

## EVALUATE THE EFFECACY OF SIRAVYEDHA (VENESECTION) IN MANAGEMENT OF ARDHAVABHEDAKA WSR TO MIGRAINE- A CASE SERIES

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### ABSTRACT

*Ardhavabhedaka*, a condition described in ancient *Ayurvedic* texts, correlates with migraine due to its unilateral, episodic nature and associated symptoms. Despite advances in modern medicine, effective long-term management of migraines remains elusive. *Ayurveda* offers *Siravyadha* (venesection) as a therapeutic intervention when other treatments fail. This article explores the efficacy of *Siravyadha* in managing *Ardhavabhedaka*, emphasising its historical context, clinical methodology, and outcomes from a study conducted at Rajeev Institute of Ayurvedic Medical Science and Research Centre, Hassan, Karnataka.

*Ardhavabhedaka* is a debilitating form of headache with characteristics akin to migraine. Classical *Ayurvedic* texts attribute their etiology to lifestyle and dietary indiscretions, leading to *Dosha* imbalances primarily involving *Vata* and *Rakta*. Modern parallels in migraines include genetic predisposition, environmental triggers, and vascular changes. This study investigates *Siravyadha* as a treatment modality and its impact on symptoms, duration, and frequency of attacks.

## Methodology

The study recruited patients diagnosed with *Ardhavabhedaka* based on *Ayurvedic* and modern diagnostic criteria. Participants underwent *Siravyadha* treatment in controlled settings, followed by clinical observations and assessments of pain intensity, attack frequency, and associated symptoms. Comparative analysis of pre- and post-treatment outcomes determined the therapy's efficacy.

## Results

Key findings include significant pain severity and attack frequency reductions, with improved quality of life. Associated symptoms, such as nausea and photophobia, also showed marked improvement. The study's structured follow-up ensured consistency in observing long-term benefits.

## Discussion

*Siravyadha*, rooted in *Ayurvedic* principles of eliminating *Dosha*, the impurities, effectively mitigates *Ardhavabhedaka* symptoms. The therapy's mechanism aligns with modern vascular and neurological stabilisation theories in migraines. Historical references underscore its importance, with *Acharya Sushruta* prescribing *Siravyadha* as a primary intervention when conventional approaches fail.

## Conclusion

*Siravyadha* demonstrates promise as a complementary or alternative treatment for migraine-like conditions. Its integration into broader clinical practices necessitates further research and interdisciplinary collaboration to validate its efficacy in diverse populations.

**Keywords:** *Siravyadha*, *Ardhavabhedaka*, Migraine, Venesection

## INTRODUCTION

The *Shalaky Tantra* studies diseases affecting the organs above *Jatru* and their treatment. Among the sub-divisions, *Shirorogas* is also one. *Shiras* is considered *Uttamanga*, as it is the seat of *Prana* and all *Indriyas* 1. In addition to that, it is also considered one among *Trimarmas* 2. It is *Sadhyopranahara* in nature. Therefore, any injury or disease will give rise to fatal complications. Thus, proper diagnosis, emergency responsiveness, and immediate actions are needed to protect the head.

The condition *Ardhavabhedaka* is one among the *Shiro Rogas* considered by our *Acharyas* 3. The causes of *Ardhavabhedaka* are excessive intake of *ruksha padarthas*, *Adhyashana*, *Purva vata sevana*, *Ati-maithuna* (excessive coitus), *Vegadharana* (suppressing of natural urges), and *Ati-shrama* (excessive work). In which side is considerable in one half of the *Shiras*, *Shanka*, *Bru*, *Kapala*, and *Karna Pradesh* 4. The attacks of *Ardhavabhedaka* will occur once in three days, once in fifteen days, and once a month, as per the classics 5. It can be correlated with migraines

based on the similarities in etiology, pathology, symptoms, and treatment principles.

Nowadays, headaches are a common health issue all over the world. Around 35% of patients suffer from migraine headaches 6.

