INTERNATIONAL JOURNAL OF UNANI AND INTEGRATIVE MEDICINE

E-ISSN: 2616-4558
P-ISSN: 2616-454X
IJUIM 2021; 5(2): 118-122
Impact Factor (RJIF): 6.3
Peer Reviewed Journal
Received: 28-03-2021
Accepted: 30-04-2021

Jaya Singh Kharson
P.G. Scholar, Department of Shalakya Tantra, Patanjali Bhartiya Ayurvigyan Evum Anusandhan Sansthan, Haridwar, Uttarakhand, India

Dayashankar Singh
Associate Professor, Department of Shalakya Tantra, Patanjali Bhartiya Ayurvigyan Evum Anusandhan Sansthan, Haridwar, Uttarakhand, India

Jyoti Gupta
Associate Professor, Department of Shalakya Tantra, Patanjali Bhartiya Ayurvigyan Evum Anusandhan Sansthan, Haridwar, Uttarakhand, India

Corresponding Author:
Jaya Singh Kharson
P.G. Scholar, Department of Shalakya Tantra, Patanjali Bhartiya Ayurvigyan Evum Anusandhan Sansthan, Haridwar, Uttarakhand, India

Concept of *Kaphaj Shirorog* in Ayurveda with modern counterpart: A review

Jaya Singh Kharson, Dayashankar Singh and Jyoti Gupta

Abstract
In today's world where everyone is going after advancement of living, the sturdy bond between human and nature is losing, and humans are exposed to mental and physical exhaustion due to sedentary and hectic lifestyle. Changes in living, dietary habits can cause the vitiation of *dosha* which in turn cause various diseases. Ayurveda has a unique approach towards the diagnosis and treatment of disease as Ayurveda does not treat the symptom it treats the cause of the disease hence providing maximum relief to the patient. The concept of *Ayurvedic* treatment is based on treating the vitiated *doshas*. Almost all the diseases classified has a common cardinal feature which is pain which can be very distracting and can hamper the daily activities performed by humans. Headache being the most the common painful condition by which patient get disturbed in their lifestyle. A review study has been given regarding the relevant topic below to enlighten knowledge of *Kaphaj Shirorog* in modern perspective.

Keywords: *Kaphaj Shirorog*, ayurveda, modern counterpart

Introduction
In *Ayurveda*, all *Acharyas* had considered the importance of *Shira* by quoting it as "*Uttamanga*" [1]. Shira is one of the most vital organs of the body. In *Ayurveda*, it is one amongst the dash *Praanaayatana* [2], and three vital Marma *(hridaya*, *basti* and *shira*) it is also the centre of all *Gyanendriya* and controls the functioning of all the *Karmindriyas*. All the *Indriyapraanvahi Srotas* depends on the *Shira* for all their functions [3]. *Shira* is also the important vital organ for the transfer of various sensory and motor impulses to and from the various parts of the body. *Shirorog* implies the *rogas* which occurs in the *Baahya* and *Aabhyantarbhag* of *shira*. Various types of shirorog are mentioned in ancient texts and *KaphajShirorog* is one amongst them. *Kaphajshirorog* implies the *shirorog*which occurs mainly due to *kaphadosha*, the cardinal features of this disease is mainly mild/moderate headache and heaviness of head, the headache continues throughout the day and may increase at night.

Prevelance: Headache being among the common painful condition in which patient feels very disturbed when we see the prevalence figure is quite alarming.

- During a given year, 90% of people suffer from headaches of which about 1% have a serious underlying problem [4].
- Primary headaches account for more than 90% of all headache complaints,

Inspite of such bad figures there are no particular treatment for headache which can provide a permanent relief to a patient, modern line of treatment includes analgesics which in long term use can cause gastric problems along with damage in kidney and liver.
when we look into the cure of this disease we find that the classical *Kriyas* mentioned in our texts like *Nasyam* and *Lepa* in context to the disease can be beneficial for the patients and provide them permanent relief.

Material & Methods
For the present review, detailed literary study has been compiled from various Ayurvedic Samhitas, modern literature like articles, journals etc. Various texts and information regarding *Kaphaj Shirorog* and its modern counterpart has been compiled under one review article.

