



AYURVEDA MANAGEMENT OF ARDHAVABHEDHAKA - A PILOT STUDY

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ABSTRACT

Ardhavabhedaka (migraine) described under *Shiroroga* (diseases of head) occurs due to vitiation of *Tridosha*. It is probably related to migraine, which is a significant health issue among people of the age group 20-50 years. A migraine is a headache that often affects one side of the head and can be extremely painful, throbbing, or pulsating. It frequently occurs with high sensitivity to light, sound, nausea, and vomiting. Migraine affects an estimated more than 10% of people worldwide and is about three times more common in women than in men. Considering the suffering brought on by both chronic and acute migraine attacks, this study was carried out since conventional medicine only treats symptomatically and is unable to provide specific management. In this study, *Yastimadhu taila nasya* (nasal drops) was done for seven days in 9 patients between the age group 20 to 50 years. A significant improvement was seen on the 8th day and was maintained after a month, assessed by grading and scoring methods.

Keywords: *Ardhavabhedaka, Shiroroga, Migraine, Yastimadhu Taila, Nasya*

INTRODUCTION

Ardhavabhedaka is one of the 11 *Shiro rogas*. It occurs due to the vitiation of *Tridosha*, and symptoms are severe tearing and pricking pain in one half of the head with giddiness¹. A migraine is a headache that

can cause severe throbbing pain or a pulsing sensation, usually on one side of the head and is often accompanied by nausea, vomiting, and extreme sensitivity to light and sound. Migraine attacks can last for

hours to days, and the pain can be so bad that it interferes with your daily activities. Migraines can progress through four stages: prodrome, aura, attack and post-drome². *Nasya* is the term for medicines or medicated oils administered through the nose³. The nose connects to the head⁴ and the drug thus administered reaches *Shringataka* (vital center) and spreads in the *Murdha* (brain) reaching the sense organs. The migraine being neurovascular, *Nasya karma* has a definite impact on the central neurovascular system. Hence, *Nasya* is an excellent remedy for headaches and migraines. The properties of *Yastimadhu* (*Glycyrrhiza glabra*), being *Madhura* (sweet), *Guru* (heaviness), *Snigdha* (unctuous) and *Sheeta* (cold) alleviates *Vata* and *Pitta*⁵, and *Yastimadhu* has a profound impact when induced in the form of *Taila* through *Bhrimana nasya karma*⁶ in migraine patients.

AIM AND OBJECTIVE This study aimed to evaluate the efficacy of *Yastimadhu taila nasya* in managing *Ardhavabhedhaka* w.s.r to migraine.

MATERIALS AND METHODS

In total, nine patients between the age group of 20-50 years and fulfilling the clinical symptoms of migraine were selected randomly from the ENT outpatient department of Govt Ayurveda Medical College, Mysuru.

INTERVENTION: *Yastimadhu Taila marsha nasya* was done for seven days with six drops to each nostril.

ASSESSMENT CRITERIA The assessment was made based on the following.

1. Clinical grading of symptoms.
2. each symptom has been graded with a Visual Analog Scale with the following rating method for subjective parameters.

Grade 0: no pain (G-0)

Grade 1-3:mild pain (G-1)

Grade 4-6:moderate pain (G-2)

Grade 7-9:severe pain (G-3)

Grade 10: very severe pain (G-4)

3. The **Headache Impact Test** (HIT) has been used to score headache impact with the following scoring method.

- Class 1. Little to no impact: 36-49 score

- Class 2. Moderate impact: 50-55 score
- Class 3. Substantial impact: 56-59 score

The assessment was made on the 8th day after the completion of *nasya* and on the 31st day.

RESULTS

A significant improvement was seen after *nasya*, i.e. on the 8th day, and was maintained for a month. The daily performance and migraine symptoms of the sufferers were noticeably improved.

BASED ON THE CLINICAL GRADING OF SYMPTOMS.

Among nine patients, the intensity of pain, duration of pain and frequency of attack, according to clinical gradings, showed considerable improvement.

Intensity of pain

Six patients with moderate pain (scoring 12) reduced to mild or no pain (scoring 11 and 10), one patient with worst possible pain (scoring 14) reduced to moderate pain (scoring 12) and two patients with mild pain (scoring 12) reduced to no pain (scoring-10).

Duration of pain the duration of pain in 1 patient decreased from 49 to 79 hours (D4) to just 4 to 12 hours(D2). 5 patients whose headache persisted for 4 to 12 hours (D2) no longer existed (D0). Three patients noticed a reduction in the duration of pain from 25 to 48 hours (D3) to 4 to 12 hours(D2).

