Case Study

MANAGEMENT OF VATAJA SHIRASHULA WITH KUSTHADI SHIROLEPA AND GOGHrita PRATIMARSHA Nasya - A CASE REPORT

Jyothi S1*, Ashwini M.J2

1Assistant Professor, Department of Shalakya Tantra, Government Ayurveda Medical College and Hospital, Mysore, Karnataka, India.
2Professor & HOD, Department of Shalakya Tantra, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan, India.

ABSTRACT
Shiras, also known as Uttamanga is the most vital part of our body. In Ayurveda, Shiroroga are restricted to pain or discomfort seen around cranial vault and not the disorders of brain as such. Headache is the most frequent and troublesome reason to seek medical help in our day to day 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. Atiucchabhashana, Vegadharana, Ratrijagarana, Upavasa and Shoka are the major causes of Vataja shirashula. Classical books of Ayurveda advocate the use of Snehana, Swedana, Navaana nasya, Snahika dhumapana and local Vatahara kriyas like Lepa and Parisheka as main mode of treatment.

Nasya is a special therapy in all Shalakya disorders and Goghrita is considered as best Vatahara dravya. Kushtadi Lepa is indicated in Vataja Shiroroga classically. In this study, Kushtadi shirolepa and Goghrita pratimarsha nasya is done in a 19 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, Kushtadi shirolepa, Goghrita pratimarsha nasya.

INTRODUCTION
Shiras is a one of the Sadhyoparanahara marma and a vital seat of Prana. Shiroroshool is involved all the aches and discomforts located in Shiras (head), and is considered as a synonym of Shiroroga. There is elaborate classification of Shirorogas in our classics, Acharya Sushruta has explained 11 types of Shirorogas. 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 (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. Acharya Sushruta advocates the use of Snehana, Swedana, Nasya, Shirolepa, Shiroabhyanga, Dhumapana, Parisheka and Upanaha using Vatahara dravyas, as Bahya upakramas. As Abhyantara upakramas, Snehapana, Anuvasanam and Niru bastis are explained.

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.

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.[9]

Case report

A patient, aged 19 years, with OPD number 1082, at Government Ayurveda Medical College and Hospital, Mysore was 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 advised. 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. Apart from these, the patient was advised Pratimarsha nasya.[10] which is classically indicated in Vataja Shirashula, over the forehead daily for 1 month mixed with Ardrika swarasas. 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 once a day.

Hematological findings: Hb%- 12.5gm/dl, Total blood count - WNL

Samprapti Ghatakas and Nidana Panchaka

Samprapti vighatan indicates involvement of Vata dosha. Dushya is Rasa dhatu. Agni involved is both Jatharagni and Dhatvagni along with Agnijanya Ama. Srotas involved is Rasavaha srotas. Srotodushhi is Sanga. Both Udbhava sthana and Vyakta sthana are Shiras. Rogamarga is Madhyama. Nidana in this patient is Ratrijagarana, Vegadharana and Shoka (stress). Rupa are Teevra shiroraja, Nishi cha atimatra, Bhrama, and Karna nada. Upashaya is Bandhana and Vishrantin (rest). Samprapti indicates involvement of Manasika nidanas prominently leading to Vata dosha prakopa in Shiras.

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 not 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 Vyavchedaka nidana. Typical classical features like Teevra shiro ruja, Nishi cha atimatraam, Bandhana upashaya, Bhrama and Karna nada lead us to the diagnosis Vataja Shirashula.

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. Apart from these, the patient was advised application of Kushthadi Shirolepa[10], which is classically indicated in Vataja Shirashula, over the forehead daily for 1 month mixed with Ardのではないか swarasas. 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 once a day.
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.

**DISCUSSION**

Headache is the most common, and yet most the most difficult clinical problem encountered by the physicians. Ayurveda gives special importance by mentioning Shirorogas separately. The different forms of pains or discomforts felt in the cranial vault are included under Shirashula. Vataja shiroroga is 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, Upavasa and Shoka are 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 amarasa formation. Malarupi kapha is increased in quantity, which goes to Rasa-Rakta Samvahana and reaches Shiras. Their Sanga occurs due to Khavaigunya. It causes Khavaigunya in Manovaha srotas leading to Raja and Tamo guna increase. Thus it leads to Vata dosha prakopa and 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 Murttha (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 Doshas from 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]
CONCLUSION

1. Tension type headache is a common psychosomatic disease which can be compared with Vataja shiroroga.

2. The stressful physical and psychological lifestyle compulsions like improper food and sleeping habits have led to people suffering from Vataja shirorula almost frequently in their day to day lives.

3. Atiuccha bhashana, Vegadhara, Ratrijagarana, Upavasa and Shoka are the major causes of Vataja shirorula.

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 dasha.

5. Kushtadi Shirolepa contains Kushta, Eranda and Ardraka as ingredients. All have Vatahara and Shulahara property.

6. Nose is the gateway for Shiras and Nasya is the best therapy for all Shirogas.

7. Goghrita is a well-known Vatahara and best Snahana dravya. By the virtue of its property its instillation as Nasya can effectively cure Shiroroga.

8. 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 Nibandha sangraha commentary of Sri Dalhanacharya and the Nyayachandrika Panjika of Sri Gayadas acharya on Nidana sthana, edited by Vaidya Jadavaji Trikamji Acharya (From the beginning to the 9th Adhyaaya 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. 722.

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- 656.

