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Management of Menstrual Migraine with *Triphala Churna* - A Case Study

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ABSTRACT

Headaches in women, particularly migraines, have been related to changes in the levels of the female hormone estrogen during a woman's menstrual cycle. Estrogen levels drop immediately before the start of the menstrual flow. Premenstrual migraines regularly occur during or after the time when the female hormones, estrogen and progesterone, decrease to their lowest levels. Epidemiological studies have documented its high prevalence and high socio-economic and personal impacts. It is now ranked by the World Health Organization as number 19 among all diseases world-wide causing disability. Posing a great challenge to medical field, its need of the hour to develop, a safe, quick acting and effective treatment modality to combat the condition and also uplift the health status of women.

Key words: Menstrual Migraine, *Triphala Churna*, *Ardhavabedhaka*.

INTRODUCTION

Migraine affects three times more women than men, typically during their most productive years. This can lead to significant disruption to a person's life, which for many years has gone unrecognized. Recent research by the World Health Organization has established migraine as a leading cause of years of life lived with a disabling condition - 12th for women compared to 19th for men.^[1]

Menstrual migraine being one among major concerns, leading to the downfall in productivity levels of female population, has been a major threat to the society.

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The condition currently is just been seen as caused due to the change in sex hormone levels during every menstrual,^[2] but Ayurveda advocates the principle of *Apana Vata Vaigunya* (derangement of *Apana Vata*), *Sanga* to the normal movement of *Vata* (obstruction), there by leading to *Vimargamana* (misdirected) movement, *Sthana Samshraya* in *Oordwa Jatru* (sheltering in the parts above shoulder), showing symptoms of *Vata Vyadhi* (disorders due to *Vata*), one such condition being *Ardhavabedhaka* (Half sided headache).

Several treatment modalities for *Ardhavabedhaka* (Half sided headache) are mentioned in Ayurveda classics, all of which aiming at restoring back the normal movement of *Apana Vata*, there by restoring back the normalcy of health status.

In this regard *Triphala Churna* was chosen as the drug of choice, possessing the qualities of *Vatanulomana* (restoring the downward movement of *Vata*), and for its *Rasayana* property (rejuvenating), it advised for a duration of one month and observed for a month then on. The results after treatment and follow up are as below.

CASE REPORT**Basic information of the patient**

- Age : 36 years
- Sex : Female
- Religion : Hindu
- Occupation : School Teacher
- Socioeconomic status : Middle class
- Marital Status : Married

Pradhana Vedana Vishesha (chief complaints)

Half sided headache since six months

Vartamana Vyadhivrutta (history of present illnesses)

Patient complained of repeated half sided headache since six months. Pain was seen to alternating to right half and left half of the head and the pain decreased only on rest. Intensity of the pain was very high to an extent to hinder regular activities, with a pain scale of 7. Pain noticed it particularly a few days (5-6days) before the onset of menstruation from past six months. Pain was said to disturb her sleep too at times, though not on a regular basis. A few minutes before the onset of headache, patient also noted that she always developed general fatigue, irritability, intolerance to sound and light, for which she reported to the OPD.

Purva Vyadhi Vrutta (history of past illness)

Common cold and cough occasionally.

Cikitsa Vruttanta (treatment history)

Patient had a habit of consuming painkillers for the headache from local medical stores as and when she developed headaches, details of the medications consumed are not available.

Kulaja Vruttanta (family history)

No family history of migraine or gynecological pathologies found in the family members.

Vaiyuktika Vruttanta (personal history)**Aharaja**

Appetite - Regular, Vegetarian dominant in *Madhura Rasa* (sweet diet), regular intake of snacks in the form

of pizza, burger, chips and other fried foods in the evenings. Intake of Coffee three to five times a day.

Viharaja

An active adult, working as a teacher in a nearby school, with a regular routine of diet, sleep, bowel and activities.

Aggravating factors

Work stress, Coffee occasionally, disturbed sleep, few days prior to menstruation.

