

AYURVEDIC MANAGEMENT OF VATIKA SHIRAHSHOOLA- CLINICAL CASE REPORT

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Abstract: **BACKGROUND:** *Vatika Shirahshoola* is most common type of primary Headache accounting 90% of all Headache. *Shirahshoola* is one among *Jatrurdvagata Roga* and elaborately described by all *Acharya* under *Shiroroga* *Vatika Shirahshoola* is having prominence of *Vata Dosha* among *Tridosha*. **Materials and Method:** A typical case of *Vatika Shirashoola* with symptoms of *Ghata Sambidhyate* (Cutting type of pain in posterior aspect of neck), *Bhru Madhye Tapa*, *Ativedana* (Burning sensation & pain in between the eyebrows), *Lalatom Tapa*, *Ativedana* (Burning sensation & pain in fore head), *Sarva Sandhi Mochanam* (Pain in all the joints of skull) *Animittaruja* (Obscure origin) *Bhavanti Tivranishi* (Moderately severe in evening time) since 3 years with associated symptoms of *Jerran vibandha* (constipation) was treated with Ayurvedic medication. Primarily, *Eranda taila* and *Chitrakadi Vati* administered internally for 7 days. *Marsh Nasya* (6 drop each nostril) with *Dashmoola taila* for 7 days following 3 sitting with the gap of 3 days and internally *Dashmoola kwath*, *Eranda taila*, *Haritaki Churna* given for 15 days. **Result:** After complete treatment patient got 100% relief in the symptoms. **Conclusion:** It shows that Ayurvedic intervention are good choice of alternatives in the management of *Vatika Shirahshoola* and in reducing dependency over particular type of Analgeic.

Key Words: *Chitrakadi Vati*, *Dashmoola kwath*, *Dashmoola taila Nasya*, *Eranda taila*, *Haritaki Churna*, *Vatika Shirahshoola*.

1. INTRODUCTION:

Vatika Shirahshoola is most common type of *Shiroroga*. It is a broad term that indicates mainly *Shirahshoola*. Various Ayurvedic *Acharyas* has explained about *Shiroroga* with *Nidana*, *Lakshana* and *Chikitsa*. This shows the importance of it as a separate disease entity. Among different types of Headache; Tension type Headache is one of the primary Headaches observed in a greater number of people in normal life. Though the etiology is not clear, it is postulated that contraction of the muscles of Head and Neck, some Neurological disturbances cause this type of Headache and Psychological factors like Anxiety, Stress aggravate the condition. Hence persons having occupations like Computer operators, Official clerks, Bank employees etc. are mainly prone to suffer from this disorder.

In India, Headache is as much as a problem as elsewhere in world with rising trend in young, which is negatively affects the quality of life. Survey show that Headache has prevalence of 63.9%, which is higher in female 69.3% as compared to males 30.7%¹. Being an alarming problem, it needs effective and safe treatment. Though, modern therapeutics has a broad spectrum of the drug for management of this disease, they are having severe side effects and habit-forming nature.

2. CASE REPORT: A 26 years female patient came to opd of *Shalaky tantra* department (eye opd) on 12/02/2021 with the Chief Complaints of *Ghata Sambidhyate* (Cutting type of pain in posterior aspect of neck) *Bhru Madhye Tapa* *Ativedana* (Burning sensation & pain in between the eyebrows) *Lalatom Tapa*, *Ativedana* (Burning sensation & pain in fore head), *Sarva Sandhee Mochanam* (Pain in all the joints of skull) *Animittaruja* (Obscure origin) *Bhavanti Tivranishi* (Moderately severe in evening time) since 3 year with associated Symptoms of *Jerran Vibandha* (constipation).

3. HISTORY OF PRESENTING COMPLAINTS:

Patients was apparently normal before 3 years ago, then gradually she started having complaints of recurrent Headache (several time in a week). Patients was taking pain killer on/off for Headache. She approached us with these complaints at the *Shalaky tantra* department (eye opd) in conscious and a febrile state and treatment was thus started.