Ayurvedic Review

Importance of *Shira* has been admitted in various samhitas. *Acharya Charaka* in chapter 17th of *sutrasthana* of *Charak Samhita* has considered the *shiraasutta manga*, and mentioned in *sloka* that *shira* is the *prana* of all the organism where all the *indriya* are situated, among the important *marmas* present on the body and *Hridaya, Basti* and *Shira* are the *Pradhan marma* in which if any injury is caused it can be fatal [5].

He also further mentioned that *Shira* has been compared with the Sun. *Acharya Charaka* explains that all the sense organs and the channels carrying the sensory and vital impulses from the *Shira* are like the rays from the Sun [6]. So, due to its importance it should be kept healthy and disease free. 11 types of *Shirorogas* has been mentioned by *Acharya Sushruta* and *Kaphaj Shirorog* is one among them [7].

Kaphaj Shirorog Nidaan

आस्यासुखैः स्वप्नसुखैर्गुरुस्निग्धातिभोजनैः।
श्लेष्माशिरसिसंदुष्टः शिरोरोगाय कलपते।। च. सू17/24

Acharya Charak has mentioned *nidaan* for the *kaphajshirorog*as:

Aasyasukha: to sit in a very comfortable posture for long time.

Swapnasukha: to excessly sleep in comfortable

Ati guru bhojana: excess of heavy diet.

Atisnigdhabhojana: excess of fatty, oily diet.

Rupa [8, 9, 10]:

*Tridosha*a long with dominant *Kapha* gets aggravated and creates following symptoms of *Kaphaj Shirorog.*

S. no	*Lakshana*	C.S[8]	S.S[9]	A.H[10]
1	*Shiromandaruja*	+	-	-
2	*Shirasupti*	+	-	-
3	*Shirastaimitya*	+	-	+
4	*Shirogaurava*	+	-	+
5	*Tandra*	+	-	+
6	*Alasya*	+	-	_
7	*Aruchi*	+	-	+
8	*Divamandruja*	-	-	+
9	*Shira*and *Gala Kaphupadigdha*	-	+	-
10	*Siranishpandata*	-	-	+
11	*Sheetata*	-	+	+
12	*Shoonakshikutatvam*	-	+	+
13	*Karnakandu*	-	-	+
14	*Chhardi*	-	-	+
15	*Vadanashotha*	-	+	-
16	*Shirohimascha*	+	-	-
17	*Guru pratishtambha*	+	+	-

Samprapti

For *samprapti* of any disease *nidaansewan*is the most important factor [11]. *Ahaaraj Nidaan*like *Guru, Snigdha, Sheeta, Madhuraahar* or *Vihaaraj Nidaan*like *Avyayaam, Diwaswapna, Maansik Nidaan* like *Achintan, Harsha,* leads to *kaphavardhan* in turn causing *Jatharagni Mandata* and production of *Aama,* This further leads to the formation of *Amavisha* [12] and subsequent *Ama Rasa Dhatu.* The *Ama Rasa Dhatu* leads to *Rasadhatvagnimandyata.*

Some etiological factors weaken the *Dhatus* and some etiological factors affect the *Jatharagni* directly or indirectly. All these factors *Dosha Dushti, Khavaigunya, Dushyadushti and Agnimandhya* are of profound kind of causes for pathogenesis of any disease, similarly *Nidana* which causes *kaphadoshprakop* travels in the whole body and gets accumulated in the *Shira, Khavaigunya* occurs in the *Uttamanga Shira*a long with it the general etiological factors for *Shirorog* also causes *Srotodushti* which is necessary for *Sthanasanshraya* of *Dosha* [13]

Nidaan like *guru bhojana* or even light food taken in excess amount aggravates all the three *Doshas* affects *Jathragni* and produces *Agnimandya* [14] which is the main *Samprapti* of the disease.

