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Efficacy of Ayurvedic Medication on Anxiety-induced Migraine: A Case Study

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ABSTRACT

Anxiety-induced Migraine is a complex and debilitating condition where physiological and psychological stress trigger severe headache episodes. Throbbing pain which is typical of Migraine headache presented with distressing symptoms of anxiety, significantly impacts the quality of life for sufferers. The relationship between stress and Migraine is bidirectional; not only can anxiety provoke Migraine, but the chronic pain and disruption caused by Migraine can also heighten anxiety levels, creating a vicious cycle. In Ayurveda, *Ardhavabhedaka* is mentioned with the characterization of headache in half of the head (hemicrania) which is the main feature of Migraine. A 29-year-old man with complaints of headache visited Shalakya Tantra OPD of the Institute of Teaching and Research in Ayurveda, Jamnagar for his Anxiety-induced Migraine. He was treated with *Laghu Sutashekhara Rasa*, *Brihata Dashmoola Taila Nasya*, Tablet Anzee (combination of *Tagar*, *Ashwagandha*, *Brahmi*, and *Sankhapusphi*) and *Rasayana Yoga*. There was a significant improvement in all three parameters of duration, severity, and frequency of headache and the most important was a reduction in frequency of headaches. The combination of medications shows improvement in the signs and symptoms of Migraine with Anxiety. This study recommends the importance of clinical protocol and evaluation with the clinical study for evaluating efficacy and safety.

Key words: *Anxiety-induced Migraine, Laghu Sutashekhara Rasa, Brihata Dashmoola Taila, Tablet Anzee, Rasayana Yoga.*

INTRODUCTION

As per the criteria of the third edition of the International Classification of Headache Disorders (ICHD-3), Chronic Migraine (CM) is a neurological disease characterized by more than 15 headache days per month with at least 8 days of Migraine for more than a period of 3 months. CM is one of the most common causes of disability and affects 1–2% of the population worldwide. The vast majority of patients require preventive therapies to sustain a reasonable quality of life.

In Ayurveda, Migraine is closely related to the *Ardhavabhedaka* and characterized by some or all the signs and symptom: severe pain in one half of the forehead, severe pain in the neck resembling that caused by a sharp weapon or sting, episodes of headache every 10 days or fortnight, disease progression giving rise to eye damage or ear damage, dizziness, and the headache is self-limiting, etc.

Ayurvedic medications have been used successfully to prevent Migraine attacks in patients who have not

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responded well to standard treatment for several years. As per the Ayurvedic classics, different treatment modules are available. The response is typically measured by the improvement in the monthly headache days. However, to identify therapy benefits accurately it may be advantageous to include other parameters, e.g., headache duration and intensity. Here in this paper, we present a case of Anxiety-induced Migraine.

CASE REPORT

A 29-year-old man with complaints of headache visited Shalakya Tantra OPD of the Institute of Teaching and Research in Ayurveda, Jamnagar for his Anxiety-induced Migraine. The patient has been experiencing episodic headache since 2019 with increasing frequency over time. The headache is more severe in the frontal-temporal region and is a throbbing type of pain. Before the headache episode, he has sweating, restlessness, and pulse. During the headache phase, it is associated with symptoms such as dizziness, nausea, vomiting, and lightheadedness. Onset is acute, episodic, and reoccurs every week, continuous, lasting for 10-12 hrs. /day. Notably, there was no history of visual and ear problems, which helps in narrowing down potential diagnoses. The headaches are triggered specifically by stress episodes, occasionally by sunlight, travel, loud noise, and lack of sleep. Relief is found through relaxation, medicine, sleep, and some breathing exercises. He had less frequent headaches initially but now he has a frequency of 1-2 attacks in a fortnight. He never had an aura. During the attacks, he presented with both photophobia and phonophobia, with nausea usually commencing afterward. He doesn't have any family history of such types of disorders. Regular use of any medications is not present currently; occasional use of painkillers is present during severe episodes of headache.