4. HISTORY OF PAST ILLNESS: There was no relevant past history of any other disease.

PERSONAL HISTORY		
1	Ahar	Vegetarian
2	Nidra	Normal (6-8 hrs/day)
3	Malappravruti	1time/day
4	Mutravarvruti	7-8 time/day
5	Vyasan	Nil
6	Vyavshaya	House wife

ASTAVIDHVA PARIKSHA:

1.Nadi	Sama
2.Shabda	Prakriti
3.Sparsha	Ruksha
4.Akriti	Madhyama
5.Jivha	Sama
6.Mala	Vibandha
7.Mutra	Samyaka
8.Drika	Prakrita

O/E:

1.	Eye examination	D/V of both eyes 6/6
2.	Nose	with normal limit
3.	EAC	Clear B/L
4.	Sinus examination	no any sign of tenderness

INTERVENTION (ORALLY):

Date	Drug	Dose	Route of administration	duration
12/02/2021	1.Chitrakadi Vati	2tablets BD with luke warm water (after meal)	Oral	7days
	2.Eranda taila	10gm(2tablespoon) with luke warm milk (at night)	Oral	7days
19/02/2021	Repeat 1,2	-----	-----	-----
	3.Dashmoola kwath	40ml BD (before meal)	Oral	7days

25/02/2021	Repeat 1,2,3	-----	-----	-----
4/03/2021	Repeat 3			
	4.Haritaki Churna	5gm with luke warm water (at night)	Oral	7days
11/03/2021	Repeat 3,4	-----	-----	-----

NASYA PROCEDURE:

19/02/2021	1 st sitting of <i>Nasya</i>	<i>Dashmoola tail</i>	6-6 drop each nostril	7days
01/03/2021	2 nd sitting of <i>Nasya</i>	<i>Dashmoola tail</i>	6-6 drop each nostril	7days
11/03/2021	3 rd sitting of <i>Nasya</i>	<i>Dashmoola tail</i>	6-6 drop each nostril	7days

AHARA (DIET) – VIHARA (LIFE STYLE):

Pathaya- (compatible)	excessive use of <i>Ghrita</i> in meal, mustard oil, milk with sugar, <i>patola</i> , <i>amalki</i> , coconut water, <i>takra</i> , <i>kanji</i> , etc.
Apathya- (incompatible)	Suppression of natural urges, eating during indigestion, excessive sexual acts, day time sleeping, direct exposure to bright sun and cold air, beverages like coffee, cold drink, junk food, chocolates, & pickle etc.
Yoga	Light exercise, <i>Pranayama</i> (<i>Anuloma</i> and <i>Viloma</i> , <i>Bhrami Pranayama</i>), Meditation.

5. RESULT AND DISCUSSION:

Vatika shirahshoola is most frequently seen due to the causative factors like *Uchcha* and *Atibhashana*, *Ratri Jagarana*, *Vega Sandharana*, *Bhaya*, *Shoka* etc. due to the busy life style of current era all human beings are usually adopting most of these *nidanas*.



Among all, *Manastaapa* is having an important role. It will result in *Vataprakopa* with *Jatharagnimandya*.



due to *Jatharagni-mandya*, *Apakva Annarasa* is formed (*Ama*), *Malarupi Kapha* is increased in amount and goes to *Rasa-Rakta Samvahana* and also reach in *Shiras*



Their *Sanga* occurs due to *Khavaigunya*, because this *Bhaya*, *Shoka* etc. causes *Khavaigunya* in *Manovaha Srotas* due to *Raja* and *Tamaguna* increase, which is situated in *Shiras*.



It leads to *Vata Prakopa* and causes *Vatika Shirahshoola*ⁱⁱ

In *Susruta Samhita Vata Vyadhi vat chikitsa* indicated in *Vatika shirahshoola*ⁱⁱⁱ. So, in that concern here *Eranda taila pan* for *sodhan* purpose^{iv}, *Chitrakadi vati* used as a *Ama Pachan and Agni Vardhaka*^v. *Nasya* is the main procedure for *Shiroshodhan*. *Nasya Karma* is explained as a best treatment for *Urdhwajatrugata Vikara*. *Vatika Shirashoola* is one among them. Root of administration always has its own importance in management of any disease. *Nasa* being the gateway to *Shiras*. The drug administered through nostrils, reaches *Shringataka marma*, spreads in the *Murdha* (brain), *Netra* (eye), *Shrotra* (ear), *Kanta* (throat), *Siramukhas* (opening of the vessels, etc.) and scratches morbid *Doshas* from Supra clavicular region and expels them out. *Dashmoola* which has *Tridoshashamak and Shirarujahar* properties^{vi} so *Dashmoola kwath* and *Dashmoola taila* was chose for both internal and external purpose. *Haritaki* having *Doshaanuloman* property So^{vii}, it was given orally all these above medicines will ultimately lead to subside symptoms of *Vatika Shirahshoola*. No adverse reaction was observed during the trail and after the treatment.

6. CONCLUSION:

This case report concludes that Ayurvedic management with *Nasya* procedure along with internal medicine i.e *Eranda taila, Chitrakadi Vati, Dashmoola kwath, Dashmoola taila Nasya, Haritaki Churna* offers good result in the management of *Vatika Shirahshoola*.

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