Examination

Vitals were normal. Cardiovascular system, respiratory system and per abdomen examinations had shown no deformity.

Prakruti (constitution) - Vatakaphaja.**Ashtavidha Pariksha**

Nadi (pulse) was *vataja*. There was no complaint with regard to *Mutra* (urine). Frequency and color were normal. *Mala* (stool) was regular - once a day without any difficulty in initiation of the urge or completion. *Jihva* (Tongue) was *Sama* (coated suggestive of improper digestion). *Shabda* (speech) *Prakritha* (Normal speech). *Sparsha* (touch) was dry (due to the climate). *Druk* (eyes) *Prakritha* (Normal without any squinting or haze). *Akruti* (appearance) was *Madhyama*.

EYE EXAMINATION**Table 1: Visual Acuity of the individual.**

Vision	Distant vision Without spectacles	Near vision	Without spectacles
Both Eyes	6/6	Both Eyes	N6
Right Eye	6/6	Right Eye	N6
Left Eye	6/6	Left Eye	N6

- Eye Lids - Bilaterally Symmetrical, No signs of spasm, edema, inflammation seen.
- Eye lashes - Bilaterally - Evenly distributed, no signs of madarosis, blepharitis, entropion, ectropion, trichiasis seen.

- Sclera - Bilaterally - White, Clear
- Cornea - Bilaterally - Transparent, no signs of corneal ulcer, keratoconus, opacities.
- Anterior Chamber- Within normal limits.
- Lens - Bilaterally - Clear
- Posterior chamber and vitreous - Within normal limits.
- Retina - Bilaterally - Red Glow present, Optic Disc & Optic Cup ratio - 1:3, within normal limits.

Intra Ocular Pressure (Icare tonometer)

Right Eye : 14

Left Eye : 14

Para Nasal Sinuses - Within normal limits, no tenderness seen bilaterally over frontal, maxillary and anterior ethmoidal sinuses.

Differential diagnosis

Migraine, Migraine with Aura, Menstrual Migraine, Menstrual Migraine with aura, Headache due to systemic causes

Diagnosis

Menstrual Migraine with Aura

Treatment protocol

Patient was advised *Triphala Churna*, in a dosage of 6g. twice daily with luke warm water after food for a period of one month and followed up for a period of one month. Patient was also advised wholesome and timely diet, less of oily, spicy and cold food. Also was advised to avoid the potent triggering factors which patient herself identified it to be triggering her ache.

OBSERVATIONS

Table 2: Score for Menstrual Migraine (MM) to evaluate the patients with findings suggestive of Menstrual Migraine on the day of visit to OPD and follow-ups.

Parameter (Symptoms)	Finding	Points	On the day of visit	AT - 1 st visit (30 days)	AT - 2 nd visit (60 days)
Half sided	Absent	0			

Headache	Present	1	1	1	0
Headache is seen few days before Menstruation	Absent	0			
	Present	1	1	1	0
Headache is seen during Menstruation	Absent	0	0		
	Present	1			
Headache is seen few days after Menstruation	Absent	0	0		
	Present	1			
Aura is seen before the onset of Headache	Absent	0			
	Present	1	1	0	0

Above table confirmed that the patient had a history of half sided headache, seen a few days before the onset of Menstruation in association with aura.

Symptoms of Half sided headache and Ache seen few days before menstruation persisted even after thirty days of drug administration but showed to have relieved on the second follow up after sixty days.

Symptoms of Aura seemed to be relieved after thirty days of drug administration and did not show any symptoms of relapse by the second follow-up.

Table 3: Remaining parameters that were assessed, on the day of visit, after treatment and on follow-up.