Chikitsa

***According* to *Charak Samhita* [15]**

i. *Shiroswedan*
ii. *Dhoompaan, Nasya,* and *Pradhaman Nasya.*
iii. *Kaphanashakdravya Pralep, Kaphashamakannapaan, puraanghritsewan.*
1. *Teekshnashirovasti*
2. *Dahan karma* in *vaatanubandh.*
3. *Agarvadidhoomvartipaan*

According* to *Sushrut Samhita* [16]*:

1. Continuous *Swedan*
2. *Pradhaman Nasya* with drugs like *madhuksaar, ingudi, meshashringi, Katphal*
3. *Vaman*
4. *Trikatu Gandusha* and *Kawal*
5. *Acchaghritpaan*

According* to *Ashtang Hridaya* [17]*:

1. *Snehapaan with Ghrita*
2. *Vaman*
3. *Rooksha, teekshna, Ushnaaushadhi Sweda, Pralep and Nasya*
4. *Langhan*

***According* to*Ashtang Sangraha* [18]**

1. *Nasya*with:
- *Vidang or Sarshap Tail. Sarshap tail and trikatu*
- *Madhuk/ Meshashringi/ Ingudi Kalka*
- *Jatamanshichoorna Pradhamannasya*
- *Teekshnashirovirechak Pradhaman* and *Marsh, Pratimarsh Nasya*

2. *Madhuk, Meshashringi, Ingudikshal Dhoomvarti.*

***According* to *Chakradatta* [19]**

1. *Langhan*
2. *Rukshan*
3. *Teekshnaavpeeda Nasya, Dhoompana* and *Kawal.*
4. *Puranghritpaan* followed by *Swedan*
5. *Lepa* like *krishnaadilepa, devdarvadilepa.*

Headache

Headache is an extremely common symptom which proves to be discomforting, debilitating having a significant impact on an individual's life. headache has no specific age, race, social status to have effect on, rather it indirectly has impact on the socioeconomic condition of an individual.

Around 95% of general population have experienced headache at some stage in their life with a 1- year prevalence of nearly 46% and 64% for lifetime prevalence [20].

National Institute of Health (NIH) classification of headache

The NIH classification of headaches consists offive types of headache [21] vascular, myogenic (muscle tension), cervicogenic, traction, and inflammatory.

- Vascular: most common type is migraine, characterized by severe pain on one or both sides of the head, gastric upset, disturbed vision (occasionally). Women are more effected than men.
- Muscular/myogenic: muscular headaches appear to involve the tightening or tensing of facial and neck muscles; they may radiate to forehead; tension headache is most common type.
- Cervicogenic: generally, originates from neck disorders, including the anatomical structures innervated by the cervical roots C1-C3. Cervical headache is often increased by neck movement and/or sustained uneven head positioning. It is often accompanied by restricted cervical motion, ipsilateral neck, shoulder or arm pain which is indefinite and can be radiating or non-radiating
- Traction and Inflammatory: traction and inflammatory headaches are symptoms of other disorders, ranging from stroke to sinus infection.

Specific type includes

- Tension headache
- Migraine
- Idiopathic intracranial hypertension (headache with visual symptoms due to raised IOP)
- Cluster headache
- Brain freeze (also known as: ice cream headache)
- Thunderclap headache
- Coital cephalalgia (also known as: sex headache)
- Ictal headache
- Vascular headache
- Toxic headache
- Coital headache
- Hemicrania continua
- Rebound headache (known as medicine overuse headache or MOH)
- Red wine headache
- Spinal headache (or post dural puncture headache) after Lumbar puncture or related procedure that will lower the intra cranial pressure.
- Hangover headache (due to heavy alcohol consumption)
- New Daily Persistent Headache (NDPH)

Pathophysiology

The human brain is not sensitive to pain, as it lacks pain receptors, some areas of the head and neck have nociceptors and can thus sense pain, such as extracranial arteries, middle meningeal artery, large veins, venous sinuses, cranial and spinal nerves, head and neck muscles, the meninges, parts of the brainstem, eyes, ears, teeth and the inner lining of the mouth [22, 23]

Headaches often result from traction to or irritation, inflammation or infection of the meninges and or any spasm or dilation in blood vessels, muscular tension can also stimulate pain receptors [23]. The pain receptors may be stimulated by head trauma or tumors and cause headaches. Once stimulated, a nociceptor sends a message up the length of the nerve fiber to the nerve cells in the brain, signaling that a part of the body for pain.

When it comes to the types primary headaches are more difficult to understand than secondary headaches. The exact mechanisms which cause migraines, tension headaches and cluster headaches are not known.