Frequency of attack

Four patients with 1 to 4 attacks per month (F1) reduced to no attacks (F0), three patients with 5 to 8 attacks per month (F2) decreased to 1 to 4 attacks per month (F1), one patient with 9 to 12 attacks per month (F3) declined to no attacks (F0) and one patient with 13 or >13 attacks per month (F4) lessened by 5 to 8 attacks per month (F2).

Visual Analog Scale

Every patient was graded according to the severity of pain: no pain (G-0), mild pain (G-1), moderate pain (G-2), severe pain (G-3), and highly severe pain (G-4).

6 patients with moderate pain (G-2) had no pain (G-0), two patients with severe pain (G-3) reduced to mild pain (G-1), and one patient with highly severe pain declined to moderate to severe pain (G-4).

Headache Impact Test Score (HIT)

A few questionnaires used The HIT scoring approach to determine the extent of a headache's impact. It is graded as little to no impact (36-49 score), moderate implications (50-55 score), substantial impact (56-59 score) and severe impact (60-78 score).

In this study, around six patients had little or no impact: one with substantial impact, 1 with moderate impact and one with severe implications after the treatment.

DISCUSSION

Migraine is regarded as a neurovascular headache which usually appears with its unilateral throbbing pain and associated nausea, vomiting, photophobia, or phonophobia. This study was utilized for preparing *Yastimadhu taila* in *madhyama paka*, which was employed for *Nasya karma* in migraine patients. The critical ingredients of *Yastimadhu taila* are *Yastimadhumoola* (root), *Amalaki* (fruit), and *Godugdha* (cow's milk). *Yastimadhu* is considered to be an excellent *Rasayana* (Rejuvenator). There are several bioactive ingredients like glycyrrhizin, glycyrrhizin acid, isoliquiritin, isoflavones, etc. in *Yastimadhu* that reduce general debility, fatigue, and weakness and thus these properties of *Glycyrrhiza glabra* assisted in mitigating the associated complaints of migraine. Regarding pharmacology, *Yastimadhu* is the best antioxidant and thus aids brain function. *Amalaki* can alleviate *Tridosha*. Its deeply rejuvenating properties, high concentration of antioxidants, vitamin C (ascorbic acid) and several bioactive phytochemicals, mostly polyphenols, make it incredibly supportive for the entire body. It has a *Sattvika* (pure) nature that fosters subtle awareness, balances emotions, and brings a sense of calm to the mind, essential during migraine attacks. *Godugdha*, having properties like *Madhura rasa*, *Sheeta virya* and *Madhura vipaka*, is highly regarded as *Vata* and *Pitta shamaka* (pacify) and is a *Nithya Rasayana*. This suggests that it assisted in reducing illness.

The trigeminal nerve, which innervates the meninges, is intricately involved in migraine. The most important structures that register pain in the head are the

large cranial vessels, proximal cerebral vessels, Dural arteries, and the large veins and venous sinuses⁷. The long-standing observation is that the extracranial branches of the carotid artery become engorged and pulsated during migraine attacks. Here, *Vata dosha* is the leading cause for the above pathology, and *Yastimadhu taila* having *Brimhana* (nourishing) and *Vatagna* (alleviates *vata*) properties might have specifically acted on *Vata* and *Pitta* as well, showing a significant improvement.

The mucous membrane of the nose is a highly vascular structure. It is an effective absorbing surface, allowing the tail to spread along the nasal mucous and get absorbed in the olfactory and respiratory mucosa. The nasal blood and lymph vessels are connected to the subdural and subarachnoid regions of the brain in multiple ways. This fact is one of the critical factors contributing to the extension of the drugs from the nose into the cranial cavity⁸. *Nasya karma* allows active principles to enter the brain, which is evident by the classical reference "*Nasa hi shiraso dwaram*". *Taila* is among the best remedies to balance out the *Vata dosha*⁹. *Yastimadhu taila*¹⁰, which has *Brimhana* properties, thereby benefited migraine sufferers more effectively and without any adverse effects in this study.

CONCLUSION

The current pilot study aimed to treat migraineurs with *Yastimadhu taila Brimhana nasya* for seven days. There was a notable decrease in both the symptoms and the associated complaints. It was evident that the neurovascular headache, being the prime symptom of migraine, significantly improved in its severity, frequency and duration after *Nasya*. After obtaining treatment, this study allowed migraine sufferers to focus and concentrate better at work and carry out their everyday chores without difficulty. Thus, migraines could be controlled effectively with the correct diagnosis, treatment, and education. There were no side effects or complications during or after treatment. Furthermore, a significant number of migraine sufferers would benefit from the large clinical study that could be undertaken.

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