

## KSHAYAJA SHIROROGA- A CASE STUDY

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### INTRODUCTION

The roots of the Indian traditional systems of medicine can be traced back to approximately 5000 BC. Ayurveda lays emphasis on ‘Head’ (*Shiras*) by saying it as the *Uttamaanga* - The best part of the body because all the *indriyas* (Sense organs) are located in the head along with the *Prana* (life) of the individual.<sup>[1]</sup> Various Ayurvedic Scholars have elaborated *Shiro Roga* (Headache Disorders) which describes the prevalence of the diseases from ever since and need of requiring their proper management. An attempt has been made to correlate and understand *Shiro-Roga* with Headache along the principles of Ayurveda and the treatment modalities of it.

With the rapid changes in the lifestyles of modern, stressful and competitive times Headache disorders are extraordinarily common. Population-based studies have mostly focused on migraine. Although Migraine is the most frequently studied, is not the most common headache disorder. Other types of headache, such as the more prevalent Tension-Type Headache (TTH) and sub-types of the more disabling chronic daily headache, have received less attention. Various forms of headache, properly called headache disorders, are among the most common disorders of the nervous system. In many cases they are life-long conditions.

The number of *shirorogas* described in *Sushrutasamhita* is eleven<sup>[2]</sup>. Out of them

*Kshayaja shiroroga* is described in *Sushruta Samhita Uttar Tantra*<sup>[2]</sup>. The *shirorogas* are primarily different types of headaches<sup>[3]</sup>. According to provocation of doshas and having specific *dosha* vitiating *nidanans*, are the *doshaja* types. But apart from these, there are various atypical headaches which are due to special conditions like *Krimija Shiroroga* or having special precursor events like *Kshayaja Shiroroga* or having very serious prognosis like *Ardhavabhedaka* and *Shankhaka*.

The causes are specific and unique. This condition is uncommon but needs different approach than others.

**CASE STUDY-** A male patient aged 61 yrs. had attended the opd of GAMRC, Goa. with the following complaints:-

**Chief complaints:-** Severe shooting pain in the right hemicrania starting from left cheek and radiating towards parietal, temporal, frontal region and sometimes crossing the midline.-every day since last six years. Watering of the eyes during pain.

**History of present illness-**

The pain appeared initially after extraction of right premolar in 2009. As per the regular procedure the course of antibiotics and analgesics was modified and the patient felt better. The pain appeared again after six months. The pain was severe, starting from right maxillary region and radiating to frontal, parietal and temporal regions, occurring mainly at night and was getting relieved only for short period after analgesic dose. There was tenderness along the

temporal region and watery discharge from right eye. This type of pain continued till 2012 when CT scan showed that there was a remnant of premolar near maxillary sinus. It was found to be a cystic lesion and was removed by surgery. The pain continued as it was. So a revision CT scan showed that there was a granulation tissue in the previously operated area and was removed. The pain still continued which was getting better only with ice pack. The patient was admitted in various hospitals and various diagnoses of trigeminal neuralgia, migraine, depression, chronic daily headache were done and was treated with cocktail injection of tramadol + fortwin + phenargen + calmpose + decadron + divon six hourly. Along with that tab tagretol was started for reason not clearly known. The patient was in visible psychological stress and had almost lost the faith. Now every night the patient had pain which continued till next afternoon. The pain killers were of little use and ice pack was the only resort. Still he was on analgesics three times a day and has developed non ulcer dyspepsia.

**On examination**-General condition- poor., Pulse- 82/ min, *Vaataja, saama.*, B. P. 120/78 mm hg., *Agni- Mandya, Koshta*-bowel evacuation- once in two days. *Kru- ra.*, *Mutra* - normal., *Sweda*- Normal, *Jivha- saama paritah*, blackish discolouration in patches, *Shabda- Khara.* *Sparsha- ushna, Akrti – krisha, Druk- V/A 6/24* without glasses, Tonometry - WNL bilaterally. Fundoscopy- Immature cataracts right>left. Local examination- *krushna varneeya* skin on temporal region (right). Tenderness present with *utthita si- ras.*

Investigations done- 2009- CTscan - head neck brain-maxilla post-operative right

upper first premolar and canine teeth. Degenerative change in C5-6vertebral disc.

EEG- WNL.

MRI angiogram brain- no vascular disease.

2012- chest X-ray- WNL

MRI Brain- WNL.

Echo- mild LVH.

