A CLINICAL STUDY TO EVALUATE THE EFFECT OF BHRINGARAJA TAILA NASYA IN THE MANAGEMENT OF SHIRASHOOLA W.S.R TO MIGRAINE

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ABSTRACT

The present study was conducted to evaluate the effect of Bhringaraja tailanasya in the management of shirashoola w.s.r to migraine. Twenty two patients were randomly selected for the study out of which twenty completed the study. Patients were subjected to Marsha nasya for 7 days followed by pratimarshanasya for 14 days. The effect of Nasya was assessed on the basis of relief found in the chief complaints. Visual analogue scale was adopted to evaluate the effect of therapy on pain. The Bhringaraja tailanasya was found to be statistically extremely significant. No adverse effect was seen during the trial and in the follow up as well. The study revealed that Bhringaraja taila Nasya plays a vital role in the management of Shirashoola w.s.r to Migraine.

Keywords: Bhringaraja Taila, Nasya, Shirashoola, Migraine

INTRODUCTION

Ayurveda, the ancient Indian medical science has described many drugs which have a wide application in different disorders. One among them is Bhringaraja (Ecliptaprostrata (L.) Hassk) of Asteraceae family. It is a familiar plant documented as a potent medicine. Mainly known for its Keshya property it also has wide scope in diseases like Kamala, Kasa, Shwasa, Shiroroga etc. Many references in the literature mention its use in Shiroroga. It is used both as aushadha¹ and asaptya² in Shirashoola. Nasya and Abhyanga with Bhringaraja taila³ and Maha Bhringara-jataila⁴ is advocated in the management of Shiroroga, in which the Bhrigaraja is a main ingredient.

Nasika being doorway to UttamangaShiras⁵, the medicine administered through the nostrils goes into the Shiras and expels out the vitiated dosha which may be cause for the pathogene-
sis, method termed as Nasya assured to be effective in treatment of Shirogora. Shirashoola can be defined as the pain felt in different parts of head, which may be differentiated from each other by their location, severity, character or type of pain and is one of the commonest and difficult clinical problem observed in the population. According to the Ayurvedic texts it is a symptom as well as a disease thus an important cardinal feature of Shirogora.

A category of headache, Migraine is a vascular syndrome producing episodic headaches associated with neurological, gastrointestinal and autonomic changes. It is the 2nd most common cause of headache affecting about 20% of females and 6% of males at some point in life usually presenting before the age of 40. More than 90% of victims are unable to work or function normally during Migraine attack.

Keeping all these as base, present study is taken to evaluate the efficacy of Bhringaraja taila Nasya in management of Shirashoola w.r.t Migraine. A detailed analytical study of Bhringaraja taila is also carried out.

Aims and Objectives of the study
- To evaluate the role and effect of Bhringaraja Taila Nasya in the management of Shirashoola w.r.t to Migraine.
- To assess the probable mode of action of Bhringaraja.

Materials and Methods
- Selection of subject: Twenty patients with classical signs and symptoms of Shirashoola w.r.t to Migraine were selected randomly irrespective of creed and caste for the study from S.D.M Ayurveda hospital, Kuthpady, Udupi.

Inclusion Criteria:
- Patients between the age group of 18 to 40 years.
- Patients with Signs and Symptoms of Migraine.
- Patient who are fit for Nasya karma

Exclusion Criteria:
- Hypertension
- Fever
- Secondary headache caused by meningitis
- Malignancy
- Encephalitis
- Cervical spondylitis
- Refractive errors
- Pregnancy
- Also patients using any other systemic drugs which may alter the results of the study were excluded.

Investigations:
The following investigations were done only if found necessary
- Blood -Hb%, TC, DC, ESR, RBS, if necessary.
- Urine-urine routine, if necessary.
- CT head, if necessary.

Method of study:
IEC and Consent:- Approval from the Institutional Ethics Committee (IEC) was taken prior to begin with this study Ref. no. SDMCAU/ACA-49/EC46/14-15 dated 23-04-2015. Written and informed consent of the patients was taken before their registration for the study.
Patient information sheet and proforma:
All the patients were given an information sheet stating all the details of the study. And a detailed clinical proforma was designed which included all the details of the patients and their disease regarding this study.

Preparation and Administration of Drug:
The drug Bhringaraja was selected by virtue of its tridoshashamaka properties. And many tailas mentioned in our classics for nasya in shirashoola has Bhringaraja as its ingredient.

