of Medicine: Edited by Nicolas A. Boon, Nicki R, John A. A Hunter, Brian R. Walker. 20thEdition. Churchill Livingstone; 2006. p.1162.
- [9]. Govind Das Sen. Bhaishajya Ratnavali:With Transcendence descriptive English commentary by Dr.Ravindra Angadi. 1st edition. Volume 2. Varanasi: Choukambha Surabharati Prakashan; 2018. p.1588.
- [10]. Sushruta. Sushruta Samhita: with Nibandhasangraha commentary of Sri Dalhanacharya and the Nyayachandrika Panjika of Sri Gayadasacharya on Nidana sthana, edited by Vaidya Jadavji Trikamji Acharya (From the beginning to
- Trikamji Acharya. Reprint edition. Varanasi: Choukambha Surabharati Prakashan; 2008. p. 99.
- [15]. Hegde L Prakash, A Harini. A textbook of Dravyaguna Vijnana. Reprint edition. Volume II. New Delhi: Chaukambha Publications; 2019. p. 66.
- [16]. Hegde L Prakash, A Harini. A textbook of Dravyaguna Vijnana. Reprint edition. Volume II. New Delhi: Chaukambha Publications; 2019. p. 527-528, 285, 64.
- [17]. Vagbhata. Astanga Hrdaya: with commentaries Sarvangasundaraof Arunadatta and Ayurvedarasayanaof Hemadri, edited by Pt. Hari Sadashivasastri Paradakara Bhisagacharya. Reprint edition. Varanasi: Chaukhamba Surabharathi Prakashan; 2007.p. 73.
- [18]. Agnivesha. Caraka Samhita: elaborated by Caraka and Dridhabala, with the Ayurveda-Dipika commentary by Cakrapanidatta, edited by Vaidya Jadavaji Trikamji Acharya. Reprint edition. Varanasi: Choukambha Surabharati Prakashan; 2008. P.100.
- [19]. Vyas Hetal, Dave A R. Conceptual review on Vatika Shirashula w.s.r to Tension Headache. *World Journal of Pharmacy and PharmaceuticalSciences.* November 2015; 4(12):1224-1241.
- [20]. Leybourne Stanley Patrick Davidson. Davidson's Principles and Practices of Medicine: Edited by Nicolas A. Boon, Nicki R, John A. A Hunter, Brian R. Walker. 20thEdition. Churchill Livingstone; 2006. p. 1162.
- [21]. Vruddha Vagbhata. Astanga Sangraha: with the Shashilekha Sanskrit commentary by Indu, edited by Dr.Shivaprasad Sharma. 4th reprint edition. Varanasi: Choukambha Sanskrit Series Office; 2016.p. 223.
- [22]. Riju Agarwal, Manju Rani. Significance of Nasa & Nasya: Acritical review. *Punarnav -An International Peer Reviewed Ayurveda Journal.* Jan-Feb 2014; 2(1).
- [23]. Sharngadhara. Sharngadhara Samhita: with Transcendence English commentary by Dr. Ravindra Angadi. 1st Edition. Varanasi: Chaukhamba Surabharati Prakashan; 2017. p. 531.
- [24]. Sri Bhavamishra. Bhavaprakasha: Edited with the VidyotiniHindi commentary by Bhishagratna Pandit Sri Brahma Shankara Mishra (Part II). 11th edition. Varanasi: Chaukambha sanskrita bhavan; 2017.p. 610.
- [25]. Vagbhata. Astanga Hrdaya: with commentaries Sarvangasundara of Arunadatta and Ayurvedarasayanaof Hemadri, edited by Pt. Hari Sadashivasastri Paradakara Bhisagacharya. Reprint edition. Varanasi: Chaukhamba Surabharathi Prakashan; 2007.p. 73.