



Treating Chronic Migraine with Traditional Siddha therapy- A case study

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Abstract

Introduction: Migraine is a very common disorder among all age groups. It is characterized by recurrent attacks of headache with a sudden onset accompanied by usually unilateral or sometimes bilateral headaches. Chronic migraine, a severe form of migraine is characterized by long term persistent headache that is difficult to treat or fails to respond to standard treatment even after avoiding all migraine triggers. Migraine is thought to be one of the economic and societal burden to the patients affecting his quality of life, work balance, social activities, and family life.

Methods and Methodology: In Siddha, Migraine is described as Mandai soolai (severe headache) and is classified under kapa diseases. Siddha believes in treating the disease at its root cause from within. The main reason for most of the people choosing Siddha is due to its simplicity. Moreover, another foremost reason for choosing it is due to less or no side effects when compared to usage of antibiotics. Here, we present a case of 40-year female patient suffering from chronic migraine from last 22 years with c/o throbbing headache in right temporal region which lasted for 4 to 5 hours daily. It was associated with symptoms of nausea, vomiting, nasal blockage, phonophobia, and photophobia. Her daily activities like walking, sleeping and working on computers was getting difficult. The patient was treated with Siddha therapy utilizing stimulation of Varmam points by pressing (Amarthal) technique on OPD basis for 20 sessions with 4 sinus sessions and 2 gut sessions.

Result: The patient experienced no attack of migraine when she returned for a followup after 2 months break. There was considerable reduction in Visual Analog Scale (VAS) score, Migraine - Induced Disability Assessment Score, headache, duration & frequency, consumption of pain killers, and improved quality of life indicating the therapeutic efficacy of Siddha treatment.

Conclusion: This article shows that Siddha therapy is a new treatment option as there is no permanent cure for migraine and would help in cutting the expensive medication cost with positive health benefits thus improved quality of life.

Keywords: Chronic Migraine, Mandai soolai, Migraine-induced Disability Assessment score, Varmam technique

Abbreviations: Visual Analog Scale (VAS), Migraine - Induced Disability Assessment Score (MIDAS), Years Lived with Disability/Disease (YLD)

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I. Introduction

Migraine is a chronic paroxysmal neurological disorder characterized by recurrent attacks of moderate to severe headache with associated symptoms such as nausea, vomiting or dizziness [1]. The most characteristic symptoms associated with migraine include photophobia, phonophobia, and gastrointestinal symptoms while few may also have a primary complaint of dizziness, ear pain, or head heaviness (*Thalai Kanappu*), "sinus" pain (*Peenishangal*), and even neck pain [2]. Routine physical activity, movement, or even throat infection (*Kural Kammal*), running nose (*Naasi neer paaychchal*) can worsen the headache [3]. Migraine occurs mostly in the morning time, especially upon waking. Patients with chronic migraine experience migraine symptoms for 15 days or more in a month over a period of 3-4 months. During the episode people feel exhausted or weak but otherwise are usually symptom-free between attacks [4]. Some people have migraines at predictable times, such

as before periods or after stressful work. People who suffer from migraines can clearly identify the triggers like alcohol, a certain type of food items, allergies, sunlight, loud noises and certain odors or perfumes, irregular sleep, and missing meal [5].

The prevalence of migraine is on a rise globally. It is thought that around 12.8% of the world population is affected by migraine [6]. According to statistics, about 7%–10% of all headache patients convert into Chronic Migraine patients; it is observed that migraine is more in females as compared to males with ratio of 3:1. Studies show migraine to be a major cause of limiting day-to-day activities of daily living [7]. Those having migraine attacks have a higher chance of developing sleep disorders, depression, anxiety and fatigue. Thus, the economic and social burden of migraine is substantial, affecting patients' quality of life in terms of work, social activities and family life [8]. Migraine is currently the third leading cause of Years Lived with Disability/Disease (YLD) among individuals under 45 years of age with peak incidence of occurrence in adolescence and peak prevalence in middle age. Studies do support for its presence in about two third of the cases in the family [9]. In recent years, the management of migraine has advanced but there remains a group of patients who continue to experience disabling headache despite optimal treatment. These patients remain "refractory" and fails to respond to standard treatment even after avoiding all migraine triggers [10].