According to *Acharyas* and modern science, *Ardhavabhedaka*, if left untreated, leads to diseases like deafness and blindness 7. Hence, the condition of *Ardhavabhedaka* should be managed as soon as possible.

Migraine does not shorten life, but in severe cases, a state of chronic exhaustion may occur. Very rarely, persistent cerebral signs remain with some irreversible vascular changes that will happen. A large group of people fails to get the achieved results and is refractory treatment. In advanced modern science and medicine, migraines have not been adequately relieved.

In our classics, we have elaborated on the description of *Ardhavabhedaka* and its treatment. *Acharya Sushruta* mentioned that *Siravyadha* is said to be the ultimate treatment for *Ardhavabhedaka* when all oth-

er treatments fail. 8. Acharya Yogaratnakara mentions the same treatment line for *Suryavarta* and *Ardhavabhedaka*, including *Siravyadha*. So, this study is planned to assess the efficacy of *Siravyadha* (Venesection) in managing *Ardhavabhedaka*.

### OBJECTIVES

1. Evaluate the efficacy of *Siravyadha* in reducing pain, frequency, and associated symptoms of *Ardhavabhedaka*.
2. Correlate the treatment outcomes with modern migraine parameters.

### MATERIALS AND METHODS

**Source of Data:** Patients diagnosed with *Ardhavabhedaka* (16-60 years) from the OPD and IPD of Rajeev Institute of *Ayurvedic* Medical Sciences, Hassan, Karnataka.

### INCLUSION CRITERIA

- Patients between the ages of 16 and 60 years were included in the study.
- Patients with symptoms of common and classical migraine.
- Patients, irrespective of the chronicity, were taken up for the study.

### EXCLUSION CRITERIA:

- Systemic disorders.
- Complicated migraines or contraindications for *Siravyadha*.
- Referred pain in one half of the head due to eye, ear, nose, throat, and teeth disorders.
- *Ardhavabhedaka* is complicated by loss of hearing or vision.

### INTERVENTION PROTOCOL

1. **Poorva Karma (Pre-procedure):**
  - Administration of *Trikatu Churna* and *Panchatikta Guggulu Ghrita* for *Ama Pachana* (detoxification) and *Snehapana* (oleation).
  - Local *Abhyanga* (oil massage) with *Manjishta Taila* and *Nadisweda* (steam therapy).
2. **Pradhana Karma (Main Procedure):**
  - *Siravyadha* was performed at the *Lalata* (forehead) or *Apanga* (temple) region.
  - Bloodletting was executed using a sterile scalp vein set, allowing natural blood flow cessation.
3. **Paschat Karma (post-procedure):**

- Light, digestible diet and avoidance of stressors.
- Follow-up after 15 days and monthly for one month.

20 Patients were observed and included in the study. The complete history and clinical examination of all the patients were recorded in a specially designed Performa by the department of *Shalakra Tantra* of Rajeev Institute of *Ayurvedic* Medical Science and Research center, Hassan,

### Diagnostic criteria

1. Pain severity (graded 0-4).
2. Pain duration (0-24 hours).
3. Attack frequency.
4. Associated symptoms (nausea, photophobia, etc.).

### GENERAL DISCUSSION

*Ardhavabhedaka* is one of the 11 types of *Shirorogas* and among the four specific *Shirorogas* described by *Acharyas*. It is a severe form of *Shirashula* (headache) and a common issue today. Causes include excessive intake of dry foods, overeating, exposure to wind, excessive coitus, suppression of natural urges, and overexertion, leading to pain in one-half of the head, temples, forehead, and ears. Attacks occur once every three days, fifteen days, or a month, aligning with migraine, which also presents one-sided pain with regular attacks.

*Acharya Charaka* warns that untreated *Ardhavabhedaka* may cause blindness and deafness, emphasising early intervention. Classical texts extensively describe its treatment, with *Acharya Sushruta* recommending *Siravyadha* (bloodletting) as the ultimate remedy when other treatments fail. *Yogaratnakara* also prescribes *Siravyadha* for both *Suryavarta* and *Ardhavabhedaka*.

