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Comprehensive Ayurvedic Approach in the Management of Vataj Shirashoola (~Tension-Type Headache): A Case Report

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Abstract

Vataj Shirashoola (~Tension-Type Headache, TTH) is a common condition characterized by recurrent headaches often influenced by lifestyle and psychosomatic factors. Conventional treatments provide symptomatic relief but may lead to side effects and dependency. Ayurveda offers a holistic and sustainable approach by addressing both symptoms and root causes. A 25-year-old female presented with a 4-year history of recurrent bitemporal and frontal headaches, vertigo, disturbed sleep, and eye pain exacerbated by stress, irregular dietary patterns, and exposure to cold. Despite multiple courses of conventional analgesics, her symptoms persisted. She sought Ayurvedic management for relief. The treatment regimen included Anu Tail Nasya (~nasal instillation of medicated oil), herbal formulations, and Panchakarma therapies such as Snehana (~oleation), Swedana (~sudation), and Shirodhara with Dashamoola Kwath. Emphasis was placed on lifestyle modifications, including stress management and dietary adjustments. Following a three-month treatment course, the patient reported complete relief from headaches, vertigo, and eye pain, along with improved sleep quality and overall well-being. The management approach focused on pacifying aggravated Vata dosha and restoring systemic balance through personalized therapies and lifestyle changes. Panchakarma therapies facilitated detoxification and relaxation, while herbal formulations supported systemic rejuvenation. This comprehensive approach not only alleviated symptoms but also addressed contributing factors, ensuring long-term health benefits. This case underscores the efficacy of Ayurvedic interventions in managing Vatai Shirashoola and highlights their potential as a sustainable alternative for chronic headache management. Further research is warranted to validate these findings and promote wider integration into modern healthcare practices.



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Keywords: *Vataj Shirashoola*, Tension-type headache, *Nasya*, *Ayurveda*.

Introduction

In Ayurveda, Shira's (~head) is revered as a Sadhyopranahara Marma—a vital anatomical and physiological point essential for sustaining life. It is the primary seat of *Prana*¹ (~life force) and serves as the center for sensory perception, cognition, and motor functions. Given its importance, any discomfort or disorder affecting Shiras is considered significant, requiring immediate attention. Collectively known as *Shirorogas*, these disorders have been extensively described in *Ayurvedic* classics. Acharya Sushruta has identified 11 types of Shirorogas², with Vataja Shiroroga being the most frequently encountered type in clinical practice. Vataja Shiroroga, characterized by Shirashoola (~headache) and associated discomfort, is primarily attributed to the aggravation of *Vata dosha*. Several lifestyle and behavioral factors contribute to this condition, including Vegadharana (~suppression of natural urges), Ratri Jagarana (~staying awake late at night), Upavasa (~inappropriate fasting), Ati-Ucchabhashana (~excessive loud speech), and Bhaya³ (~anxiety). These factors are reflective of the challenges posed by modern-day stressors, erratic schedules, and unhealthy habits. From a contemporary perspective, Vataja Shirashoola closely aligns with tension-type headaches (TTH), which are recognized as the most prevalent primary headache disorder. TTH often presents as a dull, tightening pain, resembling a band encircling the head, and may radiate to the neck, shoulders, and eyes. Common triggers include psychological stress, sleep deprivation, poor posture, irregular dietary habits, teeth clenching, and prolonged muscle tension around the head and neck⁴. Despite its high prevalence, the exact causes of TTH remain poorly understood. Conventional medicine primarily relies on symptomatic management through pain relievers and antidepressants, which may lead to side effects and dependency while failing to address the root cause of the condition.

Ayurveda offers a holistic and integrative approach to managing *Vataja Shirashoola*. Therapies such as *Nasya* (~nasal administration of medicated oils), *Shiroabhyanga* (~therapeutic head massage), *Shirolepa* (~application of herbal pastes to the head), *Snehapana* (~internal oleation), and *Basti* (~medicated enemas) are specifically designed to pacify aggravated *Vata dosha*. Additionally, practices like *Swedana* (~sudation therapy), *Dhumapana* (~medicated smoke inhalation), and *Parisheka* (~pouring medicated liquids) provide external nourishment and relief. The treatments are grounded in the Ayurvedic principle of *Samanya-Vishesha Siddhanta* (~balancing through similarity and opposition), ensuring that the underlying imbalances are corrected while providing symptomatic relief.