Method of preparation of Bhringaraja Taila:
Preparation of oil was carried out in the practical hall of Dept. of Rasashastra and BhaishyajyaKalpana, S.D.M. College of Ayurveda, Udupi as per classical methods.

Administration of Drug, Duration and Dosage:
Mukhaabyanga with Bhringaraja taila and swedana was given as a purvakarma of nasya followed by Bhringaraja taila Marsha Nasya of 8 drops per nostrils was instilled and later luke warm water was given for gargling and medicated smoke inhalation was done for 7 days. Later the patient was asked to instill 2 drops of Bhringaraja taila to each nostril as a pratimarsha dose for 14 days. Total duration of treatment was 21 days and after 7 days i.e on 28th day patient was asked to attend OPD for follow up.

Assessment: 4 assessment (before, during, after treatment, after follow up) were carried. Assessment was based on relief found in the signs and symptoms of the Migraine. For this main signs and symptoms were given suitable scores according to their severity. Assessment of scores indicates the amount of relief observed.

Other parameters used:
1. Assessment of degree of pain- Visual Analogue Scale(VAS)
2. Disability – MIDAS(Migraine disability Assessment)

### Observation and Results

#### Table 1: Effect of therapy on various chief complaints (Table-1)

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Chief complaints</th>
<th>Mean %</th>
<th>Mean diff</th>
<th>SD</th>
<th>SE</th>
<th>T</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>BT</td>
<td>AT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Pain</td>
<td>3.85</td>
<td>1.20</td>
<td>68.8</td>
<td>2.65</td>
<td>0.69</td>
</tr>
<tr>
<td>2.</td>
<td>Severity</td>
<td>3.95</td>
<td>1.20</td>
<td>69.6</td>
<td>2.75</td>
<td>0.76</td>
</tr>
<tr>
<td>3.</td>
<td>Duration</td>
<td>3.65</td>
<td>1.35</td>
<td>63.0</td>
<td>2.30</td>
<td>0.93</td>
</tr>
<tr>
<td>4.</td>
<td>Frequency</td>
<td>3.70</td>
<td>1.20</td>
<td>67.56</td>
<td>2.50</td>
<td>0.69</td>
</tr>
<tr>
<td>5.</td>
<td>Burning in forehead</td>
<td>0.65</td>
<td>0.15</td>
<td>76.92</td>
<td>0.50</td>
<td>0.48</td>
</tr>
<tr>
<td>6.</td>
<td>Sensitivity</td>
<td>3.5</td>
<td>1.3</td>
<td>62.85</td>
<td>2.20</td>
<td>0.80</td>
</tr>
<tr>
<td>7.</td>
<td>Nausea</td>
<td>2.7</td>
<td>1.05</td>
<td>61.11</td>
<td>1.65</td>
<td>0.22</td>
</tr>
<tr>
<td>8.</td>
<td>Giddiness</td>
<td>1.65</td>
<td>0.0</td>
<td>100</td>
<td>1.65</td>
<td>0.00</td>
</tr>
<tr>
<td>9.</td>
<td>Anorexia</td>
<td>0.60</td>
<td>0.00</td>
<td>100</td>
<td>0.60</td>
<td>0.00</td>
</tr>
<tr>
<td>10.</td>
<td>Blurred vision</td>
<td>0.40</td>
<td>0.00</td>
<td>100</td>
<td>0.40</td>
<td>0.00</td>
</tr>
<tr>
<td>11.</td>
<td>Mood changes</td>
<td>2.70</td>
<td>0.25</td>
<td>90.74</td>
<td>2.45</td>
<td>0.44</td>
</tr>
<tr>
<td>12.</td>
<td>Visual analog scale</td>
<td>6.75</td>
<td>2.45</td>
<td>63.70</td>
<td>4.300</td>
<td>1.60</td>
</tr>
</tbody>
</table>
DISCUSSION