The management of migraine includes identifying the primary cause & headache type, addressing all associated factors, and treating both with medications and behavioral treatments. Though, conventional treatments give satisfactory result but can cause side effects so migraine sufferers find Complementary and alternative medicine (CAM) therapies as a better option [11]. A study in China showed among 690 patients with headaches, 492 were using CAM, out of which 46.4% were suffering from migraine [12]. Ayurveda, massage therapy, Acupuncture, meditation & yoga therapy, cognitive behavior therapy are some of the popular methods of CAM. The reason for acceptance of these therapy techniques is due to their simplicity and use of natural medications causing no side effects [13].

Siddha therapy is also one such unique, ancient alternative treatment process popular in Southern part of India. It relies mainly on natural remedies, dietary and lifestyle changes to cure a particular condition, it has been found effective in curing migraine as well. In Siddha, Migraine is described as *Mandai soolai* (severe headache) and is classified under *kaba* diseases. The physiological functioning of the body is mediated by three humours, namely *Kabam*, *Pittam* and *Vatham* [14]. The popular belief in the Siddha system is that headaches occurs when two out of these three humours are dearranged. Many Siddhakars believe that when *Silethuma* naadi or *Kaba* naadi goes out of balance, it would result into headaches or migraine. The line of treatment focuses on normalizing the balance of the humour, so the disease is cured and body normalcy is regained [15].

Siddha is widely practised in India but there are no well-documented studies evaluating its safety and efficacy. Hence, the aim of the study is to emerge Siddha therapy as a new treatment option for migraine with no side effects and helping in cutting the expensive cost for medications which the patient has to take for many years; providing positive health benefits and improving quality of life [16].

In this article, we present a case report of 40 year old woman with Chronic Migraine from last 22 years who underwent 4 siddha sessions for reliving the severe headache and had a good result without complications. The symptoms presented by patient at time of admission like sleeplessness, stiffness in neck, headache associated with nausea & vomiting which were at scale 9 (severe) was lowered to 2 (mild) on completing the treatment.

II. Methods and Methodology

Case Report

A 40-year old female from Hyderabad visited Department of Siddha, Chakrasiddh in Sept, 2022 with complaints of throbbing pain in right temporal region, watery eyes associated with nausea and vomiting from last 3-4 days. Headache occurred 3-4 times every day with severe intensity and use to last for 2 hours everytime. Headache was alternating in right side or in left side but dominantly on right side. She noticed the stiffness in her neck in morning times which use to reduce as day passes but headache intensity use to increase in day time. Her triggers were mainly sunlight and loud noises along with stress of work at office. The associated symptoms presented by patient at time of admission were sleeplessness, headache associated with nausea & vomiting and anxiety.

Medical History

On taking complete medical history, there is no significant family history identified, but the patient complained of gut issues mainly related to constipation atleast twice every week. The patient is non-diabetic, non-hypertensive and recently was diagnosed with hypothyroidism but the condition is well under control with the help of allopathic medications. She is pure vegetarian, non-alcoholic, and non-tobacco user. Her vitals were within normal limits. On general examination, there was no pallor, icterus, clubbing of nails or oedema noted.

Routine CBC and urine investigations as well as CT scan of brain were carried out and findings were not of any pathological significance though CT brain showed mild Maxillary sinusitis.

Her daily headaches with Visual Analog Scale (VAS) score up to 9 and Migraine - Induced Disability Assessment Score (MIDAS) about 72, indicating severe disability. The patient was initially diagnosed for migraine in the year 2012 and was put on painkillers as and when required. The pain killers gave her temporary relief in migraine. From last few years, the attacks have increased both in frequency and intensity of pain. These attacks were shifting from right and left but more in right temporal region. The pain was throbbing in nature with severity 9 on VAS and was associated with vomiting. She consulted many allopathic physicians but got symptomatic relief only. She consulted a neurologist who gave Botulinum toxin A injections in neck six months but then resistance to the drug developed and pain continued [17].