Currently it is thought that Migraines are to be caused by dysfunction of the nerves in the brain [24]. Previous theory suggested that in migraine primary problem is with the blood vessels in the brain [25]. in this vascular theory, which was developed in the 20th century by Wolff, it was suggested that the aura in migraines is caused by constriction of intracranial vessels (vessels inside the brain), and the headache itself is caused by rebound dilation of extracranial vessels (vessels just outside the brain). Dilation of these extracranial blood vessels activates the pain receptors in the surrounding nerves, causing a headache [24, 26]. Studies have shown migraine head pain is not accompanied by extra cranial vasodilation, but rather only has some mild intracranial vasodilation [27].

At present maximum specialist have suggested that migraines are due to a primary problem with the nerves in the brain [24]. Auras are thought to be caused by a wave of increased activity of neurons in the cerebral cortex (a part of the brain) known as cortical spreading depression [28] followed by a period of depressed activity [29]. Some people think headaches are caused by the activation of sensory nerves which release peptides or serotonin, causing inflammation in arteries, dura and meninges and also cause some vasodilation. Tension headaches are thought to be caused by activation of peripheral nerves in the head and neck muscles [30].

Cluster headaches involve over activation of the trigeminal nerve and hypothalamus in the brain, but the exact cause is unknown [31].

Management

Primary headache syndromes have many different possible treatments chronic headaches the long term use of opioids appears to result in greater harm than benefit [32].

Migraine

Migraine can be improved by lifestyle changes, but most people require medicines to control their symptoms [33]. Medications prescribed are either to prevent getting attack, or to reduce symptoms once a migraine starts.

Treatment of migraine varies according to intensity and severity such as:

Mild to moderate headache

Acetaminophen or NSAIDS, if it proves unsucessfultriptan is given [34].

Dihydroergotamine (nasal spray, injection) [35]

Moderate to severe attacks

Treated directly with an oral triptan, a medication that mimics serotonin (an agonist) and causes mild vasoconstriction.

Nausea: [36]

Mild to Moderate

Accompanied by nausea or vomiting, an antiemetic such as metoclopramide (Reglan) can be given orally or rectally

Moderate to Severe

Parenteral (through a needle in the skin) triptans and antiemetics can be given.

- Preventive medications are generally recommended when people have more than four attacks of migraine per month, headaches last longer than 12 hours or the headaches are very disabling [34, 37]. Possible therapies include beta blockers, antidepressants, anticonvulsants and NSAIDs [37]
- The American Academy of Neurology guidelines for migraine treatment in 2000 stated relaxation training, electromyographic feedback and cognitive behavioral therapy may be considered for migraine treatment, along with medications [38].

Tension-type headache

Tension-type headaches can usually be managed with NSAIDs (ibuprofen, naproxen, aspirin), or acetaminophen [34] Triptans are not helpful in tension-type headaches unless the person also has migraines. For chronic tension type headaches, amitriptyline is the only medication proven to help [34, 39]. Amitriptyline is a medication which treats depression and also independently treats pain. It works by blocking the reuptake of serotonin and norepinephrine, and also reduces muscle tenderness by a separate mechanism [39]. Studies evaluating acupuncture for tension-type headaches have been mixed [40]. Overall, they show that acupuncture is probably not helpful for tension-type headaches.

Conclusion

This study focuses in contributing to improve the existing facts on *kaphajshirorog* which is the kind of topic on which there is very least study done and as the main feature of this disease is pain which is very disturbing and may hamper the daily living of any human. So brief study relevant topic has been done.

