

| The Migraine Opportunity

Migraine is a condition that is extremely common around the world. It is also extremely disabling – physical, psychological, social, economic and career. Yet, the treatment of migraine remains challenging. The challenges start with the diagnosis; hence, many patients do not receive treatment either. Besides, preventive treatment is available, which is also not commonly used.

However, the biggest challenge in the treatment of migraine is poor response. In a detailed study, successful treatments were reported by 22.5% of patients.¹ There are several unmet needs in migraine management. The reasons for poor migraine treatment outcome start from poor training of the doctors on the subject, low patient adherence, lack of efficacy of drugs, and side-effects of medicines. There are several side effects of migraine treatment, including grave consequences like cardiovascular side effects and the development of serotonin syndrome.² Therefore, there is surely an opportunity to effectively manage Migraines with Ayurveda.



This issue of SDP Niramya is dedicated to the review of evidence on the Ayurvedic management of migraine. There are some interesting findings. Studies have shown that Ayurvedic treatments fare better compared to modern medicine. Second, a study suggested that medium-viscosity oil for nasya is better vs. low-viscosity oil, suggesting the role of Avarthitha Thaila in the management of migraine. Several studies have examined, and clearly, some medications are ineffective, and others are effective, giving balanced data for us to evaluate.

We sure can't build a strong building on the management principles and data, given the small 3 or 4 pages of real estate available. We sincerely hope the data given here is a starter for further examination and research.

Happy reading!

Source:

1. Ziegeler C, Brauns G, Jürgens TP, May A. Shortcomings and missed potentials in the management of migraine patients - experiences from a specialized tertiary care center. J Headache Pain. 2019 Aug 1;20(1):86.
2. Schwedt TJ, van Garza, Swanson JW, et al. Acute treatment of migraine in adults. <https://www.uptodate.com/contents/acute-treatment-of-migraine-in-adults>.

Inside

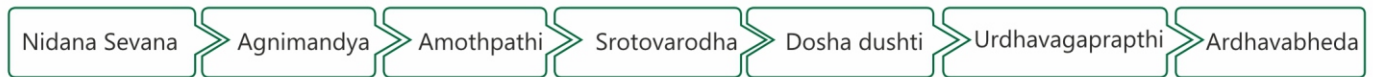
Migraine/Ardhavabhedaka: What can we do with Ayurveda? 2

Migraine/Ardhavabhedaka: What can we do with Ayurveda?

Introduction

There are 11 Shirorogas mentioned, and Ardhavabhedaka is one among them. 'Ardha' means half side, 'Ava' suggests bad prognosis, and 'Bhedaka' means breaking through, perforating or bursting type of pain. Chakrapani's description is 'Ardha Mastaka Vedana.' Although all three Dosahas are involved, Vatha and Kapha are the predominant Doshas. Aama is another important aspect of pathology.¹

Migraine, because of its high similarity in presentation, is considered Ardhavabhedaka. Migraine (see the first page) is an extremely common condition that impacts patients' quality of life (QoL) and is difficult to manage even with modern medicine. This article reviews the evidence for using Ayurvedic medicines to manage migraine.¹



Management principles

The management principles are as follows:¹

Management principles	Componants
Anthahparimarjana Chikitsa	Shodhana or Shamana, Snehana, Vamana, Virechana, Basti and Nasya
Bahiparimarjana Chikitsa	Lepa, Upanaha, Dhoopana, Swedana, Shirobasti, Shiroabhyanga, Shirodhara
Shashtra Pranidhana	Siravedha and Agnikarma

Evidence review

There are studies on various treatment options, most of which have shown positive results with the use of Ayurvedic management.

Nasya with Samshamana Chikitsa

A study compared modern medicine integrated with Ayurveda for the treatment of migraine. In the study, Group A received Flunarizine 10 mg, Group B received Flunarizine 10 mg + placebo, and Group C received Flunarizine 10 mg + Panchagavya Gritha Nasya. Each group had 20 patients. Adding Panchagavya Gritha Nasya to conventional treatment resulted in a rapid recovery rate in the clinical status compared to Flunarizine alone or Flunarizine with a placebo. Reduction in the number of migraine days, decreased perception of pain, and less intake of abortive medications were also noted with the addition of Nasya.²

In a study, researchers administered Ayurvedic treatment consisting of Narikela Lavana, Soothashekhara Rasa, Sithopaladi Choorna, Rasona Vati and Godanthi Mishrana along with regulated diet and lifestyle modifications such as a minimum of 8 h sleep, 30-60 min morning or evening walk and abstention from smoking/drinking for 90 days. The symptoms disappeared in 35% of patients; another 35% had mild symptoms that did not require conventional medicines. Another 25% of patients continued to have low-intensity pain requiring conventional medicines. Since this was not a comparative study and only half of the patients completed the treatment, it is difficult to conclusively say that Ayurvedic treatment was effective.³

A study comparing Laghu Soothashekhara Rasa (LSR) 500 mg BD and Brihath Dashamoola Thaila Nasya (4 to 8 drops in each nostril for a week) followed by Laghu Soothashekhara Rasa 500 mg BD showed better results with Nasya + LSR compared to LSR alone (52.94% vs. 35% improvement). Only 5% of patients had complete improvement in both groups.⁴ Another study compared Brihat Jeevakadya Thaila Nasya and Sootashekhara Rasa orally (Trial group) with Flunarizine (Control group). More patients in the treatment group (80%) showed marked improvement vs. control group (60%).⁵

