



A Critical Appraisal of Headache vis-à-vis *Shiro Roga*

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Abstract

With the rapid changes in the lifestyles of modern, stressful and competitive times Headache disorders are extraordinarily common. Population-based studies have mostly focused on migraine. Although Migraine is the most frequently studied, is not the most common headache disorder. Other types of headache, such as the more prevalent Tension-Type Headache (TTH) and sub-types of the more disabling chronic daily headache, have received less attention. Various forms of headache, properly called headache disorders, are among the most common disorders of the nervous system. In many cases they are life-long conditions.

The roots of the Indian traditional systems of medicine can be traced back to approximately 5000 BC. *Ayurveda* lays emphasis on "Head" (*Shira*) by saying it as the *Uttamanga* - The best part of the body because all the *indriyas* (Sense organs) are located in the head along with the *Prana* (life) of the individual. (Cha.Su 17) Various *Ayurvedic* Scholars have elaborated *Shiro Roga* (Headache Disorders) which describes the prevalence of the diseases from ever since and need of requiring their proper management. An attempt has been made to correlate and understand *Shiro-Roga* with Headache along the principles of *Ayurveda* and the treatment modalities of it.

Keywords: *Shiro Roga*; *Suryavarta*; *Anantavata*; *Ardhavabhedaka*

Abbreviations: *Su Utt*: *Shushruta Samhita Uttara Sthana*; *Cha Si*: *Charaka Samhita Siddhi Sthana*; *Cha Su*: *Charaka Samhita Sutra Sthana*; *BR*: *Bhaishajya Ratnawali*; *AH*: *Ashtanga Hridaya*

A Worldwide Problem

In developed countries, Tension Type Headache (TTH) alone affects two-thirds of adult males and over 80% of females. Extrapolation from figures for migraine prevalence and attack incidence suggests that 3000 migraine attacks occur every day for each million of the general population. Less well recognized is the toll of chronic daily headache: up to one adult in 20 has headache every or nearly every day.

Repeated headache attacks, and often the constant fear of the next one, damage family life, social life and employment. For example, social activity and work capacity are reduced in almost all migraine sufferers and in 60% of TTH sufferers.

The long-term effort of coping with a chronic headache disorder may also predispose the individual to other illnesses. For example, depression is three times more common in people with migraine or severe headaches than in healthy individuals.

Headache disorders

Headache itself is a painful and often disabling feature of a relatively small number of primary headache disorders. It also occurs secondarily to a considerable number of other conditions e.g. chronic post-traumatic headache Alcohol-induced headaches, headache due to infection, acute Glaucoma, psychiatric disorders etc. The most common among them - Tension-Type headache (TTH), Migraine, Cluster Headache and the so-called Chronic Daily Headache syndromes - cause substantial levels of disability. Headache has been and continues to be underestimated in scope and scale, and headache disorders remain under-recognized and under-treated throughout the world.

In *Ayurvedic* Texts detailed classification of *Shiro Roga* has been done. *Acharya Shushruta* has explained 11 types of *Shiro Rogas*, namely - 1. *Vatika*, 2. *Pittaja*, 3. *Kaphaja*, 4. *Raktaja*, 5. *Sannipataja*, 6. *Kshayaja*, 7. *Krimija*, 8. *Suryavarta*, 9. *Anantavata*, 10. *Ardhavabhedaka*, 11. *Shankhaka*. [1] (*Su. Utt. 25*)

In this article an attempt has been made to critically analyse

the specially described Tridoshaja *Shiro Rogas* i.e. *Suryavarata*, *Anantavata*, *Ardhavabhedhaka* with the Various headache disorders as described by WHO [2]. On the basis of these analyses Principles of Management of *Shiro Roga* have been discussed.

Tension-type headache (TTH) - *Anantavata*

The mechanism of TTH is poorly understood, although it has long been regarded as a headache with muscular origins. It may be stress-related or associated with musculoskeletal problems in the neck. TTH has distinct sub-types. As experienced by very large numbers of people, episodic TTH occurs, like migraine, in attack-like episodes. These usually last no more than a few hours, but can persist for several days. Chronic TTH, one of the chronic daily headache syndromes, is less common than episodic TTH but present most of the time: it can be unremitting over long periods. This variant of TTH is much more disabling. Headache in either case is usually mild or moderate and generalized, though it can be one-sided. It is described as pressure or tightness, like a band around the head, sometimes spreading into or from the neck. It lacks the specific features and associated symptoms of migraine.

