



## Case Study

### MANAGEMENT OF *VATAJA SHIRASHULA* WITH *KUSTHADI SHIROLEPA* AND *GOGHRITA PRATIMARSHA NASYA* - A CASE REPORT

Jyothi S<sup>1\*</sup>, Ashwini M.J<sup>2</sup>

\*<sup>1</sup>Assistant Professor, Department of Shalaky Tantra, Government Ayurveda Medical College and Hospital, Mysore, Karnataka, India.

<sup>2</sup>Professor & HOD, Department of Shalaky 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, *Shiro rogas* 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. *Atiuccha bhashana*, *Vegadharana*, *Ratrijagarana*, *Upavasa* and *Shoka* are the major causes of *Vataja shirashula*. Classical books of Ayurveda advocate the use of *Snehana*, *Swedana*, *Navana nasya*, *Snaihika dhumapana* and local *Vatahara kriya* like *Lepa* and *Parisheka* as main mode of treatment.

*Nasya* is a special therapy in all *Shalaky* 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 *Sadhyopranahara marma* and a vital seat of *Prana*.<sup>[1]</sup> *Shirashoola* involves all the aches and discomforts located in *Shiras* (head), and is considered as a synonym of *Shiroroga*.<sup>[2]</sup> There is elaborate classification of *Shirorogas* in our classics. *Acharya Sushruta* has explained 11 types of *Shirorogas*.<sup>[3]</sup> 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*<sup>[4]</sup> (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*.<sup>[5]</sup> *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*, *Anuvasana* and *Niruha bastis* are explained.<sup>[6]</sup>

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.<sup>[7]</sup>

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 given. He only had temporary relief from pain. Next day same headache used to recur. Hence he visited our hospital on 18<sup>th</sup> November 2020.

No significant past history and no similar complaints in the family members. He was having mixed diet, usually spicy and irregular. The sleep was disturbed due to habit of late night awakening to study or to watch movies in android. No significant habits like alcohol intake or smoking.

### Clinical Findings

The patient was conscious and well oriented. On examination, PR-75/min and BP was 125/80mm of Hg. Under systemic examination, CNS, CVS, Loco motor system, RS had no abnormal deviations. In GIT examination, the tongue was coated. In Eye examination, visual acuity was 6/6 both eyes for distance and N6 for near. ENT examination revealed mild tenderness present at ethmoidal sinus. Rest part of examination was insignificant.

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

### Samprapti Ghatakas and Nidana Panchaka

*Samprapti vighatana* 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*. *Srotodushti* 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 shiroruja*, *Nishi cha atimatra*, *Bhrama*, and *Karna nada*. *Upashaya* is *Bandhana* and *Vishranti* (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 non-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 *Vyavachedaka nidana*. Typical classical features like *Teevra shiro ruja*, *Nishi cha atimatra*, *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 *Kushtadi Shirolepa*<sup>[10]</sup>, which is classically indicated in *Vataja Shirashula*, over the forehead daily for 1 month mixed with *Ardraka swarasa*. 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*<sup>[11]</sup>, 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.

**Table 1: Intervention/Treatment Plan**

S. No	Treatment	Drugs & Latin name <sup>[12]</sup>	Dosage	Duration	Follow-up
1	<i>Kusthadi Lepa</i>	<i>Kustha – Saussurea lappa</i> <i>Eranda – Ricinus communis</i> <i>Ardraka - Zingiber officinale</i>	External application mixed with <i>Ardraka swarasa</i>	1 month	1 month
2	<i>Goghrita Pratimarsha Nasya</i>	<i>Goghrita</i> (Cow's ghee)	2 drops in each nostril	1 month	1 month

**Pathyapathya** <sup>[13, 14]</sup>

*Snigdha, Madhura, Bala vardhaka ahara, Mudga, Masha, Kulatha, Ksheera, Ghrita and Sharkara* is advised as *Pathya ahara*. *Pathya-vihara* is *Shiro-abhyanga, Mardana, Ushna swedana. Apathya-ahara* is *Vata vardhaka Ahara, Tikshna amla katu lavana rasa. Apathya-vihara* is *Upavasa, Sandharana, Krodha and Ratrijagarana*.

**Pharmacological Effect of the Medication**

*Kusthadi Shirolepa* explained in *Bhaishajya Ratnavali, Shirorogadhikara* has direct indication in *Vataja shiroroga*. The ingredients are powders of *Kustha mula* (root of *Saussurea lappa*) and *Eranda mula* (root of *Ricinus communis*). The fine powders of both the drugs are taken in 1: 1 ratio. The mixture is triturated with required quantity of *Ardraka swarasa* and the paste obtained is applied over forehead. In the original reference, the liquid used is *Kanji* (a special fermented liquid). Since it is not easily available, *Ardraka swarasa*, which is also indicated in *Shirashula* <sup>[15]</sup> has been advised here for application at home.

**Pharmacological Properties of the Drugs** <sup>[16]</sup>

- *Kustha mula* (*Saussurea lappa*) has *Vata-kaphahara* property and is *Shirashulahara*. It is anti-inflammatory and spasmolytic.
- *Eranda mula* (*Ricinus communis*) is *Shiropidahara, Shulahara* and *Tridosha shamaka*. It is stimulant in nature.
- *Ardraka swarasa* (*Zingiber officinale*) is *Shulahara, Vibandahara* and *Vata-kaphahara*. It is stimulant in nature. <sup>[16]</sup>
- *Goghrita* is *Vata-pitta shamaka, Sheetoshna veerya, Snehana, Agnivardhaka* and *Rasayana* in nature. <sup>[17]</sup>

**RESULT**

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* <sup>[18]</sup>.