Ranjan et al. compared three treatment modalities in Migraine: (1) Nasya with Kunkumadi Ghrita, (2) Shirodhara with Dashmoola-Shrita Ksheera and (3) both treatments combined. Kunkumadi Ghrita Nasya was more effective than Dashmoola-Shrita Ksheera Shirodhara. Shirodhara alone was not as effective as Nasya alone or the Nasya-Shirodhara combination.⁶ A 66% of patients reported a significant improvement in migraine symptoms with Kesharsiddhaghrita Nasya and Dashmula Kwatha Yoga Basthi given along with Pathyadi Ghanvati. The study consisted of 17 patients, and treatment was administered for 30 days. 8% of patients did not require treatment anymore.⁷

Apparently, the viscosity of Thaila used for Nasya Karma can impact the treatment outcome as per a study by Singh et al. The study compared low-viscosity and medium-viscosity Brihathjivakadya Thaila prepared by Snehapaka. In the study, medium-viscosity oil resulted in a better improvement.⁸

Virechana with Samshamana

Studies have shown the benefit of Panchakarma. A study evaluated the effect of Virechana on migraine. One group received Ayurveda + Yoga treatment (AY group, n=30), and the other received conventional treatment like pain medication (control group, n=30). For Deepana, Hinguwachadi choorna was administered for 3 days, followed by Snehana with Kalyanaka Ghrita for 3 to 5 days; Abhyanga and Sweda were done before Virechana with Thrivrih Leha. Orally, Pathyaksha Dhathryadi Kashaya was administered 15 ml BD for 75 days and Thalam with Kachooradi Choorna with milk. Besides, Yoga was also recommended to the patients.⁹

There was a decrease in migraine-related disability, perceived stress, sympathetic arousal, and muscle tension in the AY group. In the AY group, 16 patients had grade IV (severe) disability at baseline, and after 90 days of treatment, only 1 patient had the same, and there was no change in the control group. Stress was also reduced significantly - 60% of patients had low stress at the end of the treatment, and no patients had high stress. At the beginning of the study, all patients (100%) required pain medication; at the end of the study, only 20% in the AY group required pain medication, but in the control group, 87% of patients continued to require pain medication.⁹



Another small but interesting study showed the positive benefits of Virechana along with Yoga in Pitttaja Ardhavabhedaka. In the study, 30 patients were treated with Virechana and Yoga and were compared with 30 patients on NSAIDs. In the Virechana + Yoga group, there was a significant reduction in Migraine symptoms, including pain intensity and improvement in Headache Related Quality of Life and in the NSAIDs group, the improvements were not significant.¹⁰

Agnikarma

In a small pilot study of 15 patients, Agnikarma was done on the affected temporal side of the face, dot type for 1 time, once a week, followed by application of honey and ghee. Additionally, Pathyadi Kashaya 40 ml twice a day was administered for 30 days. There was a significant improvement in headache (72%), photophobia (100%) and phonophobia (100%) with the treatment. Besides, nausea, vomiting, and vertigo also were relieved 100%.¹¹

Prophylactic treatment

A study examined the prophylactic impact of Ayurvedic medicines on 9 migraine patients. The study used Narikela lavana (1000 mg BD), Rasona vati (1000 mg TDS) and Godanthi Mishran (250 mg HS) for the prophylaxis for 120 days. Out of the nine patients, five patients reported marked improvement in overall migraine symptoms following prophylactic Ayurvedic treatment. Except for occasional mild headache patients, no relapse happened in any of the patients.¹²

Conclusion

- * Migraine, or Ardhavabhedaka, is a complicated and common condition.
- * It is difficult to manage migraine even with modern medicine.
- * However, Ayurvedic medicines, when applied correctly, can provide significant relief to patients.
- * Most studies have shown good results with Ayurveda.
- * A few studies comparing Ayurveda with conventional (modern) medicine have also shown better results with Ayurvedic treatment over conventional treatment.
- * Sootha Shekhara Rasa and Nasya karma are commonly examined treatments, and Virechana is also found beneficial as per clinical studies.

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Pathyadi Khada

For Shira shoola, Karna shoola, Sooryavartha

Dosage: 15-25ml with equal water twice a day or as advised by the physician.

Packing: 200 ml, 400 ml

INGREDIENTS:

Each 10ml contains:

Nimba (bark) (Azadiracta indica), Amritha (Stem), (Tinospora cardifolia) Haridra (rhizome), (Curcuma longa) Kiratha (plant), (Swertia chirayita) Amalaki (fruit), (Embelica officinale) Harithaki, (fruit) (terminalia chebula) Vibhithaki (fruit) (terminalia bellirica) Dhathaki (flower), (woodfordia fruticosa) each 300mg, Guda 5 gm



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For more details, please contact : SDP REMEDIES & RESEARCH CENTRE, PARLADKA, PUTTUR, 574201.

Mail: sdpayurveda@gmail.com Website: www.sdpayurveda.com