Treatment History

Standard therapies failed to provide remarkable relief on his Migraine attacks. He has got a long treatment history along with various investigations which is as follows:

Figure 1: Past Treatment History

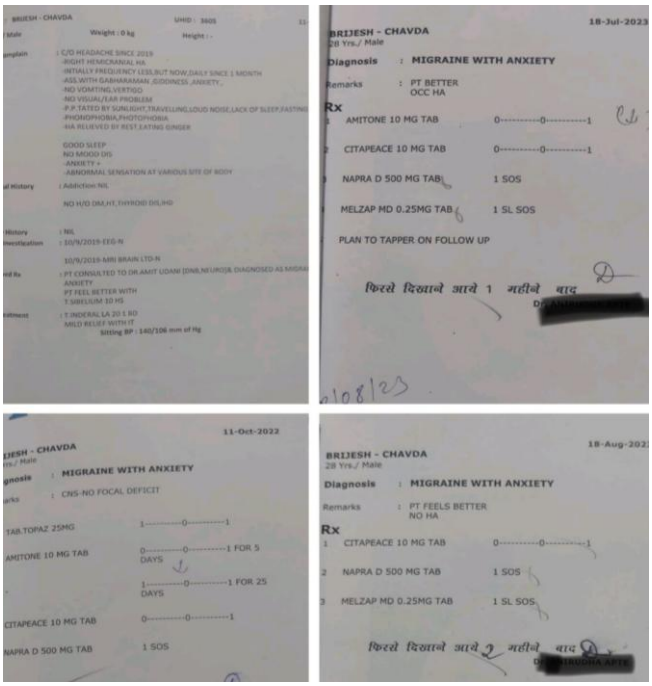

Table 1: Detailed Posology of Past Treatment History

10th November 2019	**Tab. Lithic SR ½ TDS (thrice daily)**: It was instructed to take half a tablet three times daily (TDS). The specific medication is a mood stabilizer, potentially related to anxiety or migraines. **Proptric F ½ TDS**: Similarly, the patient was prescribed half a tablet of Proptric F to be taken three times daily. Proptric F is a beta-blocker and is a combination of Propranolol and Flunarizine; are often used in the management of anxiety and Migraine due to their ability to reduce the frequency and severity of these conditions.
18 July 2023	Patient was provided with **Amitone** (10mg tab); **Napra D** (500mg tab); and **Melzap MD** (0.25mg tab). Amitone contains the active ingredient Amitriptyline. It belongs to the class of tricyclic antidepressants. Napra D is a combination of Naproxen (500mg) and Domperidone (10mg). It blocks chemical messengers causing pain, inflammation, fever, and nausea/vomiting associated with Migraine. Melzap MD contains Clonazepam (0.25mg) which decreases abnormal nerve cell activity. **T Sibelium 10 HS (at night)**: Sibelium, is a brand name for Flunarizine with a dosage of10 mg, taken at bedtime (HS). It is used primarily for migraine prophylaxis. **T Inderal LA 20**: It is a long-acting form of Propranolol with a dosage of 20 mg, taken twice daily (BD). It works

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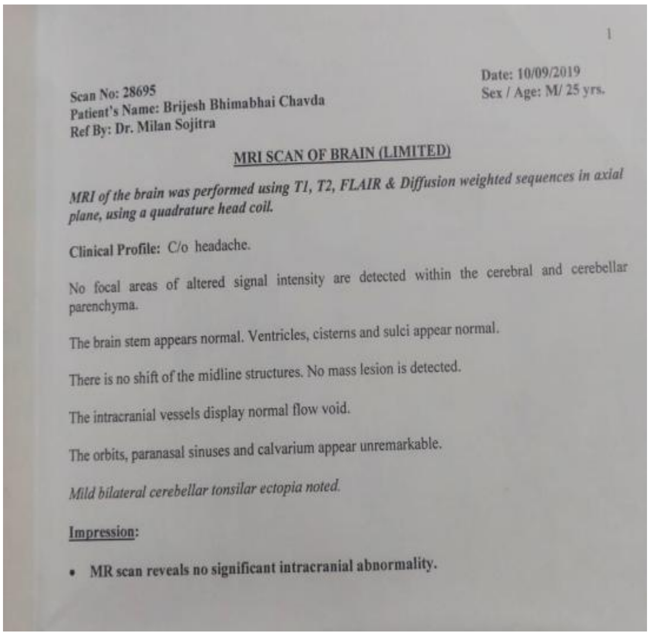
	by reducing the excitability of the brain and stabilizing blood vessels.

On 10th September 2019, the patient underwent MRI and EEG tests to rule out causes of headache and associated symptoms. EEG has normal reporting. MRI scan reveals no significant intracranial abnormality (Fig.2).

Figure 2: MRI Report



Scan No: 28695
Patient's Name: Brijesh Bhimabhai Chavda
Ref By: Dr. Milan Sojitra

Date: 10/09/2019
Sex / Age: M/ 25 yrs.