*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*. <sup>[19]</sup>

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. <sup>[20]</sup>

*Nasa* is described as the gateway of *Shiras*. The drug thus administered reaches *Shringataka* (a *Sira Marma* in *Nasa srotra*) and spreads in the *Murdha* (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*.<sup>[21]</sup> 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.<sup>[22]</sup>

The drug *Kushta* is indicated in *Shirashula* by Acharya Sharangadhara.<sup>[23]</sup> As it is *Vata shamaka* and has *Shulahara* property, it can relieve headache. *Ardraka* is directly indicated in *Shirashula* by Bhavaprakasha.<sup>[24]</sup> Its *Shulahara*, *Vatahara* and *Teekshna* property makes it a handy drug to use in all types of headaches. The drug *Eranda* is a known *Vatashamaka* and is *Shulahara* in nature. Hence it implies the efficacy seen in the patient.

*Goghrita* is having *Sheetoshna veerya*, *Tridosha shamaka*, *Agnivardhaka*, *Madhura rasa*, *Medhya* and *Rasayana* property.<sup>[25]</sup> As per Ayurvedic Pharmacopoeia of India, Cow's Ghee instillation into the nostrils relieves the headache.<sup>[26]</sup> Hence the *Snehana* and *Vatahara* property of *Ghrita* can be of significant help in treating *Vataja shiroroga*.

## CONCLUSION

1. Tension type headache is a common psychosomatic disease which can be compared with *Vataja shirashula*.
2. The stressful physical and psychological lifestyle compulsions like improper food and sleeping habits have led to people suffering from *Vataja shirashula* almost frequently in their day to day lives.
3. *Atiuccha bhashana*, *Vegadharana*, *Ratrijagarana*, *Upavasa* and *Shoka* are the major causes of *Vataja shirashula*.
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 dosha*.
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 *Shirorogas*.
7. *Goghrita* is a well-known *Vatahara* and best *Snehana 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 9<sup>th</sup> Adhyaya 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. 99.
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. 722.
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 9<sup>th</sup> Adhyaya 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/fact-sheets/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. 20<sup>th</sup> 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 9<sup>th</sup> Adhyaya of Chikitsa sthana) and the rest by Narayan Ram Acharya Kavyathirtha. Reprint edition. Varanasi: Chaukambha Surabharati Prakashan; 2008. p.656.
12. Hegde L Prakash, A Harini. A textbook of Dravyaguna Vijnana. Reprint edition. Volume II. New Delhi: Chaukambha Publications; 2019. p. 525, 282, 61.
13. Vagbhata. Astanga Hrdaya: with commentaries Sarvangasundara of Arunadatta and Ayurveda rasayana of Hemadri, edited by Pt. Hari Sadashivasastri Paradakara Bhisagacharya. Reprint edition. Varanasi: Chaukambha Surabharathi 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: Choukambha Surabharati Prakashan; 2008. p. 99.
15. Hegde L Prakash, A Harini. A textbook of Dravyaguna Vijnana. Reprint edition. Volume II. New Delhi: Chaukambha Publications; 2019. p. 66.
16. Hegde L Prakash, A Harini. A textbook of Dravyaguna Vijnana. Reprint edition. Volume II. New Delhi: Chaukambha Publications; 2019. p. 527-528, 285, 64.
17. Vagbhata. Astanga Hrdaya: with commentaries Sarvangasundara of Arunadatta and Ayurvedarasayana of Hemadri, edited by Pt. Hari Sadashivasastri Paradakara Bhisagacharya. Reprint edition. Varanasi: Chaukambha Surabharathi 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: Choukambha 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. 20<sup>th</sup> Edition. Churchill Livingstone; 2006. p. 1162.
21. Vruddha Vagbhata. Astanga Sangraha: with the Shashilekha Sanskrit commentary by Indu, edited by Dr.Shivaprasad Sharma. 4th reprint edition. Varanasi: Choukambha 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. Sharngadhara. Sharngadhara Samhita: with Transcendence English commentary by Dr. Ravindra Angadi. 1st Edition. Varanasi: Chaukambha Surabharati Prakashan; 2017. p. 531.
24. Sri Bhavamishra. Bhavaprakasha: Edited with the Vidyotini Hindi commentary by Bhisagratna Pandit Sri Brahma Shankara Mishra (Part II). 11<sup>th</sup> edition. Varanasi: Chaukambha sanskrita bhavan; 2017.p. 610.
25. Vagbhata. Astanga Hrdaya: with commentaries Sarvangasundara of Arunadatta and Ayurveda rasayana of Hemadri, edited by Pt. Hari Sadashivasastri Paradakara Bhisagacharya. Reprint edition. Varanasi: Chaukambha Surabharathi Prakashan; 2007.p. 73.
26. Anonymous. The Ayurvedic Pharmacopodia of India. Part I. Volume 6. 1<sup>st</sup> 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:**

Jyothi S, Ashwini M.J. Management of Vataja Shirashula with Kusthadi Shirolepa and Goghrita Pratimarsha 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. Jyothi S.**

Assistant Professor,  
Department of Shalaky Tantra,  
Government Ayurveda Medical  
College and Hospital, Mysore.

Email:

[drraviangadi@gmail.com](mailto: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 articles by our contributing authors are not necessarily those of IJAPR editor or editorial board members.