In this study, 20 patients with *Ardhavabhedaka* underwent treatment, starting with *Amapachana*, *Arohana Snehana*, *Sthanika Abhyanga*, and *Swedana* as *Poorva Karma*. *Siravyadha* was performed twice, with a 15-day gap, preceded by the same preparatory therapies each time.

**Table 1: The features common with *Ardhavabhedaka* and migraine**

<b>Ardhavabhedaka</b>	<b>Migraine</b>
Unilateral pain of head	Usually unilateral, sometimes bilateral head pain
<i>Pakshat, Dwadashat, Trayat, Masat Kupyanti</i>	Periodic attack of pain
<i>Swayamiva Shamyathi</i>	Spontaneous relief
<i>Akasmath Kupyanthi</i>	No consistent anti duct causes to onset
<i>Thoda in Shanka, Bru, Lalata, Akshi, Karna</i>	Pain in the regions of temporal, ear, occipital, parietal, peri-orbital
<i>Sirajala Sphuranam</i>	Dilatation and torture of extra cranial vessels
Application of pressure by tight bandage lowers the intensity of pain.	<i>Mardhanam, Mardhavam Sneha, Lepayai</i>

### **Sadhyasadhya**

Acharya Bhela has mentioned that the *Ardhavabhedaka* is *Sudustara*, i.e. *Kastasadya*<sup>10</sup>.

### **CONCEPT OF RAKTHA MOKSHANA**

Letting out impure blood from the body is known as *raktha mokshana*.

#### **Paryayas:**

Raktamokshana, *Rakthanirharana*, *Shonita mokshana*, *Raktha sravana*, *Raktaavasechana* and *Rakthaharana*.

A suitable method for bloodletting has to be adopted considering various factors. First, the *Doshic* involvement in the disease is taken into account. *Rakta* vitiated by *Vata* has to be let out using *Shringa*, *Rakta* vitiated by *pitta*, *Jalauka*, and *Rakta* vitiated by *Kapha* using *Alabu*<sup>47</sup>. If *Raktha* is stagnated, *Jalaukavacharana* should be done; if vitiated blood is stagnated at one site, *Prachhanna* should be done; and if blood is vitiated throughout the body, *Siravyadha* should be performed<sup>11</sup>.

### **CONCEPT OF SIRAVYADHA**

*Raktha Mokshana* is one of the *Panchakarma* procedures. It is a unique parasurgical measure indicated in various diseases where the predominance of *Raktha* and its gross vitiation is present. *Sushruta*, the father of surgery, describes the physiological and pathological role of *Raktha* and its importance in surgical and para-surgical procedures. *Raktha* is the vehicle to carry, and transport absorbed nutrients, oxygen, metabolites, etc.; hence, correcting any abnormality in the blood solves several problems.

#### **Importance of Siravyadha:**

The *Siravyadha* is considered to be the half or even sometimes the complete treatment (depending upon the condition) in surgical diseases, similarly to how

*Basti* is considered as *Ardha chikitsa* in *Kayachikitsa*.<sup>12</sup>

Because of the vitiation of *Rakta*, the *Shodhana* of *Rakta* is to be carried out. *Raktamokshana* by *Siravyadha* is considered supreme as it drains out the vitiated *Rakta* and cures diseases. *Siravyadha* is the only way all the diseases will be cured from their roots, just like rice and other crops in the field die out entirely by removing the bunds of field<sup>13</sup>.

**Types and number of Siras:** There are four types of *siras*, namely 14 *vatavaha*, *pittavaha*, *Kaphavaha*, and *Raktavaha*, each 175 each and totaling 700.