From last 1 year due to office problems, her anxiety levels were increased leading to frequent attacks of migraine with more intensity. Infact, from last few months, she was working from home due to travelling and sound which was initiating her headache episodes more. She was also avoiding her family functions and dayouts with family so her family life was getting perturbed. She was having low blood pressure and her weight was decreasing. While examination, her BP was 100/70 mmHg and weight 59 Kg. In recent past her pain scale was aggravating even by routine physical activity and was often accompanied by nausea or vomiting, so she wanted a treatment in Siddha which help her lead a normal life and treat her without medications.



Intervention

The treatment was started on 30th June, 2023; it was planned for 10 days for Cervical stiffness along with 3-4 sessions of Migraine twice a week. The patient had complaints of severe throbbing pain in right temporal region, watery eyes associated with nausea and vomiting. Patient was advised to do physio exercise for 1/2 hr and practice yoga including asanas, pranayama's, and meditation for one hour to lower her anxiety levels. With that she followed proper diet and siddha treatment as prescribed. External therapies are really helpful in this condition and gives a remarkable relief. Hot water fermentation along with steam inhalation (*Vedhu*) & nasal applications (*Nasiyam*) were been advised to be done twice daily to the patient [18].

In initial week, patient could see difference in her neck stiffness. She could notice that she was able to sleep well for 8 hours while earlier she could not sleep even for 2-3 hrs without disturbance. Pain in neck reduced from 9 to 4 in just first week. She also was advised to reduce her medications in a weeks time so that her dependency on pain killers is reduced and the outcome of siddha therapy can be visualized. On 7th day of treatment, the patient underwent the sinus session done by Chief healer who performed the procedure by hand pressure therapy (*Varmam*) along with some hard strokes on the cervical region. She initiated by pressurizing her fingers into nasal cavity and manipulating with fingers. She used different hand pressures like Thadaval and Amarthal to stimulate "varmam" points at neck and nasal area. The Varmam points that are stimulated to achieve a therapeutic effect in the treatment of patients diagnosed with Cervical Spondylosis and migraines in Siddha therapy are mentioned in Table-1.

Table-1: Varmam points and their locations

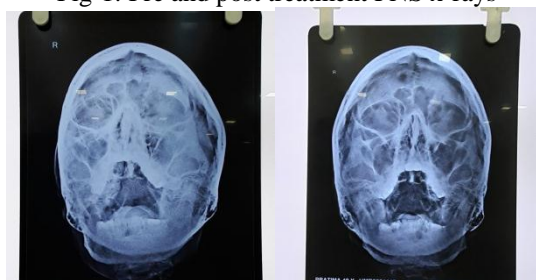
Varmam point	Location	Technique
<p>Mudicchu Varmam</p> 	Prominence corresponding to C7 vertebra	Manipulate in a clockwise and anticlockwise rotation 3 times each and then stretch downwards along the spine up to the T6
<p>Kakkatai Kalam</p> 	Supra clavicular fossa on both sides	Press the middle three fingers on the supraclavicular fossa from the posterior aspect of the patient
<p>Chippi Varmam</p> 	two fingerbreadths downward from the kaichulukki varmam point	Fix the tip of the three middle fingers; move fingers up and down whilst giving pressure
<p>Kavuli Kalam</p> 	Web area in between the thumb and the index fingers	Fix the tip of the three fingers; press in a pumping motion 3 times or so
<p>Melmannai Varmam</p> 	Upper end of the calf muscle (posterior aspect)	Fix the middle finger at the point and press (Simultaneously the patient is asked to flex and extend the neck)

<p>Manipooraga Adangal (esp for gut points)</p> 	<p>Five fingerbreadths below the umbilicus</p>	<p>Fix the tip of the middle three fingers transversely on the point; gently press and lift upwards</p>
<p>Sevikutri Kalam</p> 	<p>Fossa behind the ear lobe</p>	<p>Fix the central part of the middle finger; apply gentle upward pressure to the point (simultaneously on both sides)</p>

These treatment protocols continued for 10 days along with internal medications in tapering way and was stopped within 8 days. The patient was able to see changes in the intensity of headache and its duration even after not taking her medications. Earlier she felt heaviness in frontal portion but after sinus treatment, she felt relieved. She felt better in breathing and headache intensity was 5 on VAS. She had started going to her office from 5th day and was now comfortable with sounds though by the evening time, she could feel heaviness but intensity was less as compared to when she joined. On 9th day, the chief healer did her Gut session due to some constipation issues which she was having since 10 years. Studies shows constipation, acidity can be one of the reason for migraines [19]. For concentration and anxiety, a meditation for 10 mins was been followed. Her dietary regimen included Alkaline foods with less oil, salt and spice. The diet was pure vegetarian with low-carbohydrates, and protein-filled diet.

