



Unit 31. Sāmānya Cikitsā of Śīroroga

Unit 31. Śīroroga—Sāmānya Cikitsā

(Sūryāvarta, Anantavāta, Ardhāvabhedaka; Uttamāṅgatva, Pathya–Apathya, General Treatment)

A) Sūryāvarta, Anantavāta, Ardhāvabhedaka (with migraine differentials)

1) Sūryāvarta — Definition, Features, Management

Classical marker (Aṣṭāṅgahṛdaya, Uttarantra 23/18-20):

“पित्तानुबद्धः शङ्खाक्षि-भ्रूललाटेषु मारुतः,
रुजं सस्पन्दनां कुर्याद् अनुसूर्योदय-उदयाम् ।
आ मध्याह्नं विवर्धिष्णुः क्षुद्रतः सा विशेषतः,
अव्यवस्थितशीतोष्णसुखा शान्त्यतः परम् ।
सूर्यावर्तः स इत्युक्तः ...”

Gist for study: Pain begins after sunrise, throbs around **śaṅkha-akṣi-bhrū-lalāṭa**, peaks near midday, worsens with hunger, and settles with cooling and stable temperature.

Sāmānya Cikitsā (doṣa-guided):

- **Ārambha (acute phase):** quiet/dark room; **śīta-pichu** on forehead/temples; gentle **bandhana** to damp pulsations.
- **Pitta-śamana:** **tikta-madhura-śīta** regimen; **śatadhouta-ghṛta** lepa; internal **ghṛta** judiciously; **mṛdu-virecana** when pitta-rakta signs are clear.
- **Nasya:** **Prātimarśa** with ghṛta/śītala taila **between attacks**; avoid strong nasya during burning phase.
- **Pathya:** drākṣā, dhātrī (āmalakī), dhānyaka-jīraka-jala, laja-māṅḍa; regular meals (avoid fasting).
- **Apathya:** intense sun/heat, dehydration, **amla-lavaṇa-kaṭu** diet, alcohol, late nights.
- **ICHD-3 differential:** Often aligns with **migraine without aura**; distinguish from **sinusitis** (purulent discharge, bend-forward pain) and from **TACs** (short attacks with autonomic signs).

2) Anantavāta — Clinical Idea, Features, Management

(Vāta-pradhāna cervico-temporo-orbital radiation; texts describe pain arising at **manyā/ghaṭā** (nape/neck) radiating to **śaṅkha-akṣi/kapola**, sometimes with jaw/eye dysfunction.)

Vāta pain phenotype (A.H. Uttara 23/3-7 excerpts):

“... निस्तुद्येते भृशं शङ्खौ, घाटा संविद्यते तथा ;
भ्रुवोर्मध्यं ललाटं च पततीवाति वेदनम् ।
... घूर्णतीव शिरः सर्वं ... स्फुरत्यति सिराजालम् ...
... प्रकाशासहता ...
... मार्दवं मर्दन-स्नेह-स्वेद-बन्धेश्च जायते ।”

Gist: Pricking/splitting pain with **temporal** focus, neck involvement, **photophobia**, vascular throbbing; **mardana-sneha-sveda-bandha** give relief.

Sāmānya Cikitsā:

- **Vāta-śamana:** **mūrdhni-taila**, mild **abhyanga-svedana**, **uṣṇa-pichu** to nape/temple; warm, unctuous diet; regular sleep.
- **If kapha āvaraṇa** (stiffness/heaviness): prior **dīpana-pācana**, gentle **śiro-dhūma**, steam inhalation; then **prātimarśa nasya**.



- If **pitta association** (burn/blood shot eyes): prefer **śīta-upakrama**; avoid strong heat/svedana.
- **Ergonomics**: avoid prolonged downward gaze; micro-breaks; cervical mobility; light **mārdava** over jaw/temple.
- **Differential (ICHD-3)**: **Cervicogenic headache, occipital neuralgia, TMJ dysfunction**, ocular causes; compared with migraine, aura and severe nausea may be less prominent, posture-trigger is clearer.

3) Ardhāvabhedaka — Definition, Features, Management (Migraine-like)

Classical definition (A.H. Uttara 23/7-8):

“अर्धे तु मूर्ध्निः सोऽर्धावभेदकः ; पक्षात् कुप्यति,
मासाद्वा स्वयमेव च शाम्यति ;
अतिवृद्धस्तु नयनं श्रवणं वा विनाशयेत् ।”

Gist: Recurrent **hemicrania** with periodicity (**pakṣika** cycles), severe splitting pain; chronic severe cases may impair **eye/ear** functions.