#### **Yogya and Ayogya for Siravyadha:**

##### a) **Indications**<sup>15</sup>:

The patients suffering from *Vataja Vidradhi*, *Pitaja Vidradhi*, *Kaphaja Vidradhi*, *Bahya Vidradhi*, *Antar Vidradhi*, *Kushta*, *Shotha*, *Palitya*, *Khalitya*, *Vishajusta Shonita*, *Arbuda*, *Visarpa*, *Granthi*, *Upadamsha*, *Sthana Roga*, *Vidarika*, *Saushira*, *Gala-shaluka*, *Talukantaka*, *Krimidanta*, *Dantaveshta*, *Upakusha*, *Sheetada*, *Dantapupputa*, *Pittaraktha*, *Kaphaja Osta Roga*, *Kshudra Roga*, *Raktha Dushti*, *Pleeha vruddi*, *Gulma*, *Agnimandhya*, *Jwara*, *Mukha Roga*, *Neta Roga*, *Mada*, *Trushna*, *Lavanasyatha*, *Vatarakta*, *Raktha Pitta*, *Katuamlodgara*, if disease does not get cure by any other treatment<sup>14</sup>.

##### b) **Contraindications**<sup>15</sup>:

*Siravyadha* should not be done in *Bala* and *Vridhdha* as the *Dhatu* are ill-formed and undernourished.

In a Timid person, if *Vedhana* is done, it leads to *Shosha*.

In *Anuvasita*, *Agni* is already Manda, so by *Siravyadha*, further *Agnimandhya* occurs. In people suffering from impotency and who are affected by *Kasa*, *Swasa*, *Shosha*, hyperpyrexia, convulsions, fasting,

and thirst, less strength is left; hence, *Siravyadha* may further worsen the condition.

People who have undergone Vamana, Virechana, Niruha basti, Madhyapana, and have not slept at night, Pakshagata, by performing *Siravyadha vata*, gets further aggravated.

*Siravyadha* should not be done on invisible *Vedana Yogya Siras* or even after tying the tourniquet if it is not visible. The surgeon should use his *Yukti* according to his experience (*Yathabhyasa*) to select the disease and patient. *Raktamokshana* should be done according to the procedures (*Yathanayaya*).

It is left to the surgeon to perform *Siravyadha* even in those *Siras* that are contraindicated for *Vedhana*, such as in cases of poisoning and other emergency conditions<sup>16</sup>.

#### **Procedure of *Siravyadha*:**

##### **Siravyadha:**

Acharyas told different sites for *Siravyadha* according to the diseases. In the case of *Ardhavabhedaka*, *Siravyadha* should be performed on *Apanga*, *Lalata*, or *Anunasika Sira*.

##### **Materials and depth of *Siravyadha*:**

In the fleshy part, the instrument should be introduced as deep as the measure of barley; in a less fleshy part, the puncture ought to be only as deep as half the measure of barley or equal to a *Vreehi* with a *Vrihimukha* instrument. Over the bones, puncture with a *Kutharika* should be done as deep as half a barley.<sup>17</sup>

##### **Probable mode of action of *Siravyadha***

Sushruta, a father of ancient surgery, beautifully described the indications, efficacy and importance of *raktha mokshana*. This parasurgical procedure can be adopted when medical therapy fails. *Siravyadha* is an important type of *raktha mokshana* that is indicated to treat diseases caused by the vitiation of *raktha* throughout the body. *Ardhavabhedaka*, being a complicated, chronic, and widespread lesion, needs a unique technique, *Siravyadha*, to find a permanent solution.

The cause of *Ardhavabhedaka* is *tridosha*, which vitiates the *raktha* and *indriyas*. Only *raktha dhatu* is involved in *ardhavabhedaka*. Hence, *Siravyadha* does

the *samprapti vighatana* by removing the *raktha* vitiated by *tridosha*. *Siravyadha* also helps in relieving the *Kaphanubandha vata*.

#### **POORVA KARMA OF SIRAVYADHA**

***Snehana*:** *Shodhananga Snehapana* should be given in increasing doses till the patient attains *Samyak Snigdha Lakshanas*.