After the 15th session, the patient was asked to come only once a week for next 4 sessions and was advised to notice all developments in her symptoms. In all next 3 sessions & 1 gut session, she was monitored for feedback related to her sleep and headaches intensity. At the end of treatment, the symptoms presented by patient at time of admission like sleeplessness, stiffness in neck, headache remarkably improved. Depending upon the feedback, X-rays were taken out for pre and post appearance of PNS and cervical region (Fig-1).

Fig-1: Pre and post treatment PNS x-rays



Pre and post treatment Cervical X-rays



III. Results

Significant changes in signs and symptoms were noticed before treatment and after treatment results. The patient showed no symptoms for vomiting in the gaps; however sometimes she had nausea due to smell of food. She felt decreased heaviness in frontal head region and no severe migraine attacks. She was able to sleep for 8-9 hrs without disturbance and was able to do walks for 40 mins. The most important development was she was not taking any NSAID's from last 10 days and was able to attend to her office and other family functions. She was not having any constipation issues after the gut session. On last session, Visual Analog Scale (VAS) score along with Migraine- Induced Disability Assessment Score were determined. VAS score reduced from 9 (severe) to 2 (mild) and MIDAS score which was 72 (severe) came to 19 (moderate disability). (Table-2,3)

On 1st and 2nd follow up there was no attacks of migraine in between the course of duration.

Table-2: Symptoms evaluation chart

Symptoms	VAS before the treatment (0-10)	VAS after the treatment (0-10)
Headaches	9	2
Neck stiffness	9	0
Neck pain	8	1
Nasal blockage	5	2
Sleeping	9	2
Walking	9	1
Nausea & vomiting	10	2
Photophobia	8	2
Phonophobia	9	3
Working on computers	10	2
Average	9	2

0 = no problem; 1-3 = mild; 4-6 = moderate; 7-8 = fairly severe; 9-10 = severe

Table-3: Evaluation chart to score level of disability (MIDAS)

Question for evaluation	Pre-treatment	Post-treatment
On how many days in the last three months did you miss work because your headaches?	10 (Not attending)	1 (No issues now)
How many days in the last three months was your productivity at work reduced by half or more because of your headaches?	25	4
On how many days in the last three months did you not do household work because of your headaches?	10	1
How many days in the last three months was your productivity related to household work reduced by half or more because of your headaches?	15	2
On how many days in the last three months did you miss family, social, or leisure activities because of your headaches?	4	0
On how many days in the last three months did you have a headache?	20	4
On a scale of 0 to 10, on average, how painful were these headaches?	9	2
VALUE ON AVERAGE	>90 (Grade IV)	<20 (Grade II)

Score grading:

0 to 5: MIDAS grade I, little or no disability

6 to 10: MIDAS grade II, mild disability

11 to 20: MIDAS grade III, moderate disability

21 or higher: MIDAS grade IV, severe disability

IV. Conclusion

Migraine is an episodic neurovascular disabling disorder which is closely related to *Mandai soolai* (severe headache) and is classified under *kapa* diseases in Siddha. Siddha believes in treating the disease at its root cause from within by using its unique treatment methods and initiating the Varmam points. These treatment approaches create a balanced physiology which brings healing to the body and mind. The main reason for most of the people choosing Siddha is due to its simplicity. Moreover, another foremost reason is due to less or no side effects when compared to usage of antibiotics. This helps to achieve complete treatment as well as control of migraine to the patient. This Chronic migraine case shows positive result and improved quality of life indicating the therapeutic efficacy of Siddha treatment. It has opened new doors for treatment of migraine through holistic approach where there is no permanent cure for migraine. Siddha therapy can be used as a new treatment option among practitioners of new era. This would help in cutting the expensive medication cost with positive health benefits thus improved quality of life.