*Bhringaraja* is indicated in *urdwajatruroga* and *Nasya* is a preferred route, *Taila* is the preferred form. *Bhringaraja taila* possess *Ushnaveerayukta* *Bhringaraja* and *Snigdhayukta Tilataila* and it acts like rasayana. The drug *Bhringaraja* possesses tikta, katu rasa, ruksha, ushna, tikshna and laghuguna Ushnavirya, katuvipaka thus stimulant. *Bhringaraja* is said to be *tridoshashamka*, thus the symptoms appearing because of the *vata*, *pitta* and *Kapha* is tackled well. *Bhaishajya Ratnavali* mentions *Bhringaraja* as one of the *patya* (diet) in *Shirashoola*. Gastro-intestinal problems like gastritis, anorexia, constipation are likely to cause headache like migraine. *Bhringaraja* is said to be a good remedy for the anorexia and constipation thus may help in preventing the cause for Migraine. Two parameters nausea and anorexia are well influenced; this proves Charaka’s opinion *Bhringaraja* as *Sreshta Ro-chana* (appetizer) and *Deepana* (Digestive) even in *Nasya*. *Bhringaraja* being *ushnaveerya* is said to be best appetizer, digestive and stimulates expulsion of bile from liver due to its *ushnavirya*. This can be useful in cases of headache which is produced due to blockage of bile. The studies have proved the drug Ecliptaalba has significant anti-nociceptive activity which is can be used clinically for management of pain. The potent anti-inflammatory effect and therapeutic efficacy of Ecliptaalba extract as per the research on animal models, which is compared with indomethacin may be again contributory in management of pain and associated symptoms. The effect of *Bhringaraja swarasa Nasya* in *suryavarta* a type of *shirashoola* has also got significant reduction of complaints. *Tilataila* being one of the best remedy for pacifying *vata* which is responsible for pain is also taken as a base in preparation of *Bhringaraja taila*. *Tilataila* may have soothing action and may be a reason for the controlling *vata* responsible for producing the pain in the head. *Bhavaprakasha* mentions *Tilataila* under *tailavarga* having madhura rasa, sookshma-guna, kashayaanurasakaphavatahara and it is said to be best in *Shirashoola*. As the *Bhringaraja* is *Ushna* and *rikshna* in guna its *taila* is prone to cause burning sensation or irritation in throat and nasal region which momentarily occurred in some patients. Total no of 22 patients were enrolled for the study in which only 2 patients were drop outs. This is because of non-convenience of patients to continue the treatment due to personal reasons. *Bringarajataila* was given in the form of *Shodhana Nasya* for 7 days through which all the vitiated *dosha* was expelled out followed by 14 days of *pratimarsha* which might have acted like *Shamana*. The potent attribute of *Bhringaraja* might be active in *Marsha Nasya* and soothing action of *Tilataila* may be active in *Pratimarsha Nasya*. The patients have shown maximum benefit in the *pratimarsha Nasya* which may be because it was well adapted in the *pratimarsha* phase than *marsh* phase due to soothing effect. Also no recurrence was shown throughout treatment. Thus to conclude the total study is viewed with a comprehensive perspective and it reproves *Bhringaraja taila* as an efficient medicine for migraine in the form of *Nasya*
CONCLUSION

Bhringaraja (Eclipta prostrata (L) Hassak. is a well-known medicinal herb usually used as a hair tonic. It also has a wide scope in many other diseases one among them being Shirashoola (headache). Many references have been quoted in our classics in which bhringraja plays a wonderful role in, Shirorogas. In Bhaishyajyaratnavali there is a reference where Bhringaraja is used as a patya for Shirashoola and also one must do Abyanga and Nasya with Mahabringharaja Taila. According to Bhavamishra Bhringrajaswarasa given with Ajadugdha is said to cure Suryavarta. Yogaratnakara has mentioned Bhringarajadinasya in Shirashoola. Clinical study shows following conclusions Bhringaraja is a very effective drug in the management of shirashoola w.s.r to migraine. The frequency and No. of migraine attacks has been significantly reduced. The visual analogue scale shows significant improvement after treatment. Duration of the attack has been significantly reduced. Over all clinically, bhringarajataila is proved very effective in the management of shirashoola w.s.r to migraine. It has shown significant decrease in the frequency of migraine attacks and as well as reduction in MIDAS grade. Hence by this we can conclude that Bhringaraja Taila Nasya said to be effective in the management of Shirahoola w.s.r to migraine.

LIMITATIONS OF THE STUDY

Drug Availability is less other than rainy season; Patient complaints of slight irritation as the drug is tikshna, Care should be taken while preparing oil so as to not allow it to attain kharapaka stage.

SCOPE FOR FURTHER STUDIES

Different kalpanas of bhringaraja in the management of shirashoola, Use of bringaraja in different other headaches other than migraine, Use of Bhringaraja in different other clinical conditions.

REFERENCES


8. Davidson’s Principles and Practice of Medicine edited by Nicki R. College et.al, 21st edition 2010, PP 1360, Pg 1169

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