Remaining parameters	Finding	Points	On the day of visit	AT - 1 st visit (30 days)	AT - 2 nd visit (60 days)
Triggering antigens	Present (Caffeine, Stress, Birth control pills, Other	1	1	1	0

	diets)				
	Absent	0			
Vomiting / Nausea Before Onset	Present	1	1	1	0
	Absent	0			
Vomiting / Nausea after Onset	Present	1			
	Absent	0	0	0	0
General Debility before Onset	Present	1	1	0	0
	Absent	0			
General Debility after Onset	Present	1	1	1	0
	Absent	0			
Visual Disturbances before Onset	Present	1	1	0	0
	Absent	0			
Visual Disturbances after Onset	Present	1	1	0	0
	Absent	0			
General Irritability before onset	Present	1	1	1	1
	Absent	0			
General Irritability after onset	Present	1	1	1	1
	Absent	0			

The other parameters that were assessed showed that the patient had migraneous triggers when she consumed coffee, was under stress and had sleep disturbances, which then on came down by the second follow-up.

Patient also had features of Nausea, vomiting which was not seen by the second follow-up.

Features of general Irritability before and after the onset of head ache showed marked improvement on the first and second follow-up respectively.

Table 4: Impact on Symptom effects

Symptom effect	On the day of visit	AT - 1 st visit (30 days)	AT - 2 nd visit (60 days)
Impact on sleep	Mild	None	None
Impact on daily activities (sports, leisure)	Moderate	Mild	Mild
Impact on school or work	Severe	Moderate	None
How much trouble	Moderate	Moderate	Mild

Menstrual migraine had mildly affected sleep pattern and caused sleep disturbances, which was seen to have come down after a period of thirty days and further did not show any relapse in the second follow-up.

The condition had also impacted moderately on daily activities like sports and leisure, which came down to a milder affliction by first follow-up and showed no further change by second follow-up.

Impact on routine work or school was severe on the day of recruitment for the study, which persisted in a moderate manner by first follow-up, while completely resolved by second follow-up.

Intensity of overall trouble being moderate remained the same at the time of first follow-up, and came down to a milder form by second follow-up.

DISCUSSION

When looked upon the pathogenesis of menstrual migraine in Ayurveda, it can clearly be derived that the *Vata Prakopaka Nidana* (causatives of deranging *Vata Dosh*), especially *Apana Vata*, like excessive intake of dry foods, caffeine, irregular food habits and sleep patterns leads to derangement of *Vata Dosh*, which in-turn causes *Sanga* (obstruction to the flow) to *Apana Vata*, there by leading to improper flow. Further of *Apana Vata* takes different route in the body due to the obstruction, takes shelter in the parts above shoulder causing various types of pains especially *Shiroroga* (disorders of head).

To find a solution to the condition, *Triphala Churna* was chosen as the drug of choice, for the qualities it possesses of liquefying the obstructions in *Sookshma Srotas* (minute channels), *Kapha Pittahara* (pacifies *Kapha, Pitta Dosha*) which further helps in restoring misdirected *Vata Dosha*, and also being a potent *Anulomaka* - restores normalcy of *Doshas*.

Patient was advised 12g. of *Triphala Churna*, in a divided dosage with lukewarm water, twice daily after food for thirty days continuously. It was observed that after a period of thirty days of drug administration, there was a considerable decrease in symptoms like, Aura before the onset, nausea, general debility, visual disturbances before and after onset of headaches, disturbances in sleep.

By the end of second follow up, considerable improvement was seen in almost all symptoms except for a few like occasional headaches, impact on daily activities, work and overall trouble seemed to exist in milder forms and to an extent of consuming medications for the same.

When looked upon the marked improvement seen post treatment, *Triphala Churna* can be widely advocated in managing menstrual migraine, the same can also be studied upon on a larger sample, thereby would be a simple treatment methodology for the grave condition of menstrual migraine.

CONCLUSION

In this patient, the overall effect was found to improve considerably. Menstrual Migraine being a common ailment in the current generation, especially among working women, has been a major concern for the fall in productivity levels of female population. A safe, cost effective, simple treatment modality is the need of the hour to uplift the health standards of women, one such modality for future would be *Triphala Churna*, can be advocated for a span of one month to put down the condition to a manageable state.

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