A CLINICAL ANALYSIS BASED ON ETIOLOGY OF SHIROROGA (HEADACHE)

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ABSTRACT

The aim of this study was to highlight the Shiroroga (headache) and to attempt a quantitative assessment in relation to any underlying etiologies. We undertook to study a population of 100 patients attending a headache clinic between Januarys to October 2016. Their answers on a questionnaire allowed detailed evaluation of the characteristics of headache, including such variables as the circumstances in which the headache was first noticed and evaluation of its intensity and frequency. The patients each underwent a full ENT examination with the aim of diagnosing an etiology. The great majority of headache patients had an Ardhavabhedaka (migraine) and, among these patients, episodic headache 27%, visual disturbance 8%, Allergic symptoms 3%, Cluster headache 4%, Migraine with aura 1%, Migraine without aura 23%, Pain in neck 9%, Hypertension 11%, Eyestrain 33%, Rhinitis 27%, Nasal polyps 0%, Nausea and vomiting 13%. Of these patients, Maximum number of patient's i.e 13% having habit of no use of cushion or improper position. 81 having (Aaharaja) dietary factors and196 having viharaja (behavioral) nidana. The study shows faulty life- style and mental disturbance were most considerable etiology of Shiroroga (headache).

KEYWORDS: Shiroroga, Aahara, Dhuma, Rakta dhatu, Migraine Author for correspondence.

INTRODUCTION

Headache is one of the most common of medical complaints with numerous underlying causes and many patterns of presentation. "Headache" cuts across different specialties, occurs in all age groups and in both acute and chronic conditions. As different headaches have different treatment, it is imperative to try and first establish a working diagnosis whenever you examine patients who present with headache.

Nidana means the factors responsible for producing disease[1] i.e., etiological factors. According to the above definition any factor which has a tendency or capacity to produce disease can be considered as Nidana. In Ayurveda, Shiroroga is described precisely. There are 11 pattern of Shiroshula described by Acharya Susruta. These are Vataja, Pittaja, Kaphaja, Sannipataja, Raktaja, Kshayaja, Krimija, Ardhavabhedaka, Suryavarta, Anantavata Shankahaka.[2] All Acharya gave different causes which vitiate Dosha and Rakta dhatu and produces different type of headache.[3] Different causes are responsible for the different type of headache in patients. It can be classified in 3 ways according to Dosha.1. Vata dosha vitiating cause like intake of unctuous diet, taking food before the digestion of previous meal, Expose to eastern wind and frost, Suppression of natural urges like feces, urine, sneezing, yawning, thrust, hunger etc., Excessive sexual indulgence, Improper sleep, Excessive talking, Affection with bad or pungent smell, dust etc. 2. Pitta dosha vitiating causes like Exposure to sun, Taking food in excess, Taking food before the digestion of previous meal etc. 3. Kapha dosha vitiating causes like Day sleep, Intake of cold food.

Psychological factors are highly relevant to the evaluation and treatment of headache. The daily tension type headache emerged from a dull ache at onset, to a pressing, tightening pain. This headache would originate in the occipital region and radiate forward to the temporal area bilaterally. Emotional stress is one of the most common causes of migraine headache. Migraine sufferers are generally found to be more emotional and more highly affected by stressful events.

Due to high prevalence of headache and many causative factors are generates pathology a better treatment is needed. But to treat the patient, one must going through proper diagnosis and cut down the causative factor from root. So this study is aimed to analysis etiological factors of headache.