**Hetu-** *urdhwa danta nirharana*, recurrent operations. *Jaagarana. Shoka, bhaya.*

1. **Samprapti-** Due to *hetus*, especially, removal of the upper molar<sup>[4]</sup> and recurrent scrapping and excising in the same area, there is *khavaigunya* in *shiras*, and increased *vaayu* occupies these *rikta sro- tamsi* and produces pain.

2. **Vyadhi vyavachheda-**

3. *Anantvaata-*, *Vaataja shiroroga, kshayaja shiroroga. Raktaja shiro- roga, Ardita, ardhavabhedaka.*

1. *Anantvaata-* pain starts from occipital region<sup>[5]</sup>. (On the contrary, in this patient pain started from cheek) c. *Vaataja shiro- roga-* pain is aggravated with cold items<sup>[6]</sup>. (On the contrary, patient had *upashaya* with ice pack)

d. *Raktaja shiroroga- daaha*, tenderness, reduction of pain during night<sup>[7]</sup>. (On the contrary, patient had no *daaha* though tenderness was there.) e. *Ardita- mukha vakrata*, pain.<sup>[8]</sup> (on the contrary, no *vakrata*) f. *Ardhavabhedaka-* similar *hetu* and clinical features but *hetu* of *rakta kshaya* is not specific.<sup>[9]</sup> g. *Kshayaja shi- roroga- rakta kshaya, sneha kshaya.*<sup>[10]</sup>

**Vyadhi vinishchaya-** *kshayaja shiroroga.*

**Rx given-** for fifteen days,-

1) *Indukantam Ghritam-* 15 ml in morn- ingon empty stomach with warm water

2) *Pathyakshadhatryadi* k tab- 1 tds (thrice a day) after food.

3) *Pravaala* 125 mg + *Godanti bhasma-* 250 mg Tds with ghee and sugar.

4) *Chandrakala* 125 mg + *Suvarnasutashekhara* 125 mg Morn-

ing 4.30 am with milk and *pedha*.(a sweet similar to milk cake.)

5) *Dhananjaya vati* one tab at night.

6) *Gandusha with Irimedas Tailam*.

7) *Karnapurana with Bilvadi Taila*.

8) *Nasya pratimarsha* with *Anutaila*..

Follow up on 04/02/2015 was taken:-

General condition- Improving, The headache - frequency and severity reduced.

The patient can sleep. Repeat medicine numbers- 2 to 8. Stopped *Indukantam Ghritam*,

added *Jeevantyadi Ghritam* at night in the dose of 20 ml.

Follow up on 14/2/2015:-

Patient complained of *naasa gata shleshma srava*.

Stopped *Jeevantyadi Ghritam* and started with *Varanadi Ghritam*.

Follow up on 05/03/2015:-

Headache only twice a week Repeat all.

Follow up on 15/03/2015:-

No pain at all in the last ten days.

Medicines same with dose frequency reduced.

25/03/2015:- *Rasayan chikitsa –Pravaal* 125 mg + *Godanti* 250 mg - for a month.

Treatment completed.

#### Mechanism of action of drugs:-

1) *Indukantham Ghritam* <sup>[11]</sup>-.Uses-Shula or pain/colic.Vata Roga (disease due to Vata Dosha).Kshaya (pthisis).Daurbalya (weakness).

2) *Pathyaksha Dhatryadi kashayam* <sup>[12]</sup>-. Uses- headache, pain in forehead, temporal region, migraine.

3) *Pravaala bhasmam* <sup>[13]</sup>-. Balances *Vata*, *Pitta* and *Kapha*. Has special effect to balance *Pitta*.

4) *Godanti bhasmam*-<sup>[14]</sup> balances *pitta*, especially useful in *dhatugata pitta*,useful in migraine and other headaches.

5) *Chandrakala*<sup>[15]</sup> and *Suvarnasutashekhara*<sup>[16]</sup>-. *Vaata – anulomaka. Pittashamaka*.

6) *Dhanjaya vati*<sup>[17]</sup>-.one tab at night. – *Rechaka*.

7) *Gandusha with Irimedas tailam*<sup>[18]</sup> – *dantashulaghna- dantamulagata vaata-shamana*.

8) *Karnapurana with Bilvadi Taila*<sup>[19]</sup>-. *Vaatshamana*

9) *Nasya Pratimarsha* with *anutaila*<sup>[20]</sup> – *Shirahshulaghna*.

10) *Jeevantyadi Ghritam*.<sup>[21]</sup>-. *Brumhana*.