MRI SCAN OF BRAIN (LIMITED)

MRI of the brain was performed using T1, T2, FLAIR & Diffusion weighted sequences in axial plane, using a quadrature head coil.

Clinical Profile: C/o headache.

No focal areas of altered signal intensity are detected within the cerebral and cerebellar parenchyma.

The brain stem appears normal. Ventricles, cisterns and sulci appear normal.

There is no shift of the midline structures. No mass lesion is detected.

The intracranial vessels display normal flow void.

The orbits, paranasal sinuses and calvarium appear unremarkable.

Mild bilateral cerebellar tonsilar ectopia noted.

Impression:

- MR scan reveals no significant intracranial abnormality.

Personal History

His bowel habit was normal; however occasional constipated stool and gaseous distention is present. Appetite is mild and bladder habit is normal. He has disturbed sleep during anxiety episodes. He shared a history of hectic work life that causes stress and tension.

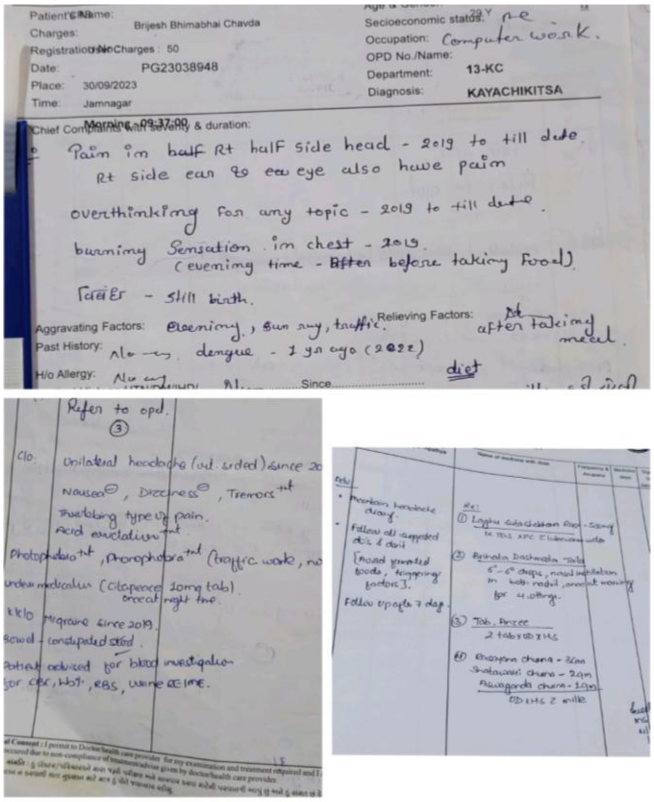
Assessment

A detailed history and prior investigations ruled out the disease as Migraine. The Visual Analog Scale was used to evaluate the intensity of the pain. Even though the patient did not report pain during the initial assessment, the average intensity of pain experienced in the last month was rated 8 out of 10 on the pain scale. The same scale was used during the following months to monitor the progress. He had 3 to 4 monthly headache days (MHD) on average during 36 last months before his present visit. The average duration (AD) was 12-14 hrs. and the average severity (AS) was 8 from 10 according to the visual analog scale (VAS) per occasion before the treatment. His blood pressure was 120/69 mmHg and his pulse rate was 51 bpm. Neurological examination was unremarkable.

The Migraine Disability Assessment Score (MIDAS)[10] was 22 (Severe Disability, MIDAS Grade IV.)

Record of headache and all other associated complaints were assessed with the help of a specialized proforma. In each follow up his symptoms were recorded and treatment evaluation was made.

Figure 2: History and Interventions of Present Treatment



Patient's Name: Brijesh Bhimabhai Chavda
Registration No: PG23038948
Date: 30/09/2023
Place: Jamnagar
Department: 13-KC
Diagnosis: KAYACHIKITSA
Occupation: Computer work.

Chief Complaints with severity & duration:
Pain in half Rt half side head - 2019 to till date
Rt side ear to ear eye also have pain
overthinking for any topic - 2019 to till date.
burning sensation in chest - 2019 (evening time - After before taking food)
Fever - Still birth.
Aggravating Factors: Evening, sun ray, traffic
Relieving Factors: after taking meal.
Past History: dengue - 1 yr ago (2022)

Treatment

Informed consent was taken prior the treatment. The patient was given with a comprehensive prescription. The patient was advised of a list of do's and don'ts that act as triggers in his Migraine. Proper counseling was done in each of his hospital visits. The treatment protocol was continued for 2 months. At present, the patient is receiving Tablet Anzee and *Rasayana Yoga* treatment with excellent tolerability. All other drugs

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were discontinued while Tab. Anzee was suggested to continue.