METHODS

The present study was based on the analysis of 100 patients in the age group 5–70 years diagnosed for "Shiroroga (headache)" in the OPD no. 10, Department of Shalakyatantra in Government Akhandanand Ayurveda College from January to October 2016. The entire sample was selected by Random sampling method. Each case after being screened from the outpatient department was clinically evaluated by taking a proper history, general physical, and completes local ENT examination. The criteria for making the diagnosis of Shiroroga were based on clinical feature of Shirorogaviz. (headache) pricking pain in temporal and cervical, burning in frontal and above eyebrows, numbness in ear, feeling like protruded eyes, throbbing in vessels, vertigo, burning in eyes in text either acute or chronic stage.[4]

Patients having any type of headache like tension headache, cluster headache, migraine with aura and without aura, allergy headache, sinus headache etc. were selected. Patients below age of 5 years and above 70 years were excluded. A detail case report form (CRF) was made on the basis of etiology of Shiroshula as well as headache. The etiological factors were divided in 3 groups' i.e, Aaharaja nidana, Viharaja nidana and Mansika nidana. Each case report form was systemically filled up in details. Vital data of each patient were recorded. Anterior and posterior rhinoscopy, ear examination with otoscopy, indirect laryngoscopy and other systemic examination was done. If required CT scan of brain, neck or PNS was done. X-ray of PNS, chest, teeth or mastoid were done if necessary to exclude. The data so obtained was analyzed using standard statistical parameters.

RESULT

Total 100 patients were analyzed in OPD with follow up and practice maximum number of patients was between 26-40 year age- group and that is 52%. Patients between age of 5-15 were 1%, age between 16-25 were 24%, age between 26- 45 were 38%, age between 36-45 were 29%, age between 46-55 were 5%, age above 55 were 3%. (Chart no.1).

There were 38% patients having headache from more than 6 month, 24% having headache since 1 month, 20% having headache since 3 month, 10% having since 6 month and 8% since 1 week (Table no.1).

According to clinical features continues headache were found in 6% patients, episodic headache 27%, visual disturbance 8%, Allergic symptoms 3%, Cluster headache 4%,

Migraine with aura 1%, Migraine without aura 23%, Pain in neck 9%, Hypertension 11%, Eyestrain 33%, Rhinitis 27%, Nasal polyps 0%, Nausea and vomiting 13% (Table no.2).

Results are shown according to dietetic factors, behavioral factors and psychological factors respectively in table 3, 4 and 5 as below.
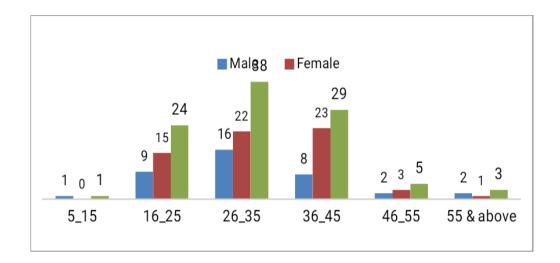

Table no.1 Chronicity wise distribution of 100 pateints			
No.	Chronicity	No. of patients	%
1.	Since 1 week	08	08.00
2.	Since 1 month	24	24.00
3.	Since 3 month	20	20.00
4.	Since 6 month	10	10.00
5.	More than 6 month	38	38.00

Table no 2. Clinical features wise distribution of 100 patients			
No.	Clinical features	No. of pateints	%
1	Continues Headache	06	6.00%
2	Episodic Headache	27	27.00%
3	Visualdisturbance	08	8.00%
4	Allergic symptoms	03	
5	Cluster headache	04	4.00%
6	Migraine with aura	01	1.00%
7	Migraine without aura	23	23.00%
8	Pain in neck	09	9.00%
9	Hypertension	11	11.00%
10	Eyestrain	33	33.00%
11	Rhinitis	27	27.00%
12	Nasal polyps	00	0.00%
13	Nausea and vomiting	13	13.00%

