

# Management of Menstrual Migraine – An Ayurveda approach

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## Abstract

Migraine is a common disabling primary headache disorder. 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 worldwide causing disability.

Headaches in women, particularly migraine, 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.<sup>1</sup>

Ayurveda advocates management of ardhavabedhaka is to treat it as vatavyadhi, and also due to apana vata vaigunya in the yoni during rajaswala there will be vataja shula in different parts of the body and specially burning type of pain in the shiras, thus the main line of management should aim at treating the vata vaigunya rather than symptomatic treatment.<sup>2,3</sup>

This article aims at putting forth a few herbs, which can probably help in managing the intensity of migraine attack.

**Keywords:** Menstrual Migraine, Triphala Churna, Indigenous Drug Compound

Ayurveda, the science of life, is well known globally for its basic principles being protection of health status, management of ailments and eliminating them from the root. Shirorogas or the ailments of head have been elaborately explained in all treatises of Ayurveda.

Shirorogas (disorders pertaining to head) are said to be eleven in number according to Acharya Susruta, ten according to Vagbhata Acharya, nine according to Charaka Acharya. Ardhavabedhaka is one among shirorogas, explained with a classical clinical presentation of pain elicited over half portion of the head, severe interrupted headache teases once in three, five, ten fifteen or thirty days.

According to Acharya Charaka, causes for ardhavabedhaka are: suppuration of natural urges, indulging in excessive physical exercise and sexual activities, increased intake of dry and rough food, excessive fasting, exposure to fog or cold, talking loudly and irrelevantly. He further explains the pathophysiology of the condition as – causatives leading to

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vitiating of vata dosha, vata kapha doshas, which in turn affect the shiras (head) and produce clinical symptoms like stabbing or cutting type of headache in posteriolateral aspect of the head (manya), tempals (shanka), frontal region (lalata), eye brows (bhru), ear (karna), and eye ball (netra golaka). The condition might also lead to blindness and deafness as complications.

According to Acharya Susrutha, the condition is a tridoshaja (vata, pitta, kapha), affecting half part of the head, with clinical symptoms of pricking, cutting, stabbing, tearing and burning type of headache for a short duration. Ache reoccurs suddenly without any cause once in 10, 15 days, in association with giddiness.

According to Acharya Vagbhata, it is a vataja shoola (ache), affecting half part of the head, reoccurring once every 15 or 30 days, complicating to blindness and deafness.

According to *Madhavanidhana*, the condition is due to vitiating of vata dosha, vata kapha doshas and the pathophysiology explained are same as that of Acharya Susruta's opinion.

Treatment principles advocated in managing the condition by various acharyas of Ayurveda are – avoidance of cause, shiroabyanga (head massage), snehapana (oleation), upanaha sweda (hot poultice), shirobasti, shodana-vamana, virechana, basti, nasya (purificatory therapies-emesis, purgation, enema, nasal drops), lepa (local application), rakta mokshana (bloodletting), agnikarma (cauterization), vatakaphahara chikitsa (vata kapha mitigating treatments), practice of pranayama, yoga, physical and mental rest, treatment modalities of the disorders suryavartha, pratishtyaya can also be advocated.<sup>4</sup>

## Drugs

Triphala, shatavari (*Asparagus racemosus*), nimba (*Azadirachta indica* A. Juss), haridra (*Curcuma longa*), brahmi (*Bacopa monnieri*), nimba (*Azadirachta indica* A. Juss), tagara (*Valeriana wallichii*) – habit, habitat, morphology, indications and contraindications of the drugs.

## Discussion

Menstrual migraine can be considered as an avasthika lakshana (stage of pathology) of udavarta janya yonivyapad (gynecological disorders due to reverse peristalsis). As we get into the description given by Acharya Charaka in *Chikitsa Sthana*, 30<sup>th</sup> chapter pertaining to yoni vyapad (gynecological disorders), samprapti (stages of pathology) can be derived in the following manner, i.e., corresponding nidana sevana (causative factors) leading to vata (apana vata) pradana tridosha vikopa in the gharbhashaya (uterus), vimargamana (misdirected movement) in the oordhwagathi (upwards), taking shelter in urdwajatru (organs above

shoulder), specifically in the shiras (head) exhibiting the lakshanas (symptoms) of ardhavabedhaka (migraine).