***Abhyanga and Swedana*:** *Sthanika Abhyanga* and *Swedana* should be performed after the patient attains *Samyak Snigdha Lakshana*, a day of venesection. The patient should be fed *Yavagu* and *Laghu Dravya* before venesection. It is said that *the process of Snehana and Swedana dilutes the Doshas. By this process, they pass into the Siras; therefore, the patient should be prepared for Siravyadha by Snehana and Swedana Karma to remove vitiated Raktha due to Doshas from the body. Yavagu should be given to prevent the patients from fainting during the procedure.*<sup>18</sup>

#### **PRADHANA KARMA<sup>19</sup>:**

The physician should first have the patient perform auspicious ceremonies, assess the disease's strength and the patient's habit, and then provide either meat soup or thick gruel mixed with fat. After resting for 48 minutes, the patient should sit on a knee-high stool, feet together, facing the sun. A tight bandage is tied at the lower hairline using a moist cloth, leather, or tree bark. The patient must clench his fists with his thumbs inside, bite his teeth together, and inflate his mouth. Another person secures a cloth around the patient's neck, tightening it carefully without blocking respiration to raise deep-set veins. The physician then taps the vein to make it visible and pulsating, positions the *Kutharika* (axe) on it, and carefully incises it by tapping or pressing with the thumb. Techniques like strangling with cloth, clenching fists, jaw grinding, mouth inflation, and tapping help increase venous pressure.

#### **Amount of bloodletting:**

One *Prastha* has been advocated as the maximum limit of bloodletting in a strong adult person with excessively vitiated *Doshas*. In this regard, *Dalhana* enlightened that blood can be let out in order of one

Prastha, ½ Prastha and one Kudava, in case of Ut-tama, Madhyam & Heena Matra, respectively.<sup>20</sup>

**Normal limit of bloodletting:**

A surgeon should allow a part of the vitiated blood to remain rather than drain it excessively. Alleviating measures should be followed to pacify the remaining Dosha in the blood<sup>21</sup>

**Observation during venesection:**

Venesection is just dissection (incision on vein) to let out the morbid vein. Compared to the discharge of yellow juice, which comes out by squeezing the Kusumba flower, the excited and mobilized morbid factors are discharged.

**Paschat Karma<sup>22</sup>**

**Proper attention to the Regimen:**

After bloodletting, a light, easily digestible diet that stimulates digestion is recommended. The food should be neither hot nor cold, as extreme temperatures impair digestion and blood stability. The patient should consume buttermilk with Yusha, Yavagu, and

Peya. Maintaining digestion and metabolism is crucial, and the intake should promote blood formation. Gritha and Sheeta jala Parisheka are also advised.

Krodha, Bhaya, Ayasa, Divaswapna, Maithuna, driving, riding on vehicles, studying, exposure to cold, wind, and water, prolonged sitting in a single place, Viruddhahara, Asatmya Bhojana, and Ajeerna Bhojana are contraindicated for one month<sup>23</sup>.

**ASSESSMENT CRITERIA**

All the patients were examined initially for improvement during their visit to the second course of Siravyadha and once again fifteen days after the second course.

The criterion for assessment includes -

1. Duration of pain
2. Frequency of attacks
3. Severity of pain
4. Associated symptoms

**Tables 2, 3, 4, 5: The grading kept for criteria to observe any improvement is as follows.**

Severity of Pain	Grading
Intolerable pain	4
Disturbs the normal work	3
Not disturbing the normal work	2
Pain tolerable	1
No pain	0

Frequency of attack	Grading
Continuous	4
Once a week	3
Once in 15 days	2
Once a month	1
No attack	0

Duration of pain	Grading
Over 24 hours or continuous	4
12 – 24 hours	3
3 – 12 hours	2
0 – 3 hours	1
No pain	0

Associated symptoms	Grading
10 – 12 symptoms	4
07 – 09 symptoms	3
04 – 06 symptoms	2
01 – 03 symptoms	1
Absence of symptoms	0