Table no 3. Viharaja nidan wise distribution					
No.	**Etiological factor**	**Male (n)**	**Female (n)**	**Total**	**%**
1.	Dhumasevan (fumes)	3	1	4	4.00
2.	Jalakrida (playing in water or swimming)	1	0	1	1.00
3.	Adhika svedapravritti (excessive sweating)	0	0	0	0
4.	Updhana sevanadvesha (no use of cushion)	4	9	13	13.00
5.	Adha pratata ekshana (constant seeing downwards)	16	7	23	23.00
6.	Atapasevan(sunlight/heat)	3	1	4	4.00
7.	Purovatasevan (northen wind)	24	2	26	26.00
8.	atisvapna (excessive sleeping)	0	3	3	11.00
9.	Adhi (manah kashta) (meantally hampered)	1	43	44	44.00
10.	Rodana(excessive crying)	0	2	2	2.00
11.	Krimi (helminthes)	0	0	0	0.00
12	Mrujadvesha(absenceof cleanliness in head)	7	4	11	11.00
13	Asatmyagandha(badsmell)	3	0	3	3.00
14	Tushasevan(frosty atmosphere	2	0	2	2.00
15	Jagarana (late night sleep)	15	12	27	27.00
16	Baspanigraha (restrict urge of tears)	0	0	0	0.00
17	Vegadharana (restrict urges)	7	25	32	32.00
18	Abhyangadvesha(absenceof massage)	0	0	0	0.00
19	Abhighata(trauma)	1	0	1	1.00

Table no 4. Aharaja nidan wise distribution			
No.	**Etiological factor**	**Total**	**%**
1.	Dushit aam (undigested product)	43	43.00
2.	Madhyapana (alchohol)	1	1.00
3.	Atijalapan (excessive intake of water)	6	6.00
4.	guru-amla-harita bhojan (heavy, sour and greendiet)	24	24.00
5.	shitajalapan (cold water)	7	7.00

Table no.5. Emotional status wise distribution			
No.	**Status**	**No. of pts**	**%**
1.	Normal	34	34.00
2.	Tension	53	53.00
3.	Depression	13	13.00

DISCUSSION

First attack occurred under the age of 10 years found in 1% of cases, first four decades account for 92% cases in the study. Maximum number of patient's i.e. 48% having habit of no use of cushion or improper position makes the compression of cervical nerves and muscles stiffening. 44% patients are disturbed mentally due to physical, social or economical. It impacts on Vega and Vrutti of person which generate any disease condition in body. There are 43% patients having history of Dushit aam as an etiological factor. The factors which

enter into the body are turned into such wholesome or innocuous form that they cease to be foreign elements, become homogenous with the body tissues and are assimilated else, are rejected and eliminated and not allowed to enter the circulation and disturb.[5]

There are 32% patients having habit of restrict natural urges of body like urination, stool passing, yawning, hunger, and thrust, vomiting, sneezing etc. They are most of females who are neglecting urges due to perform their duties. 27% patients having habit of late night sleep. It increases Vata dosha which direct create pain.[6] 26% patients are travelers on two- wheeler and got exposure of direct wind. This generate sinus headache. There are 24% patients having heavy diet and excessive use of onion, garlic, lemon, ginger, bishops' seed, coriander, basil etc in meal. All these included in Harita varga are vitiates Rakta dhatu.[7] 23% of patients having professions like clerk, computer operators, diamond cutters, tailor etc who work in downward position of neck and continues seeing things downward. Direct exposure of sunlight or heat to the head vitiates Rakta dhatu directly and produce headache. Other causative factors are also responsible which was not found in this   study.

It was my impression that emotional factor had greater significant in headache. Only 2/3 patients were aware of causal important off emotional upsets. Very few patients had family history of headache. 3% cases were prone to allergic disorders and specific allergen always produces typical migrainious attack.

CONCLUSION

Whenever first attack of headache found, one must take proper history and cut down that etiological factor. If cause of headache is excluded or corrected in one's life, the half treatment was done. Different causes are responsible for making various Samprapti and produce different type of headache in patients. It prevents from chronic migraneous attacks. Headache has been assigned a major contributing factor for decreased quality of life and diminished production capacity. History-taking is all about entertaining the RIGHT suspicions, asking the RIGHT questions in the RIGHT sequence to arrive at the RIGHT diagnosis and initiate the RIGHT treatment within the RIGHT time-frame. Our Acharya's keen observation on etiological factors makes us pompous. Proper observation gives us perfect diagnosis.

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