TTH often begins during the teenage years, affecting three women to every two men, and reaches peak levels in the 30s. Episodic TTH is the most common headache disorder, reported by over 70% of some populations. Its prevalence varies greatly. African community-based studies, for example, have found only 1.7% of the population affected, but cultural attitudes to reporting a relatively minor complaint may largely explain this finding. Chronic TTH affects 1-3% of adults.

Similar description has been described by Ancient Sages under the

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Received July 01, 2013; Accepted August 26, 2013; Published August 29, 2013

Citation: Sharma AK, Sharma AK (2013) A Critical Appraisal of Headache vis-à-vis *Shiro Roga*. J Homeop Ayurv Med 2: 131. doi:10.4172/2167-1206.1000131

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Disease *Anantavata*. According to it the *Shiro Roga* which aggravates due to *Tridosha kopa* (Humoral vitiation – *Vata, Pitta & Kapha*) & vitiates *Manya-Pradesha* (Sterno-mastoid region) and there is intense pain in the neck and the regions surrounding it is termed as *Anantavata*. The vitiated *doshas* get accumulated in the regions of eye, eye-brows and temporal regions causing tremors / stiffness in neck, mandibular region and eye diseases [1] (*Su. Utt. 25*).

The possible causative factors or triggers for *Anantavata* may be *Upavasa* (Excessive Fasting), *Shoka* (Stress, Tension etc), *Ati Ruksha* or *Sheetala & Atyalpa Bhojana* (Consuming Excessive Dry, Cold or very less food) [1] (*Cha. Si. 9*).

Cluster headache (CH) - *Ardhavabhedaka*

It is also termed as trigeminal autonomic cephalalgias of uncertain mechanism that are characterized by frequently recurring, short-lasting but extremely severe headache. CH also has episodic and chronic forms. Episodic CH occurs in bouts (clusters), typically of 6-12 weeks' duration once a year or two years and at the same time of year. Strictly one-sided intense pain develops around the eye once or more daily, mostly at night, until the pain diminishes after 30-60 minutes. The eye is red and waters, the nose runs or is blocked on the affected side and the eyelid may droop.

According to *Acharya Shushruta* the *Shiro Roga* in which intense pain occurs in half part of head for a period of 10 or 15 days has been termed as *Ardhavabhedaka*. The nature of the pain in this type of *Shiro Roga* has been described of pricking nature – like that of a piercing needle and tearing pain. The severe pain is associated with mental confusion. Vitiation of all the three *doshas* is chiefly responsible for *Ardhavabhedaka* [2] (*Su. Utt. 25*).

Adhyashana (irregular patterns of eating – again eating prior to digestion of earlier meals), *Vega-dharana* (suppression of natural urges), *Ayaas* (excessive exertion), *Atimaitihuna* (excessive indulgence in sexual activities) and roaming around in cold air may be few reasons for the vitiation of the *Tridosha*, which may cause *Ardhavabhedaka* (*Cha. Si. 9*).

It is also stated that the eyes and ears may also get damaged if the progression of the disease takes place in case of no management done or the causative factors continue to prevail [3]. (*A.H.23*).

Medication-overuse headache (MOH)

Chronic and excessive use of medication to treat headache is the cause of MOH, another of the chronic daily headache syndromes. A typical history of MOH begins with episodic headache – migraine or TTH. The condition is treated with an analgesic or other medication. Over time, headache episodes become more frequent, as does medication intake, until both are daily. A common and probably key factor in the development of MOH is a switch to pre-emptive use of medication. MOH is oppressive, persistent and often at its worst on awakening. What constitutes overuse is not clear. Suggested limits are the regular intake of simple analgesics on 15 or more days per month or of codeine- or barbiturate-containing combination analgesics, ergotamine or triptans on more than 10 days a month. In prevalence, MOH far outweighs all other secondary headaches. It affects up to 5% of some populations, women more than men.

Headache	moderate or severe in intensity; one-sided and/or pulsating; aggravated by routine physical activity
Duration	hours to 2-3 days
Accompanying symptoms	nausea and sometimes vomiting and/or dislike or intolerance of normal levels of light and sound

Table 1: Showing Pattern and Characteristics of Headache in Migraine.

Migraine - *Suryavarta*

Migraine is a primary headache disorder with, almost certainly, a genetic basis. Activation of a mechanism deep in the brain causes release of pain-producing inflammatory substances around the nerves and blood vessels of the head. Why this happens periodically, and what brings the process to an end in spontaneous resolution of attacks, are to a large extent uncertain. Adults with migraine describe episodic attacks with specific features shown in (Table 1), of which nausea is the most characteristic.

Attack frequency is anywhere between once a year and once a week (most commonly once a month). In children, attacks tend to be of shorter duration and abdominal symptoms more prominent.