**RESULTS**

**Table 6: Results of improvement in severity of pain during treatment & follow-up**

Severity of pain	Mean		Mean difference	% of improvement	S. D.	S. E.	T Value	P Value df – 19	Inference
	B T	A T							
15 days AFC	2.85	2.45	0.4	14%	0.7539	0.1685	2.3738	< 0.02	Significant
15 days ASC	2.85	2.2	0.65	22.80%	0.4893	0.1094	5.941	<0.001	Highly significant
One month	2.85	1.7	1.15	40.35%	0.5871	0.1312	8.765	<0.001	Highly

ASC									significant
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- The effect of *Siravyadha's impact on reducing pain severity* is significant, with 14% relief and a p-value at < 0.02 after fifteen days of the first course.
- The effect of *Siravyadha's impact on reducing pain severity* is found to be highly significant, with 22.80% relief and a p-value at <0.001 after fifteen days of the second course.
- The effect of *Siravyadha's impact on reducing pain severity* is highly significant, with 40.35% relief and a p-value at <0.001 at the end of one month after the second course.

**Table 7: Results of improvement in duration of pain during treatment & follow-up**

Duration of pain	Mean		Mean difference	% of improvement	S. D.	S. E.	T Value	P Value df – 19	Inference
	B T	A T							
15 days AFC	2.7	2.4	0.3	11.11%	0.5712	0.1277	2.3492	<0.02	Significant
15 days ASC	2.7	1.95	0.75	27.77%	0.4442	0.0993	7.552	<0.001	Highly significant
One month ASC	2.7	1.5	1.2	44.44%	0.4103	0.0917	13.086	<0.001	Highly significant

- The effect of *Siravyadha in reducing pain duration* is significant, with 11.11% relief and a p-value of < 0.02 fifteen days after the first course.
- The effect of *Siravyadha's impact in reducing pain duration* is highly significant with 22.77% relief and p value at < 0.001 fifteen days after second course.
- The effect of *Siravyadha* in reducing the duration of pain is found to be highly significant, with 44.44% relief and a p-value at < 0.001 at the end of one month after the second course.

**Table 8: Results of improvement in frequency of attack during treatment and follow-up**

Frequency of attack	Mean		Mean difference	% of improvement	S. D.	S. E.	T Value	P Value df – 19	Inference
	B T	A T							
15 days AFC	2.45	2.3	0.15	6.12%	0.3663	0.0819	1.8315	<0.05	Significant
15 days ASC	2.45	2.25	0.2	8.16%	0.4103	0.0917	2.181	<0.02	Significant
One month ASC	2.45	1.8	0.65	26.53%	0.5871	0.1312	4.954	<0.001	Highly significant

- The effect of *Siravyadha* in reducing the frequency of attack is significant, with 6.12% relief and a p-value at < 0.05 fifteen days after the first course.
- The effect of *Siravyadha* in reducing the frequency of attacks is significant, with 8.16% relief and a p-value at < 0.02 fifteen days after the second course.
- The effect of *Siravyadha* in reducing the frequency of attack is highly significant, with 26.53% relief and a p-value at < 0.001 at the end of one month after the second course.

**Table 9: Results of improvement in associated symptoms during treatment and follow-up**

Associated symptoms	Mean		Mean difference	% of improvement	S. D.	S. E.	T Value	P – Value df – 19	Inference
	B T	A T							

<b>15 days AFC</b>	2.7	2.35	0.35	12.96%	0.7451	0.1666	2.100	<0.02	Significant
<b>15 days ASC</b>	2.7	2.45	0.25	9.25%	0.4442	0.0993	2.517	<0.02	Significant
<b>One month ASC</b>	2.7	2	0.7	25.92%	0.7326	0.1638	4.2735	<0.001	Highly significant

- The effect of *Siravyadha* in reducing the associated symptoms is found to be significant, with 12.96% and a p-value at < 0.02 fifteen days after the first course.
- The effect of *Siravyadha* in reducing the associated symptoms is found to be significant, with 9.25% and a p-value at < 0.02 fifteen days after the second course.
- The effect of *Siravyadha* in reducing the associated symptoms is found to be significant, with 25.92% and a p-value at < 0.001 at the end of one month after the second course.