#### DISCUSSION

*Shirorogas* are described in a separate chapter in *Samhitas*<sup>[22]</sup>. Headache is a common problem now days, but, certain cases present with a specific set of aetiologies and clinical features and need special attention. The presented case is one of them. In *Samhitas* the general etiological factors for headache are described. They are as follows:-

**Saamaanya nidanas** <sup>[23]</sup> - *Dhooma*: Excessive exposure to Smoke / Fumes.

*Aatapa*: Excessive exposure to heat of Sun.

- *Tushara*: Excessive exposure to moist and cold air, fog, dew
- *Ambukreeda*: Playing in water for longer periods or repeatedly, Working in water
- *Atisvapna*: Excessive sleep
- *Atiprajagara*: Excessive awakening during nights
- *Utsedha*: Swelling and inflammation
- *Atipurovata*: Exposure in excess to the breeze coming from East, walking, riding, sitting or working against the breeze
- *Baashpa Nigraha*: Controlling tears, withholding emotions
- *Atirodana*: Constant grief, Always crying, Timid (stress)
- *Atyambupana*: Excessive intake of water / fluids
- *Atimadhyapana*: Excessive consumption of alcohol
- *Krimi*: Worm / Parasitic infestation

- *Vega Dharana*: Controlling or suppression of natural impending reflexes or urges of the body, mainly those of defecation, sneeze, hunger, sleep, yawning (drowsiness), tears, sex
- *Upadhana dweshha*:
- *Abhyanga Dvesha*:
- *Pratatekshana*: Continued eye strain
- *Asatmyagandha*: Exposure to incompatible smells
- *Dushta anna*: Contaminated, incompatible and unwholesome foods
- *Bhashha*: Over-speaking

**Visheshha nidana**- The specific etiological factors for *kshayaja shiroroga* are as follows<sup>[24]</sup>:-

*Kshaya* of *Vasaa*, *Kafa*, *Rakta*  
Also *kshaya* of *dehasneha*, *mastishka*,  
*meda*, *majjaa*<sup>[25]</sup>.

*Meda kshaya hetus* are *vyaayama* and  
*kafakshaya hetus*<sup>[26]</sup>.

*Kafakshaya hetus* are further described as  
*hetus* of *purishha kshaya*, *mamsa kshaya*,  
*mutra kshaya*, *rasa kshaya*, *shukra*  
*kshaya*<sup>[27]</sup>.

Other *kafa kshaya hetus*<sup>[28]</sup> are *nasya* ,  
*bhaya*, *maithuna*, *langhana*, *shoka*, *kro-*  
*dha*, *chinta*.

The aetiologies mentioned in this disease refer to the different causes of *vataavidhi* and *dhatukshaya* which in turn can give rise to diseases like *pakshaghata*, *pandu*.

**Clinical features of *kshayaja shiroroga***<sup>[29]</sup>:

H/O- loss of blood or fats or *mastishka*.

Character of pain-Sudden onset, Severe pain and Pricking type of pain are diagnostic.

Aggravating & relieving factors-*Sweda*,  
*Vamana*, *Dhuma*, *Raktamokshana* and *Nasya*  
aggravate the symptoms as they worsen the  
*kshaya* which is the cause of the disease. *Vaa-*  
*tahara* measures like *bruhmana* help.

Associated symptoms- Emptiness, Giddiness,  
Restless eyes, Unconsciousness and Fatigue and  
also other *vata pitta* predominant symptoms

**Treatment**<sup>[30]</sup> –

1) To find out the particular *dhatu*, which has been depleted.

2) To do *brumhana* of that particular *dhatu*.

3) *Paana* and *nasya* with *madhura siddha sarpi*.

4) *Ghritam* described in *kshayaja kaasa (kuliradi Ghritam)*.<sup>[31]</sup>

Thus, as indicated by Sushruta, the treatment principle is to do *brumhana* of *shirastha dhatus*. This action was done by the drugs used. In this particular case, it was also important to adopt medicines which will be helping to strengthen mind and reduce raja-tama doshas and this aspect was taken care of by *Suvarnasutshekhara*. It was also noteworthy that all the available routes were used to do *sthaanika vaata shamana* in the form of *Nasya*, *Gandusha*. So considering the gravity of the situation, external and internal energetic treatment was adopted giving rise to relief of pain, thus fulfilling the motto of Ayurveda.

## CONCLUSION

Ayurveda, an ancient but not old medical science has been developed throughout centuries by continuous experimentations, analysis and inferences accepted by various scientists.

