Management of Migraine Without Aura Through Ayurveda: A Case Report
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Abstract

Objective: To report the results of Ayurvedic therapy in a single case of migraine without aura.

Methods: A single case of migraine without aura was diagnosed based on International Headache Society parameters. The average pain intensity on a 4-point scale (nil, mild, moderate, severe) and the Migraine Disability Assessment Score (MIDAS) for the grade of illness and its impact on the quality of life were recorded before and after therapy. A 2-month trial of Ayurvedic therapy that included Ashwagandha ghrita was prescribed, and a reevaluation was performed at the end of the trial. No other medication was coadministered, but the patient was allowed to use analgesics if necessary.

Results: Substantial changes in the patient’s status were recorded. The pain intensity measurement was reduced from severe (4) to mild (1), and the MIDAS was reduced from 2 to 1 after 2 months of Ayurvedic therapy. A third 1-month follow-up visit without therapy showed no discernible changes from the last visit.

Conclusion: Ayurvedic therapy warrants further study in the treatment of migraine without aura based on the observed response in this case.

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Migraine without aura is a common disorder affecting more than 10% of the global population; all ages are affected, and a slightly increased incidence in women has been reported. It is a disabling condition that can severely affect a patient’s quality of life. It is often misdiagnosed and poorly treated, especially at the primary care level. Primary care physicians who are poorly informed about the possible morbidities of migraine without aura may provide inappropriate treatment and inadequate follow-up, and they may misdiagnose patients. Chronic daily headache is the most common sequela of improperly treated migraine without aura.

Best practices include preventive measures and use of medications that are safe and cost effective for long-term use. Medications, however, don’t cure headaches; they often have adverse effects and may lose effectiveness over time. If a medication is required for long-term use, a cost-effective analysis is also mandatory. Any medication that can reduce the cost of therapy and reduce adverse effects without compromising clinical efficacy should be welcomed. Pain medications are not a substitute for recognizing and dealing with stressors that may trigger headaches.

For centuries, Ayurveda has been a widely used though poorly analyzed system of medicine in which combinations of herbs, minerals, lifestyle modifications, and diet are prescribed to deal with a disease. Ayurveda has been used effectively in many cases where poor lifestyle choices have been implicated in the pathogenesis of disease. The efficacy of Ayurvedic therapies in isolated cases of chronic migraine has been reported.

For this case study, we prescribed a trial of Ayurvedic therapy for a single case of migraine without aura and recorded the effects of this intervention on selected objective parameters.

Case Summary

A 45-year-old woman presented with a history (>1 year) of severe, regular headaches preceded by an ache in a left lower tooth. She had tried various conventional therapies with only brief periods of relief.

Her headache was located over the front temporal region; it was mostly unilateral and throbbing and was associated with vomiting and with photo- and phonophobia. Her headache persisted for 24-hour periods and disturbed her sleep. No history of focal deficit, seizures, or loss of consciousness was reported.

A physical and neurological examination was conducted. Her pulse was 76/min, and her blood pressure was 120/80 mm Hg. Examination of the cranial nerves revealed mild conductive hearing loss in the right ear and moderate conductive loss in the left ear. There were no signs of meningeal irritation. Gait was normal. Examination of muscle strength of the motor system revealed normal power in all 4 limbs. Deep tendon reflexes were symmetrical and physiologic. Plantar reflex was present and reduced bilaterally. The results of a contrast computed tomography scan of the head were normal. The diagnosis was migraine without aura using the International Headache Society diagnostic criteria. According to the patient’s Migraine Disability Assessment Score (MIDAS), her disability was a grade 2; on a 4-point scale (nil, mild, moderate, severe), pain intensity was measured as severe.