## Samprapti Ghatakas

**Agni:** Mandagni

**Ama:** Mandagni Janya

**Srotas:** Artavaha, Rasavaha,

**Sroto Dusti:** Sanga, Vimargamana

**Udbhava Sthana:** Adho Amashaya

**Vyaktasthana:** Oordhvajatru – Shiras

**Sancharasthana:** Abyantara to Madyama Roga Marga

Triphala being a kapha pittagna prominently with anulomana in action will help in bringing the vimargagata (misdirected) vata dosha to its normal gati (movement); also when looked upon the concept of sanga (clog) in the srotas (channels) which is the main reason for vimargamana (misdirection) of vata dosha, triphala possessing the quality of saratva (liquifying), helps to remove the sanga (clog) thereby restoring back the normal pathway of apana vata.

## Indigenous Drug Compound

Shatavari (*A. racemosus*), haridra (*C. longa*), brahmi (*B. monnieri*), nimba (*A. indica* A. Juss), tagara (*V. wallichii*).

Shatavari (*A. racemosus*) being one of the predominant herbs acting on the garbhashaya (uterus) as a rasayana (rejuvenator), stanya (lactation) – but on the other hand when we introspect about the srotomoola (root of channel) of arthava (ovum), it can be linked back to gharbhashaya (uterus) and sthana (breast), taking this as a prime aspect the herb can be chosen to act on the srotomoola (root of channel) by which it could be a target-oriented entity.

Brahmi (*B. monnieri*) – Being one of the most preferred medhya (nootropic) herb when administered with shatavari (*A. racemosus*), it acts effectively on both shiras and hrdaya (ashraya of medha). Being a sheeta dravya, it relieves mano vikaras like anxiety, irritability, and intolerance.

Haridra (*C. longa*), Nimba (*A. indica* A. Juss), Tagara (*V. wallichii*) being ushna dravyas (hot-potency drugs) with lekhana (scraping) property, pave way for other drugs, i.e., shatavari (*A. racemosus*) and brahmi (*B. monnieri*) to perform their target-specific action.

Haridra (*C. longa*) is a potent Vishagna (anti-toxic), thereby reduces the toxins produced by aahara (diet) and other oushadha dravyas (medications) consumed to relieve pain.

Haridra (*C. longa*) and Tagara (*V. wallichii*) both are ushna veerya (hot potency) but former being laghu rooksha (light, dry) in guna (property) and later being laghu snigdha (light, unctuous) will cater to the needs of both oordhwa (upper) and adhobhaga (lower parts) of the shareera (body). When taken into consideration of raktapitta samprapti

(pathophysiology of bleeding disorder) snigdha, ushna (unctuous, hot) and rooksha ushna (dry, hot) being the primary causes of the pathogenesis. Chosen drugs can be adopted to serve both purposes of lakshinika chikitsa (symptomatic) and moola samprapti vighatana (pathological management), i.e., of udavartha janya shirashoola (headache due to improper movement of vata dosha).

Oushada Sevana Kala (drug administration time) – The drug may be advised in a dosage of 12 gm in divided dosages with ushna jala (warm water) post food intake can be planned as it is best to act on udana vata (sub type of vata dosha) indicating the upward movement of oushada (medicament), thereby catering to the pacification of lakshanas (symptoms) of shirashoola (headache).

Anupana (Adjuvant) – Ushnajala (Warm Water) – Possessing the quality of anulomana (due regulator) will assist and promote prompt drug action.

### Conclusion

Menstrual migraine has become a major threat in the present era, posing as a major cause to loss of productivity in various age groups. Simple and cost-effective treatment modalities are the need of the hour to manage the conduction, and to uplift the women population. One

such modality which can be adopted is triphala churna with indigenous drug compound in a simple dose of 12 gm in divided doses with warm water for a period of three consecutive menstrual cycles, which would probably bring a woman's physical and psychological state of living to normalcy.

**Conflict of Interest:** None

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