6. Sushruta. Sushruta Samhita: with Nibandha sangraha commentary of Sri Dalhanacharya and the Nyayachandrika Panjika of Sri Gayadas acharya on Nidana sthana, edited by Vaidya Jadavaji Trikamji Acharya (From the beginning to the 9th Adhyaaya of Chikitsa sthana) and the rest by Narayan Ram Acharya Kavyathirtha. Reprint edition. Varanasi: Choukambha Surabharati Prakashan; 2008.p- 656.

7. K. Sivabalaji, Ashwini B, Sundar Raman, Sreedevi, Ayurvedic management of episodic tension headache: A case report. Int. J. Res. Ayurveda Pharm. Nov-Dec 2016;7(6):65-67 http://dx.doi.org/10.7897/2277-4343.076242

8. https://www.who.int/news-room/factsheets/detail/headache-disorders

9. 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. 20th Edition. Churchill Livingstone; 2006. p.1162.

10. 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.

11. Sushruta. Sushruta Samhita: with Nibandha sangraha commentary of Sri Dalhanacharya and the Nyayachandrika Panjika of Sri Gayadas acharya on Nidana sthana, edited by Vaidya Jadavaji Trikamji Acharya (From the beginning to the 9th Adhyaaya of Chikitsa sthana) and the rest by Narayan Ram Acharya Kavyathirtha. Reprint edition. Varanasi: Choukambha Surabharati Prakashan; 2008. p. 100.
the 9th Adhyaya of Chikitsa sthana) and the rest by Narayan Ram Acharya Kavyathirtha. Reprint edition. Varanasi: Chaukhamba Surabharati Prakashan; 2008. p.656.

12. Hegde L Prakash, A Harini. A textbook of Dravyaguna Vijnana. Reprint edition. Volume II. New Delhi: Chaukhamba Publications; 2019. p. 525, 282, 61.

13. Vagbhata. Astanga Hrdaya: with commentaries Sarvagasundara of Arunadatta and Ayurveda rasayana of Hemadri, edited by Pt. Hari Sadashivasastri Paradakara Bhisagacharya. Reprint edition. Varanasi: Chaukhamba Surabharati Prakashan; 2007. p. 858.

14. Agnivesha. Caraka Samhita: elaborated by Caraka and Dridhabala, with the Ayurveda-Dipika commentary by Cakrapanidatta, edited by Vaidya Jadavaji Trikamji Acharya. Reprint edition. Varanasi: Choukamba Surabharati Prakashan; 2008. p. 99.

15. Hegde L Prakash, A Harini. A textbook of Dravyaguna Vijnana. Reprint edition. Volume II. New Delhi: Chaukhamba Publications; 2019. p. 66.

16. Hegde L Prakash, A Harini. A textbook of Dravyaguna Vijnana. Reprint edition. Volume II. New Delhi: Chaukhamba Publications; 2019. p. 527-528, 285, 64.

17. Vagbhata. Astanga Hrdaya: with commentaries Sarvagasundara of Arunadatta and Ayurvedarasyaya of Hemadri, edited by Pt. Hari Sadashivasastri Paradakara Bhisagacharya. Reprint edition. Varanasi: Chaukhamba Surabharati 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: Chaukhamba 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 Pharmaceutical Sciences. 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. 20th Edition. Churchill Livingstone; 2006. p. 1162.

21. Vruuddha Vagbhata. Astanga Sangraha: with the Shashilekha Sanskrit commentary by Indu, edited by Dr.Shivaprasad Sharma. 4th reprint edition. Varanasi: Chaukamba Sanskrit Series Office; 2016. p. 223.

22. Riju Agarwal, Manju Rani. Significance of Nasa & Nasya: A critical review. Punarnav -An International Peer Reviewed Ayurveda Journal. Jan-Feb 2014; 2(1).

23. Sharangadhara. Sharangadhara 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 Vidyotini Hindi commentary by Bhishagratna Pandit Sri Brahma Shankara Mishra (Part II). 11th edition. Varanasi: Chaukhamba sanskrita bhavan; 2017. p. 610.

25. Vagbhata. Astanga Hrdaya: with commentaries Sarvagasundara of Arunadatta and Ayurveda rasayana of Hemadri, edited by Pt. Hari Sadashivasastri Paradakara Bhisagacharya. Reprint edition. Varanasi: Chaukhamba Surabharathi Prakashan; 2007.p. 73.

26. Anonymous. The Ayurvedic Pharmacopia of India. Part I. Volume 6. 1st edition. New Delhi: Government of India, Ministry of health and family welfare. Department of Ayurveda, Yoga and Naturopathy, Unani, Siddha & Homeopathy (Ayush). p.204-205.

**Cite this article as:**
Jyothish S Ashwini M.J. Management of Vataja Shirashula with Kusthadi Shirolepa and Goghrita Pratimasha Nasya: A Case Report. International Journal of Ayurveda and Pharma Research. 2021:9(6):29-33.  
*Source of support: Nil, Conflict of interest: None Declared*

**Address for correspondence**
Dr. Jyothish S.  
Assistant Professor,  
Department of Shalakya Tantra,  
Government Ayurveda Medical College and Hospital, Mysore.  
Email: drraviangadi@gmail.com

Disclaimer: IJAPR is solely owned by Mahadev Publications - dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJAPR cannot accept any responsibility or liability for the articles content which are published. The views expressed in our journal by our contributing authors are not necessarily those of IJAPR editor or editorial board members.