Using an Ayurvedic clinical examination, the patient’s condition was assessed as an excess of Pitta (fire) and locally stagnated Vata (air). The symptom presentation was presumed to be associated with these 2 pathological factors. The patient was prescribed Ashwagandha ghrita, a classical Ayurvedic formulation.
composed of ashwagandha (*Withania somnifera*) root powder processed in cow ghee (a clarified butter processed from cow milk—a common ingredient used in processing many Ayurvedic preparations) at 10 g 2x/d with lukewarm milk.

At a follow-up visit 1 month later, the patient reported she had only occasionally used analgesics during the month to control pain. Treatment was continued for another month, at which time she reported minimal symptoms. The MIDAS was grade 2, and the pain intensity on the 4-point scale was mild. Her sleep was restored, and no other residual symptoms were present. A third 1-month follow-up visit without therapy was scheduled to see whether any regression or reversal of the condition occurred; none was discernible at this final visit.

**Discussion**

Migraine is a common pain condition that is disabling enough to impair a patient’s quality of life and ability to work. Migraine may present with or without aura. A migraine without aura usually presents as a unilateral, pulsating, severe, and sustained headache that is often aggravated by routine daily activities or stimuli. It may be associated with nausea or vomiting, and the pain intensity is often reduced after an episode of vomiting.

A thorough diagnostic workup followed by a stepwise treatment consisting of analgesics and migraine-specific drugs is the current standard of care. However, this approach is inadequate to meet the needs of many migraine patients.

Over-the-counter analgesics are often taken for quick relief, but they can be associated with various adverse effects and eventual dependency. They are often required every 4 to 6 hours to maintain analgesia. Analgesics alone often do not work and have to be supplemented with migraine-specific drugs, muscle relaxants, and/or antidepressants. (As depression often accompanies headaches, either in the form of a cause or its effect, antidepressants are empirically used for treatment of migraine.) If used regularly, analgesics may have reduced efficacy, requiring an increase in dose or a change of compound. To abort an episode completely, it may be necessary to take analgesics regularly. An episode of migraine may last from hours to days, and the patient may have to be medicated for the whole period.

Practitioners of Ayurvedic therapy, composed of herbs, minerals, or their combinations in different forms, propose a biohumoral (dosha) correction in the body as the technique to eliminate a disease. To elicit data to support the diagnosis and consequent treatment, Ayurveda relies on a battery of subjective examinations intended to explore the biohumoral imbalance (*prakriti*) of the patient and of the disease. In this case, the disease was diagnosed as Pitta-Vata *sirah sula* (headache caused by Pitta-Vata imbalance). Symptoms of a headache of Pitta etiology are described as a pain of high intensity in front temporal regions and associated vomiting. A headache of *Vata* etiology is represented by an intensity variation, throbbing nature, and associated sleep disturbances.

The management of Pitta-Vata disease focuses on reducing imbalances while avoiding triggers. The formulation used in the case, *Ashwagandha ghrita*, is a specific nervine tonic described in Ayurveda that has the properties of reducing Pitta and Vata. As expected, its use resulted in a satisfactory clinical outcome. The response to treatment was evaluated through the use of tools such as the pain intensity measurement scale and the MIDAS, both of which further validated the observed response.

**Conclusion**

Ayurvedic medicine is a well-recognized form of traditional medicine in India. It is authorized by the state and is practiced widely in India and neighboring countries. Migraine without aura is a common condition worldwide, yet it is poorly diagnosed and managed. Analgesics have been the mainstay of its management; however, they carry the risk of misuse, overuse, underuse, adverse effects, and dependency. Lifestyle modifications are recommended for the management of stress-related diseases including headache, but patients may have difficulty in following those recommendations.

Practitioners of Ayurvedic therapy usually identify the etiopathogenesis of the disease and then perform a biohumoral analysis of the patient and of the disease. Ayurveda, one of the world’s oldest health care traditions, incorporates drugs and diet as well as environmental and lifestyle corrections to improve treatment outcomes. Migraine management through Ayurveda, as presented in this case, encourages us to think further about expanding our approach to complex conditions.

**References**