Sāmānya Cikitsā:

- If **āmā signs** (nausea, coated tongue): start with **dīpana-pācana** (śuṅṭhī-pippalī-marica, jīraka) before heavy snehana.
- **During attack**: quiet/dark room; **śīta** (pitta) or **uṣṇa** (vāta/kapha) **pichu**; gentle head **bandhana**; minimal aromatics.
- **Interictal**: *Prātimarśa nasya* (ghṛta-yukta or vāta-pitta śāmaka taila) morning/evening; sleep regularisation; hydration.
- **Śodhana (selected)**: **mṛdu-virecana** in pitta-rakta dominance; **vamana** only after pācana in clear kapha-utkleśa (chronic rhino-sinus patterns).
- **Rasāyana**: medhya-ghṛta yogas (brahmī, śaṅkhaṣuṣṭī), gentle mindfulness/breathwork.
- **ICHD-3 differential grid**:
 - **Migraine (± aura)**: unilateral, throbbing, moderate-severe, aggravated by activity, **nausea/photophobia**.
 - **Tension-type**: bilateral, pressing/tightening, **no** nausea, not aggravated by activity.
 - **TACs**: shorter, circadian clusters with **autonomic** signs (lacrimation, nasal congestion).
 - **Red flags**: first/worst thunderclap, fever/neck stiffness, focal deficit, age >50 new onset—require urgent referral.

B) Śīrasaḥ Uttamāṅgatvam, Pathya-Apathya & Sāmānya Cikitsā of Śīroroga

1) Śīrasaḥ Uttamāṅgatvam & Nasya-mukhyatā

Nasya principle (A.H. Sūtrasthāna 20/1):

“नासा हि शिरसः द्वारं तेन तद्भेषजं हितम् ।”

Meaning: The **nose is the doorway to the head**; hence medicines delivered through the nose are beneficial for **ūrdhvajatru-gata** disorders.

Implication: In most **śīrorogas**, correctly chosen **nasya** (especially *prātimarśa*) between attacks is foundational.

2) Pathya-Apathya (General Regimen)

Hetu-avoidance (A.H. Uttara 23/1-3):

“धूमातपतुषाराम्बु-क्रीडातिस्वप्नजागरैः,



उत्स्वेदाधिपुरोवात-बाष्पनिग्रह-रोदनैः ।
अत्यम्बुमद्यपानेन कृमिभिवेगधारणैः,
उपधानमृजाभ्यङ्ग-द्वेषादधः-प्रतिक्षणैः ।
असात्म्यगन्ध-दुष्टामभोज्याद्यैश्च शिरोगताः
जनयन्त्यामयान् दोषाः ...”

Pathya (doṣa-wise):

- **Vāta-pradhāna:** warm, lightly unctuous foods (godhūma, mūg-yūṣa with ghṛta); regular meals; warm water sips; gentle **mūrdhni-taila**; early sleep.
- **Pitta-pradhāna:** **śīta-prāya** diet (drākṣā, dhātrī, godhūma, laja-māṇḍa); avoid sun/heat; cool compress when needed.
- **Kapha-pradhāna:** **uṣṇa-laghu** meals (yava, mudga), **dīpana-pācana** spices (trikaṭu, ajamodā), morning steam inhalation if stuffy.

Apathya: alcohol, **amla-lavaṇa-kaṭu** overloads, day sleep (kapha), night vigil (vāta-pitta), head-wetting in cold wind, prolonged screen-glare, tight headgear during attacks.

3) Sāmānya Cikitsā — Staged Plan

(i) **Nidāna-parivarjana:** Strictly remove A.H. 23/1-3 hetus above.

(ii) **Āma-pācana (when indicated):** laghu **dīpana-pācana**; do **not** begin with heavy snehana if āmā is clear.

(iii) **Doṣa-śamana & Śiras-mukha Upakrama:**

- **Vātaja trends (relief cues supported in A.H. 23/7):**

“... मर्दन-स्नेह-स्वेद-बन्धेश्च ...”

Gentle **abhyanga-svedana**, **bandhana**, warm **mūrdhni-taila**, *prātimarśa nasya* with vāta-hara taila/ghṛta.

- **Pittaja trends (A.H. 23/9):**

“... स्वेदोऽक्षिदहनं मूर्च्छा, निशि शीतैश्च मार्दवम् ।”

Śīta-upakrama, śatadhouta-ghṛta lepa, **mṛdu-virecana** in pitta-rakta dominance; protect eyes from glare.

