The subject of this report is a 24 year old gentleman, native of Kerala with business as his profession. He came to our Shalakya Tantra OPD of Amrita school of Ayurveda on 12/02/16 with complaints of episodic severe headache since one and a half month, more increased on right side. Headache was not associated with nausea, vomiting, redness of the eye, recurrent chills, fever, sneezing. Photophobia was present. No history of similar prior episodes.

Initially he was evaluated at a local hospital where CSF study was done and he was diagnosed as meningitis and treated for 10 days. He showed initial significant symptomatic improvement for first ten days followed by recurrence of symptoms. Later he was referred to KIMS, Trivandrum where MRI Brain and CSF study was done two times and found to be normal. His Laboratory findings were negative. Patient was admitted and evaluated and was given symptomatic and supportive treatment. He was discharged after 8 days as he was evaluated to be better and was advised for follow up.

Clinical findings

The patient approached a local hospital with complaint of severe episodic headache on 11/1/16. Head ache increased on right side. No other co morbidities. CSF study was done and was treated as a case of meningitis with acyclovir, monocif (antibiotic) and dexona (corticoid steroid) for 12 days. He had initially significant symptomatic improvement for ten days followed by recurrence of symptom. He then got admitted in KIMS, Trivandrum, on 23/1/2016, where diagnosis was mentioned as meningitis and tension headache. Patient was conscious and oriented. On examination his vitals were normal. USG of abdomen showed hepatomegaly with minimally heterogeneous parenchyma echoes. MRI of brain was negative for any structural lesions, edema, diffusion restriction and mass effect intracranial. No evidence of sinus thrombosis. All hematological and biochemical blood parameters were within normal limit except ESR 34mm/hr. Serum CRP 4.7mg/dl. TFT – normal.

Presenting concerns

The subject of this report is a 24 year old gentle man, native of Kerala with business as his profession. He came to our Shalakya Tantra OPD of Amrita school of Ayurveda on 12/02/16 with
The patient had a drastic improvement with no headache and neck stiffness and there was no relapse of the symptoms in the following days after treatment. The patient was more confident and socially interactive unlike earlier before treatment.

**DISCUSSION**

Probable mode of action of Ayurvedic medications: Even though the case was diagnosed as Vataja shirashoola, sthanika dosha kapha should also be taken into consideration. First line of management is karshana for staniaka dosha kapha which was done as jaloukavacharana (bloodletting therapy) followed by brimhana chikitsa (nourishment therapy) for vata dosha by ksheerabala 101 marsha nasya. Varunadi kshaya acts as digestive which takes care of Agni and counteracts vata and kapha. Varunadi ghritam acts as carminative making up for anulomana (downward movement) of vata. Most of the drugs in these preparations are balya and vatahara.

The patient had head ache associated with photophobia and condition did not aggravate with physical activity which explains the diagnosis of tension head ache.

**Therapeutic focus and assessment**

Within a period of one and a half month he underwent treatments in 3 hospitals. The patient was treated as a case of vataja shirashoola in amrita Ayurveda medical college, and subjected to both internal and external treatments

**Internal medication**

- Pathyashadangam kshayah+Varunadi kshayah-10 ml each with 45 ml Luke warm water 2 times a day before food at 6am and 5pm.
- Sirasoolavajra rasa -1 tablet thrice daily.
- Kayathirumanti tailam - external application over the head.
- Varanadi Ghritam ~ 1 teaspoon with milk after food twice daily
- Varanadi ksheerapaaka -25ml 0 - 25ml 11am and 3 pm

**External therapies**

Rakta mokshana (bloodletting therapy) with jaloukavacharana (leech)
Marsha nasyam (nasal instillation) with ksheerabala 101 -7 days with 20 drops in each nostril
Mukhaabhyanga (oil massage over the face) with bala tailam
Lepam (paste application) with rasnadi choornam and ginger juice-7 days

**REFERENCES**

1. Tension-type and Cervicogenic Headache: Pathophysiology, Diagnosis, and Management by César Fernández-de-las-Peñas, Lars Arendt-Nielsen and Robert D. Gerwin.
2. Internet

**RESULT**

The patient had a drastic improvement with no headache and neck stiffness and there was no relapse of the symptoms in the following days after treatment. The patient was more confident and socially interactive unlike earlier before treatment.

**DISCUSSION**

Probable mode of action of Ayurvedic medications: Even though the case was diagnosed as Vataja shirashoola, sthanika dosha kapha should also be taken into consideration. First line of management is karshana for staniaka dosha kapha which was done as jaloukavacharana (bloodletting therapy) followed by brimhana chikitsa (nourishment therapy) for vata dosha by ksheerabala 101 marsha nasya. Varunadi kshaya acts as digestive which takes care of Agni and counteracts vata and kapha. Varunadi ghritam acts as carminative making up for anulomana (downward movement) of vata. Most of the drugs in these preparations are balya and vatahara.

**CONCLUSION**

Headache is one on the major problem in day to day life. So identify the cause and treatment the diseases will give complete relief. Ayurveda has mentioned many formulation and procedures for the headache in classics. The appropriate treatment has been given in this case which gives the complete cure from headache.

**Acknowledgement:***Amrita Ayurveda Hospital, Amritapuri, Kollam

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1. Tension-type and Cervicogenic Headache: Pathophysiology, Diagnosis, and Management by César Fernández-de-las-Peñas, Lars Arendt-Nielsen and Robert D. Gerwin.
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