References

1. Pandey Pt Kashinath, Chaturvedi, Gorakhnath (Edition). Charak Samhita of Charak with Vidyotani Hindi Commentary, Sutrasthan 17/3 (Reprint). Chaukhambha Bharti Academy 2013.
2. Pandey Pt Kashinath, Chaturvedi, Gorakhnath (Edition). Charak Samhita of Charak with Vidyotani Hindi Commentary, Sutrasthan 29/3 (Reprint). Chaukhambha Bharti Academy 2013.
3. Pandey, Pt Kashinath, Chaturvedi, Gorakhnath (Edition). Charak Samhita of Charak with Vidyotani Hindi Commentary, Chikitsasthan 26/3 (Reprint). Chaukhambha Bharti Academy 2012
4. Amal Mattu; Deepi Goyal; Barrett, Jeffrey W.; Joshua Broder; DeAngelis, Michael; Peter Deblieux; Gus M. Garmel; Richard Harrigan; David Karras; Anita L'Italien; David Manthey Emergency medicine: avoiding the pitfalls and improving the outcomes. Malden, Mass: Blackwell Pub./BMJ Books 2007.
5. Shastri AD. (Edition). Sushrut Samhita Sharirsthan 6/9 (Reprint). Varanasi Chaukhamba Sanskrit Sansthan 2017.
6. Pandey Pt Kashinath, Chaturvedi, Gorakhnath (Edition). Charak Samhita of Charak with Vidyotani Hindi Commentary, Siddhisthan 9/4 (Reprint). Chaukhambha Bharti Academy 2013.
7. Shastri A.D (Edition). Sushrut Samhita Uttartantra 25/3 varanasi Chaukhamba Sanskrit Sansthan 2017.
8. Pandey, Pt Kashinath, Chaturvedi, Gorakhnath (Edition). Charak Samhita of Charak with Vidyotani Hindi Commentary, Sutrastan 17/25 (Reprint). Chaukhambha Bharti Academy 2013.
9. Shastri AD. (Edition). Sushrut Samhita Uttartantra25/7 varanasi Chaukhamba Sanskrit Sansthan 2017.
10. Gupta AD. (Edition). Ashtang Hridaya. with Vidyotani Hindi Commentary, Uttartantra23/10-11 Varanasi Chaukhamba Sanskrit Sansthan 1978.
11. Gupta AD. (Edition). Ashtang Hridaya. with Vidyotani Hindi Commentary, Nidaansthan 1/8 Varanasi Chaukhamba Sanskrit Sansthan 1978.
12. Pandey. Pt Kashinath, Chaturvedi, Gorakhnath (Edition). Charak Samhita of Charak with Vidyotani Hindi Commentary, Chikitsastan 15/44 (Reprint). Chaukhambha Bharti Academy 2013.
13. Shastri AD. (Edition). Sushrut Samhita sutrasthan24/10-11 varanasi Chaukhamba Sanskrit Sansthan Pandey, 2017.
14. Pt Kashinath, Chaturvedi, Gorakhnath (Edition). Charak Samhita of Charak with Vidyotani Hindi Commentary, Sutrasthan 5/7 (Reprint). Chaukhambha Bharti Academy 2013.
15. Pandey, Pt Kashinath, Chaturvedi, Gorakhnath (Edition). Charak Samhita of Charak with Vidyotani Hindi Commentary, Chikitsasthan 26/28 (Reprint). Chaukhambha Bharti Academy 2013.
16. Shastri AD. (Edition). Sushrut Samhita Uttartantra26/18-22 varanasi Chaukhamba Sanskrit Sansthan 2017.
17. Gupta AD. (Edition). Ashtang Hridaya. with Vidyotani Hindi Commentary, Uttartantra24/14 Varanasi Chaukhamba Sanskrit Sansthan 1978.
18. Gupta AD. (Edition). Ashtangsangraha. with Hindi Commentary, Uttartantra 16/18 Varanasi Chaukhamba Sanskrit Sanstha 1978
19. Tripathi ID, (Edition). Chakradatta. With Vaidyaprabha Hindi Commentary, Chikitsaprakaran 2011;60:16-19.
20. Manzoni GC, Stovner L, Epidemiology of Headache, Handbook of Clinical neurology, Edition 2010;97:3.
21. Morris Levin, Steven M Baskin, Marcelo E Bigal. Comprehensive Review of Headache Medicine. Oxford University Press US 2008, 60. ISBN 0-19-536673-5.
22. Edlow JA, Panagos PD, Godwin SA, Thomas TL, Decker WW. (October). "Clinical policy: Critical issues in the evaluation and management of adult patients presenting to the emergency department with acute headache". Annals of Emergency Medicine 2008;52(4):407-36. doi:10.1016/j.annemergmed.2008.07.001. PMID 18809105.
23. Greenberg D, Aminoff M, Simon R. (2012-05-06). Clinical Neurology 8/E:Chapter 6. Headache & Facial Pain. McGraw Hill Professional. ISBN 978-0-07-175905-2
24. Cutrer FM, Bajwa A, Sabhat M. Pathophysiology, clinical manifestations and diagnosis of migraine in adults. In: UpToDate, Post TW (Ed), UpToDate, San Francisco, CA. (Accessed on April 23, 2014.)
25. Goadsby PJ. "The vascular theory of migraine--A great story wrecked by the facts". Brain. 2009;132(1):6-7. doi:10.1093/brain/awn321. PMID