Commonly starting at puberty, migraine most affects those aged between 35 and 45 years but can trouble much younger people, including children. Migraine appears somewhat less prevalent, but still common, in Asia (3% of men and 10% of women) and in Africa (3-7% in community-based studies).

According to few studies done some common triggers for Migraine are –

- High temperatures and light levels for more than eight months of the year,
- Heavy noise pollution,
- Indian habit of not having breakfast, frequent fasting and
- Eating rich, spicy and fermented food – Junk Food.

Suryavarta has been very classically described in *Ayurvedic* texts. The correlation of the headache has been done with changing positions of the Sun. Headache of vague and mild nature starts with rising sun, affecting the eyes and the frontal parts of head. As the sun shines more brighter the intensity of headache also increases in proportion. With the progression of the sun to the west, the pain also becomes mild again. The headache sometimes gets pacified with cooler and sometimes with the use of hot objects (*Su. Utt. 25*).

The probable cause for *Suryavarta* may be blockade of the air sinuses in the brain which get blocked due to impure *Rakta* (blood) and *Vayu* (Air) [4] (*Ch. Si. 9*).

Ayurvedic management of *Shiro Roga*

Shiro Roga can be managed effectively by following these principles

1. *Nidana Parivarjana* – Avoidance of causative factors
2. Procedural Therapies
 - i. *Anantavata* – *Nasya* (Nasal Errhines), *Upanaha* (Wrapping around with hotter objects), *Shiravedha* (Blood-letting) along with *Vata & Pitta nashaka* treatment [5,6] (*B.R. 65/40*).
 - ii. *Ardhavabhedhaka* – Milk with sugar, Coconut water with sugar, only cold Water orally or *Nasya* with cow's *ghee* can be administered to the patient. Use of purified Arsenic (in very small quantities) only in between the bouts of headache (*B.R. 65/33,38*).

11. *Suryavarta - Nasya, Shirolepa, Ghee* with jaggery. If no response with it then Blood-letting by *Raktamokshana*, followed by *Nasya* with Milk-*ghee* along with *Virechaka* (Purgative) medicine with Milk and *ghee*. Juice (*Swarasa*) of *Bhringaraja* (*Eclipta alba*) with goat's milk in equal quantities can be orally given (B.R. 65/33).

3. Following medicines may be used judiciously in the management of *Shiro Roga* –

A. **Rasa Yoga** (Herbomineral Preparations): Dose 125 mg to 250 mg, *Anupana* : Honey / Lukewarm water

Shirashooladi Vajra Rasa, Shirovajra Rasa, Chandrakanta Rasa, Mahalaxmi Vilas Rasa

B. **Kwatha** (Decoctions): Dose 20 ml, *Anupana* – Simple Water

Pathyadi Kwatha, Dashmoola Kwatha

C. **Shirolepa** (Pastes to be applied over head) – *Kumkum ghrita Lepa, Sarvadi Lepa, Suryavartabeeja lepa, Satavaryadi lepa*

D. **Shiroabhyanga** (Massage over head)

Dashmoola taila, Mahamayura Ghrita

E. **Nasya Karma Therapy** (Nasal Insuffalations)

In the *Nasya Karma* Therapy the drug is administered through nostrils. *Nasya* is considered to be very effective remedy in *Urdavajatrugata Vikaras* (ENT Disorders).

The drugs commonly used in *Nasya* therapy include –

Taila (Oils) / Ghrita (Medicated Butter) Swarasa (Juices) / Kwatha (Decoctions)

Shadabindu Taila

Shirishaya Avapida

Anu Taila

Dashmoola Kwatha

Dashmoola Taila

Bhringaraja Juice

Gunja Taila

Goat Milk

Kumkuma Ghrita

Go ghrita

Dose – Oils / *ghrita* 6 to 8 drops in each nostril

Juice / *Kwatha* 2 to 5 ml. in each nostril

Ahara (Diet) – Vihara (Lifestyle)

Pathaya (Compatible) – Excessive use of *Ghrita, Taila, Vasa, Majja, Jangala, Mansa Rasa*, Milk with Sugar, *Patola, Amalki*, Coconut Water, *Takra, Kanji, Ghevara*, Sweet dishes like *Jalebi* and *khira* etc.

Yoga – Meditation, *Pranayama*, (*Anuloma* and *Viloma*) and light exercises.

Apathya (Incompatible) – Skipping meals (*Upvasa*), eating during indigestion, suppression of natural urges, excessive sexual acts, day time sleeping, direct exposure to bright sun and cold air, beverages like coffee, cold drinks, junk foods, chocolates, & pickles etc.

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