Table 2: Details of Prescribed Interventions

Medicine	Dosage	Mode of administration	Remarks
Tab Anzee (combination of *Tagar, Ashwagandha, Brahmi,* and *Shankhpushpi*)	2tab, OD (once daily), HS (at night)	Oral	With water
Brihata Dashmoola Taila	8-8 drops in each nostril	*Nasya*	5 sittings with three days of gap between each sittings, was done in the *Kriyakalpa* unit of ITRA at the morning time.
Laghu Sutashekhara Rasa	500mg, TDS (thrice daily), PC (post cibum)	Oral	With water
Rasayana Yoga (Combination of *Rasayana Churna* 3gms, *Shatavari Churna 2 gms* and *Ashwagandha Churna* 1gm)	1tsf (tea spoons full, OD, HS	Oral	With milk

Follow-Up and Outcomes

After 15 days, the patient reported improved sleep quality, decreased pain intensity from 8 to 6, and reduced medication usage. The proforma was very helpful in documenting the progress made during the treatment period. There were no complaints of headache, nausea, vomiting, vertigo, and the visual auditory complaints in the following 15 days. He had improved quality of sleep and overthinking has also reduced. Most of these symptoms were absent in the follow-up of 30 days. After one and a half months (6 weeks), an intermediary assessment was performed. The frequency, duration, and severity of headaches has been significantly reduced. Patient's quality of life has been improved and he no longer has any symptoms of anxiety. The VAS score decreased to 3 (the average of the last 2 migraine attacks). The patient did not report any headaches after 45 days. The MIDAS score was 10 (Mild disability, MIDAS grade II). The patient reported an increase in quality of life and improved work performance. Currently, he attends weekly sessions to maintain the achieved results. The chief complaints were compared in the regular visiting days and follow-ups to evaluate the progress of the symptoms.

Table 3: Assessment on Regular Hospital Visits

Symptoms	Scoring Measurement (As per severity)	BT	15 days	30 days	45 days	60 days
Headache	1-5	4	3	2	0	0
Nausea	1-5	3	2	1	2	1
Vomiting	1-5	1	0	0	0	0
Vertigo	1-5	2	0	1	0	0
Aura-visual/ auditory	1-5	0	0	0	0	0
VAS	1-10	8	6	5	3	0

DISCUSSION

Due to the unclear pathogenesis and lack of targeted treatment options for Migraine, it is challenging to provide an exact prognosis for outcomes in most cases. In the case of this young patient, he experienced a prolonged period of severe pain that significantly impacted his quality of life, increasing stress levels (which itself acted as a trigger for his Migraine attacks), anxiety, and feelings of hopelessness. Understanding the various contributing factors and their impact on headaches is crucial to effectively address and alleviate the pain.

Patients with Migraine are very susceptible to anxiety disorders, as evidenced by the different studies. The

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relationship between anxiety disorders and Migraine headaches appears to be bidirectional as recurrent headaches in Migraine lead to anxiety and vice-versa. Both these disorders share several standard features making it difficult to diagnose the development of one disorder in the presence of the other. These disorders significantly affect the quality of life in such patients. The treatment focused on managing the anxiety, quality of life, duration and severity of his overall pain, and his frequent episodes.

Laghu Sutashekhara Rasa pacifies vitiated *Tridosha* and opens micro channels, improving sudden vasoconstriction and vasodilation. It improves metabolism and causes better absorption of drugs. *Nasya* with *Brihata Dashmoola Taila* causes a decrease in inflammatory mediators, increases microcirculation, gives nourishment to the tissues, regularizes blood circulation, and relieves pain. Drugs present in *Brihata Dashmoola Taila* along with the *Nasya* procedure normalizes cranial circulation and break down the pathogenesis of Migraine. Tablet Anzee having drugs that act on the central nervous system helps to reduce anxiety and improve the sleep pattern of the patient. *Rasayana Yoga* nourishes all the tissues, causes better blood circulation normalizes the functioning of the organs, reduces stress levels, and minimizes headache attacks.

Conclusion

The results obtained from the assessment conducted after the mentioned treatment protocol demonstrates the benefits of Ayurveda medication in managing Migraine with anxiety. Despite the lack of necessity for ongoing periodic assessments, the patient persisted in attending sessions to sustain the results they had achieved. This study recommends the importance of clinical protocol and evaluation with the clinical study for evaluation of efficacy and safety.

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