- **Kaphaja trends (A.H. 23/10-11):**

“अरुचिः कफजे मूर्च्छो गुरु-स्तमित-शीतता ... तन्द्रा ...”

Uṣṇa-sveda, **dīpana-pācana**, **śiro-dhūma**, nasya with kaṭu-tikta-uṣṇa dravyas; **vamana** in selected chronic sinus-kapha states post-pācana.

(iv) **Śodhana (selected, patient-centric):** **mṛdu-virecana** (pitta), **vamana** (kapha chronicity) after proper preparation; **raktamokṣa** in raktānubandha where appropriate and supervised.

(v) **Rasāyana & Satvavajaya:** medhya-ghṛta (brahmī/śaṅkhapuṣpī), **hydration & sleep discipline**, mild breath-work; graded physical activity avoiding triggers.

4) Prognostic Hints within Cikitsā Planning

- **Sukha-sādhyā:** mono-doṣa, recent onset, good bala, quick upaśaya.
- **Kṛcchra/Yāpya:** tridoṣa, chronic recurrence, sinus-kapha background, **ardhāvabhedaka** with frequent bouts.
- **Guarded:** **śaṅkhaka** (rapid, prāṇāntika if neglected), **kṛmija** with deep tissue involvement, raktānubandha with ocular danger.

(For śaṅkhaka emergency colour, A.H. U. 23/16-17 describes rapid decline if untreated for **three nights**.)



Assessment

Long Essay (10 marks — attempt any 1)

1. Write **Sāmānya Cikitsā of Śīroroga** including *Nasya-mukhyatā*, staged plan (āma-pācana → doṣa-śamana → śodhana), and **Pathya-Apathya**. Substantiate with **A.H. S. 20/1** and **A.H. U. 23/1-3, 7, 9-11**.
2. Discuss **Ardhāvabhedaka** under definition (with **A.H. U. 23/7-8**), lakṣaṇa, cikitsā during attack vs interictal, and ICHD-3 differentials with red-flag list.

Short Essays (5 marks — attempt any 3)

1. **Sūryāvarta**: quote **A.H. U. 23/18-20**; write triggers and pitta-śamana measures.
2. **Anantavāta**: pain pathway, vāta-śamana tools, ergonomics, and differentials.
3. Explain “नासा हि शिरसः द्वारं”—applications of *prātimarśa nasya*.
4. **Doṣa-wise Pathya-Apathya** for recurrent head pain.

Short Answers (2 marks — attempt any 6)

- Two **hetus** from **A.H. U. 23/1-3** to avoid.
- One **vāta relief** line from **A.H. U. 23/7** (any phrase).
- One **pitta relief** cue from **A.H. U. 23/9**.
- Two **kapha features** from **A.H. U. 23/10-11**.
- Define **Sūryāvarta** in one line with its midday pattern.
- Name two **red flags** warranting urgent referral.

MCQs (10 × 1)

1. “अनुसूर्योदय-उदयाम् ... आ मध्याह्नं विवर्धिष्णुः” describes:
a) Anantavāta b) **Sūryāvarta** c) Ardhāvabhedaka d) TAC
2. “नासा हि शिरसः द्वारं ...” supports:
a) Vamana b) Virecana c) **Nasya** d) Raktamokṣa
3. Vāta relief specifically praised in A.H. 23/7:
a) Tikta-ghṛta b) **Mardana-Sneha-Sveda-Bandha** c) Divā-svapna d) Ati-vyāyāma
4. Kapha phenotype per A.H. 23/10-11 includes:
a) Photophobia b) **Gurutā, Tandrā** c) Burning d) Mania
5. Ardhāvabhedaka periodicity term:
a) Nitya b) **Pakṣika** c) Varṣika d) Sāptāhika
6. Migraine vs TTH: **nausea/photophobia** typical of:
a) **Migraine** b) TTH c) Cluster d) Neuralgia
7. First-line in kapha-āvaraṇa before nasya:
a) Heavy snehapāna b) **Dipana-pācana** c) Śīta-lepa d) Day sleep
8. Red flag requiring referral:
a) Hunger b) **Focal neurologic deficit** c) Photophobia d) Mild nausea
9. Interictal scheduling best for *prātimarśa nasya*:
a) During emesis b) High fever c) **Daily morning/evening** d) Thunderclap onset
10. Pitta-rakta dominance cleansing:
a) **Mṛdu-virecana** b) Vamana c) Basti only d) Rasāyana alone

Answer key: 1-b, 2-c, 3-b, 4-b, 5-b, 6-a, 7-b, 8-b, 9-c, 10-a.

End of Unit 31.