



Panchendriya-varadhan taila for Acute and Chronic Migraine – A Case Report

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ABSTRACT: Migraine is an episodic headache disorder usually characterized by pain involving either half of the head. According to International headache society, Migraine constitutes 16% of the primary headache and affects about 10-20% of the general population. Kshayaj Shira roga is mentioned under Shiroroga (Diseases of head) which can be correlated with migraine. Nasya Karma (Errhine Therapy) is considered as the best therapeutic intervention in Shiro Roga by Acharya Charaka. Panchendriya vardhan taila has shown vata hara properties along with nutrition effect on sense organs.

So, an attempt has been made to assess the efficiency of this oil in an acute as well as chronic condition of migraine. Marsha nasya of panchendriya vardhan taila on a patient with acute migraine was given which was followed by a regular pratimarsha nasya of the same for one month to deal with the chronic aspect. The medicine showed instant effect on application during acute condition in this patient.

This case study had an acute excruciating one sided pain during the visit but had milder forms of pain for the last 6 months. The patient neglected the pain for this whole period and resorted to local painkillers. This was a case of kshayaj shiro roga due to the etiology of several hours of screentime, extreme physical exertion and irreregular sleeping patterns. To tackle the current pain a nasya of pachendriyavardhan taila was given with a higher dose. This showed immediate relief in the pain, photophobia and phonophobia.

So we decided to tackle the chronic recurrence of the disease with a pratimarsha nasya of the same.

KEYWORDS: Acute migraine, Panchendriya-varadhan taila, Nasya, Kshayaj shiro-roga, Chronic migraine

OBJECTIVE

To report the efficacy of pachandriya vardhan taila efficacy in chronic as well as acute conditions of migraine.

INTRODUCTION

Migraine affects over 1 billion people globally, making it one of the most common neurological disorders. The commonly used medications show limitations like the presence of severe adverse effects on long term usage, temporary relief on application and the absence of curing the root cause of the ailment. Here we have decided to identify the cause of the migraine and treat one specific etiology of migraine i.e. kshaya.

In Ayurveda, kshayaj shiro-roga refers to chronic, recurring headaches due to tissue depletion—this can correlate with chronic migraines, rebound headaches, and migraine with aura in modern medicine.

Ayurveda believes that Nasa hi shiraso dwaram – The nose is the gateway to the head. The general nasya of different tailas has seen to decrease vata pita dosha in head region.

Migraine can be divided into the following types- chronic and acute. We decided to choose pachendriya vardhan taila for a patient with chronic migraine who came to us particularly during an acute condition.

Panchendriya vardhan means an oil that enhances the five sense organs, this study creates a base for the uses of this oil as a suitable treatment modality for the usual kshayaj migraine of a modern day man who is weakening the sense organs with constant exposure to screentime, stress and pollution.

BACKGROUND

The use of common oils like anu taila has been used since centuries for chronic conditions of migraine. Oils like Anu taila, Shadbindu taila, or Ksheerabala taila have neuroprotective, anti-inflammatory, and anxiolytic effects. These drugs show action because the nasal route bypasses the blood-brain barrier and allows direct drug delivery to the brain via olfactory and trigeminal pathways. While ayurveda believes that these tailas nourish and revitalize shiras (brain) by enhancing ojas and reducing kshaya (depletion).

CLINICAL CASE

A 22 year old boy had come to Ymt ayurveda medical college, Navi mumbai with an acute migraine. He chose to go for ayurvedic medicines as his first line of treatment. He had chronic migraine since a period of 6 months but was generally tolerable, migraine with one-sided, alternating, throbbing headaches localizing generally on the temporal and occipital region. The migraine particularly became unbearable today. Headache duration was often up to 48–72 h per occasion. Yawning was experienced in the prodromal phase. During the attacks, he presented with both photophobia and phonophobia, with nausea. He had 15 to 20 days of migraine every month with the duration of 6 to 7 hours of mild pain with photophobia and phonophobia. His blood pressure was 130/70 mmHg and pulse rate were 73 bpm. Neurological examination was unremarkable. The patient had no surgical history and no illness in the past. The patient had a history of sleeping late everyday along with a habit of intense workout routine and occasional football tournaments in extremely strong sunlight and dust. This indicates the vataj-pittaj origin of the migraine with kshayaj etiology.

Improvement in the current acute pain was noticed in terms of parameters like significant decrease in the pain and photophobia. Due to excruciating severity the dosage of the medicine given was more (6 drops). After stabilizing the acute condition, the patient was told to continue the medicine with a lesser dose on a daily basis with followups every week.

CM diagnosis was confirmed on the basis of having more than 15 headache days in at least 3 of the last 12 months according to ICHD-3.

MATERIALS AND METHODS

The subject who approached Ymt Ayurveda Medical College Navi Mumbai was experiencing excruciating pain in the occipital and temporal regions of the head on an afternoon, was having mild pain since one year and neglected the pain due to lesser intensity. Was systemically reviewed and nasya line of treatment was adopted. The patient was not given swedan therapy as in the general protocol of nasya due to the extreme vata and pitta vitiation during the time. The patient was also not asked to conduct swedan at home due to lack of surveillance.

RESULTS

The subject showed marked improvement in the acute phase of headache when the nasya was done with a higher dose. The regular use of the oil in a lesser dose showed improvement in the chronic episodes.

The subject was seen to have decreased intensity of migraines during the acute phase and decreased frequency of the migraine for the forth coming month. The subject showed better tolerability of the drug due to less irritant ingredients.

First week- The patient still had mild migraine for 2 days but with lesser duration (3 to 4 hours). The pain was seen only after workout and exertion.

Second week- The patient had only some pain on one day after working out but the pain was tolerable and lasted for 3 hours.

Third week- No migraine was noticed during this week but we decided to continue the treatment for one more week as a prophylaxis.

Fourth week- No migraine episode even after exertion. The patient did sleep earlier during these days to avoid severity of the migraine.

DISCUSSION

This case report discusses the dual action of the drug and explores the lesser explored scope of ayurvedic medicines in emergency management of symptoms. The report explores the single handed curing capabilities of nasya therapy.

The study needs to be carried out on a larger scale with more exploratory scope in other diseases of the head-neck region. The prophylactic uses of the oil can be explored in professionals with higher strenuous activities of the head-neck region eg. IT professional, students, video editors, etc.

Extensive studies have been carried out on the usage of anutaila, shadbindu taila for different kind of shiro rogas.

CONCLUSION

In conclusion, this case represents a holistic and cost effective approach towards the management of chronic and acute migraine. The treatment highlights the potential of ayurvedic nasya therapy in immediate pain relief as well as its potential in strengthening the sense organs and eliminating the emanation. The proper consideration of dosage and associated therapies like snehan-swedan also help in better penetration and palliative care. Highlighting the use of ayurvedic treatments in emergency management under proper guidance and care is an important step. The painkiller effect of nasya therapy is necessary to be explored due to its negligible side effects as compared to the ongoing painkiller medicines.

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