26. Charles A. "Vasodilation out of the picture as a cause of migraine headache". Lancet Neurol 2013;12(5):419-420. doi:PMID 23578774. S2CID 42240966.
27. Amin FM, Asghar MS, Hougaard A, Hansen AE, Larsen VA, de Koning PJ *et al*. "Magnetic resonance angiography of intracranial and extracranial arteries in patients with spontaneous migraine without aura: a cross-sectional study". Lancet, Neurol. 2013;12(5):454-61. doi:10.1016/S1474-4422(13)7006 X. PMID 23578775. S2CID 25553357.
28. Hadjikhani N, Sanchez Del Rio M, Wu O, Schwartz D, Bakker D, Fischl B *et al*, Moskowitz MA "Mechanisms of migraine aura revealed by functional MRI in human visual cortex". Proc. Natl. Acad. Sci. U.S.A. 2001;98(8):468792. Bibcode:2001PNAS...98.4687H. doi:10.1073/pnas.071582498. PMC 31895. PMID 11287655.
29. Buzzi MG, Moskowitz M. "The pathophysiology of migraine: year 2005". J Headache. Pain. 2005;6(3):105-11. doi:10.1007/s10194-005-01652. PMC 3451639PMID 16355290.
30. Loder E, Rizzoli P. Rizzoli. "Tension-type headache". BMJ. 2008;336(7635):88-92. doi:10.1136/bmj.39412.705868.ad. PMC 2190284. PMID 18187725.
31. Leroux E, Ducros A, Ducros. "Cluster headache". Orphanet J Rare Dis. 2008;3(1):20. doi:10.1186/1750-1172-3-20. PMC 2517059. PMID 18651939.
32. Franklin GM. American Academy Of, Neurology (29 September). "Opioids for chronic noncancer pain: A position paper of the American Academy of Neurology". Neurology 2014;83(14):1277-1284. doi:10.1212/WNL.0000000000000839. PMID 25267983.
33. Goadsby PJ, Raskin NH. Chapter 14. Headache. In: Longo DL, Fauci AS, Kasper DL, Hauser SL, Jameson J, Loscalzo J. eds. Harrison's Principles of Internal Medicine, 18e. New York, NY: McGraw-Hill 2012.
34. Worthington I, Pringsheim T, Gawel MJ *et al*. Canadian Headache Society Guideline: acute drug therapy for migraine study. can J Neurol sci. 2010;37(5):580-587 doi:10.1017/S0317167100010738 pubmed.
35. Zajdel P, Bednaski M, Sapa J, Nowak G. “ergotamine and nicergoline” pharmacol rep 2015;67(2):260-363. doi:10.1016/j.pharep.2014.10.010 PMID
36. Láinez, Miguel JA. García-Casado, Ana; Gascón, Francisco (2013-10-11). "Optimal management of severe nausea and vomiting in migraine: improving patient outcomes"
37. Bajwa ZH, Sabahat A. Preventive Treatment of Migraine in Adults. In: Upto Date. Swanson JW (Ed), UpToDate, San Francisco, CA. (Accessed on April 24, 2014).
38. Silberstein SD. "Practice parameter: evidence-based guidelines for migraine headache (an evidence-based review): report of the Quality Standards Subcommittee of the American Academy of Neurology". Neurology 2000;55(6):754–62. doi:10.1212/wnl.55.6.754. PMID 10993991.
39. Taylor R. Tension type headaches in adults: Preventive treatment. In: Up To Date. Swanson JW (Ed). UpToDate, San Francisco, CA. Accessed on April 24, 2014
40. Davis MA, Kononowech RW, Rolin SA, Spierings EL. "Acupuncture for tension-type headache: a meta-analysis of randomized, controlled trials". J Pain. 2008;9(8):667-77. doi:10.1016/j.jpain.2008.03.011. PMID 18499526.