References:

- [1]. Weatherall MW. The diagnosis and treatment of chronic migraine. *Ther Adv Chronic Dis* 2015;6:115-23
- [2]. Kuppusamy Mudaliar K.N, Mookadaipu, Siddha Maruthuvam, Tamil Nadu Siddha Maruthuva varyyam, 1987:192-200
- [3]. Nayak, D.R., Balakrishnan, R. and Deepak Murty, K. (2002) Produl Hazarika. *Indian Journal of Otolaryngology and Head and Neck Surgery*, 54, 20-24.
- [4]. Anonymous. *Rasatantrasarava Siddhaprayoga Sangraha*. Part 1, Kharaliya rasayana no. 80. Ajmer: Krishna Gopal Ayurveda Bhavan; 1980. p. 161.
- [5]. teiner TJ et al. Migraine: the seventh disabler. *The Journal of Headache and Pain* 2013, 14:1

- [6]. Natoli JL et al. Global prevalence of chronic migraine: a systematic review. *Cephalgia*. 2010 May; 30 (5): 599-609
- [7]. Saxena A., Jain P., Bhatnagar S. The prevalence of chronic pain among adults in India. *Indian J Palliat Care*. 2018;24:472. doi: 10.4103/IJPC.IJPC_141_18.
- [8]. Blyth F.M., Briggs A.M., Schneider C.H., Hoy D.G., March L.M. The global burden of musculoskeletal pain—where to from here? *Am J Public Health*. 2019;109:35–40. doi: 10.2105/AJPH.2018.304747.
- [9]. Yeh WZ, Blizzard L, Taylor BV. What is the actual prevalence of migraine? *Brain Behav* 2018;8:e00950.
- [10]. Schulman EA, Lake AE 3rd, Goadsby PJ, Peterlin BL, Siegel SE, Markley HG, et al. Defining refractory migraine and refractory chronic migraine: Proposed criteria from the refractory headache special interest section of the American Headache Society. *Headache* 2008;48:778- 82.
- [11]. Larner, A. J. (2005). Guidelines for the management of headache in primary care: are they being used?. *The journal of headache and pain*, 6(5), 420.
- [12]. Karakurum Göksel B. The use of complementary and alternative medicine in patients with migraine. *Noro Psikiyatri Arsivi*. 2013;50(Suppl 1):S41–6. [PMC free article] [PubMed] [Google Scholar]
- [13]. Tai M-LS, Yap JF, Chin HL, Tan CT, Goh B. Complementary and alternative medicine for migraine and tension-type headache among the Malaysians. *Neurol Asia*. 2020;25:153–63. [Google Scholar]
- [14]. Vd.Paradkar HS, A, Vagbhata. *AstangaHridaya, Sarvangasundara commentary*. Vol. Uttarasthana 23/7. Varanasi: Chaukhambha Surbharati Prakashan; 2014. [Google Scholar]
- [15]. Eugene Wilson, Herbs used in siddha medicine for Arthritis-A review, *Indian Journal of Traditional Knowledge* Vol 6(4), October 2007, pp. 678-686
- [16]. Kuppusamy Mudaliar K.N, Vazhi Noi, Siddha Maruthuvam, Tamil Nadu Siddha Maruthuva variyam, 1987 : 580-599
- [17]. Al-Quliti, K. W., & Assaedi, E. S. (2016). New advances in prevention of migraine: Review of current practice and recent advances. *Neurosciences*, 21(3), 207.
- [18]. Khil, L., Straube, A., Evers, S., & Berger, K. (2013). Change in intraindividual ICHD-II headache diagnosis over time: a follow-up of the DMKG headache study. *Cephalalgia*, 33(1), 25-33.
- [19]. Headache Classification Subcommittee of the International Headache Society (2004). "The International Classification of Headache Disorders: 2nd edition". *Cephalalgia*. 24 (Suppl 1): 9–160. PMID 14979299

Sources:

- [20]. <http://varmaththerapy.in>
- [21]. <http://siddhabooks.com>
- [22]. <http://www.varmam.org>