*Kshayaja shiroroga* is one such disease which may be compared with post traumatic headache though not accurately. The scientists of yore have seen the exact pathogenesis of this disease and given the way of treatment by quoting treatment principles. When one follows the path given then one is certain to reach the goal of Ayurveda- *Aturasya Vikaraprashamanam*.

## REFERENCES

1. Vaidya Jadavaji T. A. (editor), Charakasamhita by Agnivesha, revised by Charaka and Dridhabala, Sutrasthanam, chapter 17, verse no.12. first edition, Choukhamba Sanskrit Sansthana; reprint 1984; 99.

2. Vaidyaraaj J. T. Acharya (editor) ,Sushrutasamhita of Sushruta, Nagarjuna ,Uttaratatntra chapter 25, verse no. 4. 6<sup>th</sup> edition, Varanasi; Choukhamba Orientalia ,1997; 654.
3. Vaidyaraaj J. T. Acharya (editor) , Dalhana (commentator), Nibandhasangraha, Sushrutasamhita of Sushruta, Nagarjuna ,Uttaratatntra chapter 25, verse no. 4. 6<sup>th</sup> edition, Varanasi; Choukhamba Orientalia ;1997; 654.
4. Vaidyaraaj J. T. Acharya (editor) ,Sushrutasamhita of Sushruta, Nagarjuna ,Chikitsasthana chapter 22, verse no.29-31. 6<sup>th</sup> edition, Varanasi; Choukhamba Orientalia ,1997; 483.
5. Vaidyaraaj J. T. Acharya (editor) ,Sushrutasamhita of Sushruta, Nagarjuna ,Uttaratatntra chapter 25, verse no.13- 14. 6<sup>th</sup> edition, Varanasi; Choukhamba Orientalia ,1997; 655.
6. Ibidem. Susrutasamhita (5) Ut-taratatntra chapter 25, verse no.5.;654.
7. Ibidem. Susrutasamhita (5) Ut-taratatntra chapter 25, verse no.8.;655.
8. Ibidem. Susrutasamhita (5) ni-danasthana, chapter 1, verse no.68-72;267.
9. Ibidem. Susrutasamhita (5) Ut-taratatntra chapter 25, verse no.15,16.;655.
10. Ibidem. Susrutasamhita (5) Ut-taratatntra chapter 25, verse no.9,10.;655.
11. Dr. D.V.Panditrao, (translator), Sahasrayoga (Sanskrit-hindi anuvaada), purvaardha, chapter six, verses 17. First edition, new delhi; literary research unit, 1990;298
12. Ibidem , chapter one, verse292; 59
13. Shrikrushnanand maharaj. Rasatan-trasaara va siddhaprayogasamgraha .)(prathama khanda)chapter –bhasma prakarana.14<sup>th</sup> edition, krishna gopal Ayurveda bhavana (publisher),1999; p.186.
14. Ibidem (13)p.166.
15. Ibidem(13) p.420.
16. Ibidem(13) P. 534.
17. Ibidem(13) P. 618.
18. Ibidem (11) Sahasrayoga (Sanskrit-hindi anuvaada), purvaardha, chapter five, verse 8. P 248.
19. Ibidem (11)Sahasrayoga (Sanskrit-hindi anuvaada), purvaardha, chapter five, verse86.p.278.
20. Ibidem (11) Sahasrayoga (Sanskrit-hindi anuvaada), purvaardha, chapter five, verse 5.p.247.
21. Ibidem (11) Sahasrayoga (Sanskrit-hindi anuvaada), purvaardha, chapter six, verse 49.p 308
22. Ibidem (5).
23. Vaidya Jadavaji T. A. (editor), Charakasamhita by Agnivesha, revised by Charaka and Dridhabala, Su-trasthanam, chapter 17, verse no.8-11. first edition, Choukhamba Sanskrit Sansthana; reprint 1984; 99.
24. Ibidem (10)
25. Ibidem (10) dalhana (commentator), Nibandhasangraha.
26. Gadgil dilip, hetukosah, volume 2, first edition, pune; Tilak Maharashtra Vidya-peeth, 2004;1549
27. Ibidem; (26);1546
28. Ibidem (26);1545
29. Ibidem Susrutasamhita (3) Uttaratatntra chapter 25, verse no.9, 10; 655.
30. Ibidem (10).
31. Ibidem. Susrutasamhita (5) Ut-taratatntra chapter 26, verse no.25,26.;657.
32. Ibidem (31), Dalhana (commentator), Nibandhasangraha.;657.

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