Furthermore, the *Ayurvedic* approach emphasizes prevention through lifestyle and dietary modifications. Proper sleep hygiene, stress management, regular meal timings, and the avoidance of *Vata-aggravating* habits are integral to sustainable wellness. Unlike conventional treatments that may only suppress symptoms temporarily, *Ayurveda* focuses on addressing the root causes, thereby offering long-term relief and reducing recurrence. By integrating these time-tested therapies and principles, *Vataja Shirashoola* can be managed effectively, improving both quality of life and overall health. This holistic perspective underscores *Ayurveda's* potential as a comprehensive system for managing not only headaches but a wide range of chronic and stress-related disorders.

PATIENT INFORMATION

A 25-year-old female visited the outpatient department on May 15, 2024, with multiple complaints related to persistent headaches and associated symptoms. Her primary issues included bitemporal



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headache, Pain in the frontal region, with significant discomfort between the eyebrows and the forehead, and a sensation of intense pressure in the eyes, as if they were being pushed out. In addition to these symptoms, she reported increased pain during the night, frequent episodes of vertigo, and disturbed sleep patterns. The patient mentioned that these headaches had been recurring 3-4 times per week for the past four years, severely affecting her quality of life. Several lifestyle and environmental factors seemed to contribute to her condition, including regular consumption of junk and stale food, frequent fasting, and exposure to cold weather and winds. Her symptoms were exacerbated by stress, anxiety, physical exertion, and unsuitable environments. Additionally, inadequate sleep and irregular eating habits, especially towards the evening, caused the pain to intensify.

Over the past four years, she had sought conventional allopathic treatments, which provided temporary relief with the use of analgesics. However, despite several courses of medications, the headaches frequently recurred, making her feel the need for an alternative approach to manage her condition more effectively. Seeking long-term relief, she approached the National Institute of Ayurveda for evaluation and treatment, where she was admitted for further investigation into her condition and a comprehensive *Ayurvedic* treatment plan.

Clinical Finding

On general examination, the patient's vital signs were within normal limits, with a blood pressure of 100/80 mmHg, a pulse rate of 72 beats per minute, a body temperature of 98.2°F, and a respiratory rate of 19 breaths per minute. She appeared thin and lean with a weak body build but maintained a normal gait. There were no signs of pallor, icterus, or cyanosis, and the systemic examination revealed no abnormalities. Clubbing was absent, and lymph nodes were not palpable. These findings provided a stable baseline for further clinical assessment and management.

The patient has a history of repeated hospitalizations and experiences significant psychological stress. Her medical history does not indicate any major co-morbidities. She follows a vegetarian diet, maintains a normal appetite, and has regular bowel habits without any digestive concerns. However, she reports disturbed sleep patterns. There is no history of substance use or addiction. Lifestyle factors, including stress and irregular routines, appear to contribute to her condition. Additionally, there is no known family history of similar ailments or genetic predispositions.

Diagnostic Focus and Assessment

Diagnosis was made on the basis of subjective criteria and also mentioned in previous diagnostic information.

Subjective Criteria

Tivraruja (Intense Pain), Nishi cha atimatram (Excessive Pain at Night), Shankhanistoda (Bitemporal headache), Ghatasambheda (Pain in occipital region), Bhrumadhyevam lalatatapanam (Pain and burning in forehead), duration of headache

Investigation

Investigations revealed a hemogram with hemoglobin levels at 11.2 g%, and an erythrocyte sedimentation rate (ESR) of 14 mm/hr. HDL cholesterol was 38.5 mg/dl, fasting glucose was 92.2 mg/dl, and postprandial glucose was 78.0 mg/dl. Liver function tests (LFT) and urine analysis were within nor



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mal limits at the time of admission.