**Table 10: Results of improvement in criteria 15 days after the first course of *Siravyadha***

Assessment criteria	Mean		Mean difference	% of improvement	S. D.	S. E.	T Value	P – Value df – 19	Inference
	B T	A T							
<b>Severity of pain</b>	2.85	2.45	0.4	14%	0.7539	0.1685	2.3738	< 0.02	Significant
<b>Duration of pain</b>	2.7	2.4	0.3	11.11%	0.5712	0.1277	2.3492	<0.02	Significant
<b>Frequency of attack</b>	2.45	2.3	0.15	6.12%	0.3663	0.0819	1.8315	<0.05	Significant
<b>Associated symptoms</b>	2.7	2.35	0.35	12.96%	0.7451	0.1666	2.100	<0.02	Significant

The effect of the *Siravyadha* is found to be significant in reducing the severity of pain, duration of pain, frequency of attack and associated symptoms with 14%, 11.11%, 6.12% and 12.96% improvement respectively and significant p values at <0.02, < 0.02, < 0.05 and < .02 respectively, fifteen days after the first course.

**Table 11: Results of improvement in criteria 15 days after the second course**

Assessment criteria	Mean		Mean difference	% of improvement	S. D.	S. E.	T Value	P Value df – 19	Inference
	B T	A T							
<b>Severity of pain</b>	2.85	2.2	0.65	22.80%	0.4893	0.1094	5.941	<0.001	Highly significant
<b>Duration of pain</b>	2.7	1.95	0.75	27.77%	0.4442	0.0993	7.552	<0.001	Highly significant
<b>Frequency of attack</b>	2.45	2.25	0.2	8.16%	0.4103	0.0917	2.181	<0.02	Significant
<b>Associated symptoms</b>	2.7	2.45	0.25	9.25%	0.4442	0.0993	2.517	<0.02	Significant

The effect of the *Siravyadha* is found to be highly significant in reducing the severity of pain and duration of pain with 22.80% and 27.77% improvement respectively and it is found to be significant in reducing the frequency of attack and associated symptoms with 8.16% and 9.25% improvement respectively and insignificant p values at < 0.02, < 0.02, respectively fifteen days after the second course.



The effect of the *Siravyadha* was found to be significant in reducing the severity of pain, duration of pain, frequency of attack and associated symptoms with 40.35%, 44.44%, 26.53% and 25.92% improvement respectively and highly significant p values at <0.001, <0.001, <0.001 and <0.001 respectively, one month after the second course.

Thus, the percentage improvement/relief for all four above-mentioned assessment parameters can be calculated as follows.

**Table 12: Showing the percentage of improvement/relief of symptoms after treatment (i.e. 15 days after the second course of treatment)**

Symptom	Percentage of Improvement/relief
Reduction in severity of pain	11.11%
Reduction in duration of pain	27.77%
Reduction in frequency of attack	44.44%
Reduction in Associated symptoms	61.11%

## DISCUSSION

**Effect on severity of pain:** The effect of *Siravyadha* on the severity of pain is found to be significant, with 14% relief and a p-value at < 0.02 after fifteen days of the first course. It is essential with 22.80%, 40.35% and 59.64% relief after fifteen days of second course, at the end of one month after second course and at the end of two months after second course, respectively, with p values at < 0.001.

It indicates that *Siravyadha* was effective in relieving the severity of pain throughout the two-month follow-up.

**Effect on duration of pain:** The effect of *Siravyadha* on the duration of pain is found to be significant, with 11.11% relief and a p-value at < 0.02 after fifteen days of the first course. It is highly important with 22.77%, 44.44% and 61.11% relief after fifteen days of the second course, at the end of one month after the second course and at the end of two months after the second course, respectively, with p values at < 0.001.