Dashavidh pareeksha⁵ (~Ten fold of examination)

The patient underwent a comprehensive assessment based on *Dashavidha Pareeksha* (~Tenfold Examination) as outlined in classical Ayurvedic texts. Her *Prakruti* (~physical constitution) was identified as *Vata-Pittaja*, while the *Vikruti* (~morbidity) indicated *Vata Prakopaja* (~aggravation of *Vata*) along with *Dhatukshaya* (~depletion of body tissues). The examination revealed *Madhyama Sara* (~moderate excellence of tissue elements), *Madhyama Samhanan* (~moderate compactness of tissues), and *Madhyama Praman* (~balanced measurement of body constituents). Her adaptability to dietary and environmental factors, or *Satmya*, was found to be *Madhyama*, while her *Satwa* (~psychic condition) was also moderate. The patient's *Vaya* (~age classification) was considered *Madhyama*, corresponding to her developmental stage. However, her *Aaharshakti* (~digestive capacity) and *Vyayamshakti* (~capacity for physical activity) were both noted as *Avara* (~low). Despite these findings, her *Bala* (~overall strength) was assessed as *Madhyama* (~moderate), indicating a fair level of resilience. This detailed evaluation helped guide the personalized therapeutic approach adopted for her condition.

Therapeutic Interventions

For the initial treatment, begin with *Anu Tail Nasya*⁶, administering 2 drops twice daily to promote nasal health and alleviate headaches. In addition, the following formulations were prescribed:

S.N.	Medicines given	Dose	Duration	Anupan
1.	Avipatikar Choorna ⁷	3g	22 days	Water
	Pittantak Yoga ⁸	1g twice a day,Before food		
2.	Laghu Sutasekhar Rasa ⁹	500mg twice a day,	22 days	Water
		Before food		
3.	Arogyavardhini Vati 10	500mg twice a day,	22 days	water
		After food		
4.	Shankhpushpi Syrup ¹¹	15ml twice, after food	22 days	Water
5.	Shirashooladi Vajra Rasa ¹²	250 mg	19 days	Water
	Godanti Bhasma ¹³	500 mg		
	Anand Bhairav Rasa ¹⁴	125 mg		
	Mukta Shukti Bhasma ¹⁵	250 mg twice after food		

After this initial begin the *Panchakarma* procedure, which two days treatment, includes Snehana (~oleation) Swedana (~sudation). **Following** and this, initiate Shirodhara with Dashamoola Kwath to further enhance therapeutic benefits.

Panchakarma Procedure	Duration
Snehana (~oleation)	7 Days
Swedana (~sudation)	7 Days
Shirodhara with Dashamoola Kwath	10 Days



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During the treatment process, it is essential to strictly avoid any factors that contribute to the onset of headaches. Key practices for effective management include ensuring sufficient rest, managing stress effectively, avoiding the suppression of natural bodily urges, and maintaining mental balance. By adhering to these practices, one can significantly enhance the overall effectiveness of the treatment and support the healing process.

Results Analysis

Table: Change in Signs and Symptoms before treatment and after treatment

Sl. No.	Parameter	Before treatment	After treatment
1	Tivraruja (Intense Pain)	Severe	No episode since past 3
			month
2	Nishi cha atimatram (Excessive Pain at	Severe	No episode since past 3
	Night)		month
3	Shankhanistoda (Bitemporal headache)	Severe	Relieved
4	Ghatasambheda (Pain in occipital region)	Moderate	Relieved
5	Bhrumadhyevam lalatatapanam (Pain and burning in forehead)	Severe	Mild
6	duration of headache (in hrs)	3 to 4 hrs	No episode since past 3 month
7	Frequency of headache	3 to 4 times in a week	No episode since past 3 month
8	Stiffness of neck and shoulder	Present	Relieved
9	vertigo	Present	Absent
10	Disturbed sleep	Present	Absent

Follow-Up and Outcome

After completing the treatment, the patient was followed up for three months and demonstrated significant improvement. She reported enhanced sleep quality and complete relief from headaches, vertigo, and eye pain. The holistic approach, coupled with strict adherence to lifestyle modifications, contributed to her overall well-being. This positive outcome highlights the effectiveness of the treatment protocol and underscores the importance of ongoing care.

Discussion:

The *Ayurvedic* management of *Vataj Shirashoola* (~tension-type headache) follows a holistic approach, addressing both the physical and psychosomatic aspects of the condition. In the case of the 25-year-old female patient, her recurring headaches were aggravated by lifestyle factors such as irregular eating habits, stress, inadequate sleep, and environmental influences. *Ayurveda* identifies *Vata dosha* as a primary factor in tension-type headaches, as *Vata's* qualities—dryness, lightness, and mobility—manifest in symptoms like sharp pain, stiffness, and discomfort. The treatment protocol begins with the use of *Anu Taila Nasya* to calm the nervous system, alleviate nasal congestion, and reduce headache tension.



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Additionally, the administration of *Avipatikar Choorna* and *Pittantak Yoga* helps balance *Pitta dosha* and improves digestion, addressing the digestive disturbances that often accompany tension headaches. *Laghu Sutasekhar Rasa* further balances *Vata* and *Pitta doshas*, reducing pain, while *Arogyavardhini Vati* promotes detoxification, enhancing vitality. The inclusion of *Shankhpushpi Syrup* is particularly beneficial for stress relief, helping to calm the mind and reduce the psychological components of the headache.

The combination of *Shirashooladi Vajra Rasa*, *Godanti Bhasma*, *Ananda Bhairav Rasa*, and *Mukta Shukti Bhasma* works synergistically to address pain, inflammation, and stress. *Ananda Bhairav Rasa* balances both *Vata* and *Kapha* doshas, reducing pain and inflammation, while *Godanti Bhasma* cools and soothes, reducing stress-related inflammation. *Mukta Shukti Bhasma* provides relief for headaches linked to acidity and hyperacidity, further supporting mental wellness.

After two days of initial therapy, *Panchakarma* procedures—*Snehana* (~oleation), *Swedana* (~sudation), and *Shirodhara* with *Dashamoola Kwath*—were introduced to enhance the therapeutic effects. These procedures work by deeply relaxing the nervous system, promoting detoxification, and balancing the *doshas*, contributing to the long-term relief of tension-type headaches. Moreover, lifestyle modifications were emphasized, including sufficient rest, stress management, and avoiding headache triggers such as excessive talking, fasting, or exposure to cold weather. This comprehensive approach, combining *Ayurvedic* therapies and lifestyle changes, helped the patient experience significant improvements, including complete relief from headaches, vertigo, and eye pain, underscoring the effectiveness of *Ayurvedic* treatment for chronic conditions like *Vataj Shirashoola*.

The follow-up results were promising, indicating significant improvement in the patient's symptoms and quality of life. The complete relief from headaches, vertigo, and eye pain underscores the efficacy of the integrative approach. Enhanced sleep quality and overall well-being further illustrate the holistic nature of *Ayurvedic* treatment, which considers the complex interplay of physical, mental, and environmental factors in achieving health. This case exemplifies the importance of personalized treatment plans in *Ayurveda*, tailored to the individual's constitution and lifestyle. The positive outcomes also emphasize the necessity of patient education regarding lifestyle modifications and the importance of adhering to therapeutic interventions to prevent relapses. In conclusion, the *Ayurvedic* management of *Vataj Shirashoola* effectively addresses immediate symptoms while promoting long-term health and well-being. Future studies involving larger sample sizes and controlled designs would be beneficial in validating these findings and expanding the understanding of *Ayurvedic* interventions for tension-type headaches.

Conclusion:

This case report highlights the successful Ayurvedic management of *Vataj Shirashoola* (~Tension-Type Headache) through a holistic and individualized approach. The patient cachieved significant relief from headaches, vertigo, and disturbed sleep after adhering to a comprehensive treatment plan that included *Anu Tail Nasya*, targeted herbal formulations, and *Panchakarma* therapies, along with essential lifestyle modifications. The marked improvement observed during the three-month follow-up emphasizes the importance of addressing both the physical symptoms and the underlying lifestyle factors contributing to the condition. This case illustrates *Ayurveda's* potential to provide effective and sustainable solutions for chronic headache disorders, advocating for further exploration and integration of these traditional practices into contemporary healthcare settings for enhanced patient outcomes.



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