It indicates that *Siravyadha* is found effective throughout the follow-up of two months in the duration of pain.

**Effect on frequency of attack:** The impact of *Siravyadha* on the frequency of attack is found to be significant, with 6.12% and 8.16% relief with p values at < 0.05 and < 0.02, respectively, after fifteen days of the first course and fifteen days after the second

course. It is highly significant, with 26.53% and 51% relief at the end of one month after the second course and at the end of two months after the second course, respectively, with p values at < 0.001.

It indicates that *Siravyadha* is found effective throughout the two-month follow-up in reducing the frequency of attacks.

**Effect on reducing the associated symptoms:** The impact of *Siravyadha* on reducing the associated symptoms is significant, with 12.96% and 9.25% relief with a p-value at < 0.02 after fifteen days of the first course and fifteen days after the second course. It is highly significant, with 25.92% and 44.44% relief at the end of one month after the second course and at the end of two months after the second course, respectively, with p values at < 0.001.

It indicates that *Siravyadha* is effective throughout the two-month follow-up in relieving the associated symptoms.

**Overall effect of the therapy after treatment**

In the present study, all cases have responded to the treatment, though complete improvement is not found in any patient. Marked (10%) and moderate relief (60%) are found in 70% of cases. Mild improvement is seen in 25% of cases, and there is no relief in 5% of patients. It signifies that complete relief is not seen in any patient's; marked relief is found in two patients, moderate relief in twelve patients, mild relief in five patients, and no relief in one patient. It shows that the present clinical study on the role of *Siravyadha*

vyadha in managing Ardhavabhedaka proved effective.

At the end of the first month of follow-up, it was observed that among twenty patients, five patients got complete relief; six patients had moderate relief; one patient had mild relief, and eight patients had marked relief. There were no patients without any relief in the severity of pain.

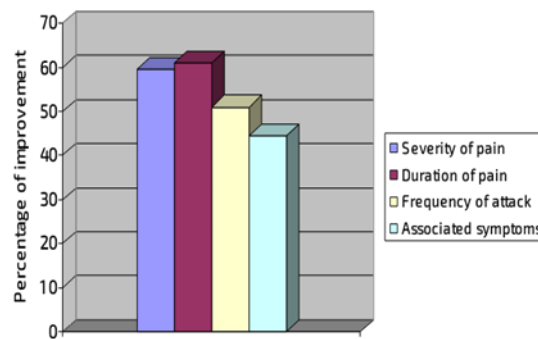
At the end of the first month of follow-up, it was observed that among twenty patients, five patients got complete relief; four patients had moderate relief, one patient had mild relief, and ten patients had marked relief. There were no patients without any relief in the duration of pain.

At the end of the first month of follow-up, it was observed that among twenty patients, five patients got complete relief; seven patients had moderate relief; one patient had mild relief, and seven patients had

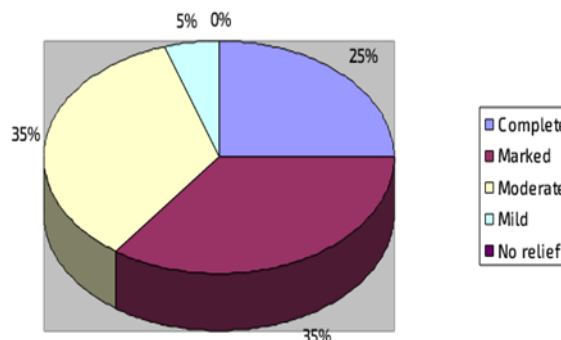
marked relief. There were no patients without any reduction in the frequency of attacks.

At the end of the first month of follow-up, it was observed that among twenty patients, five patients got complete relief, eight patients had moderate relief, four patients had mild relief, and three patients had marked relief. There were no patients with any reduction in associated symptoms.

After the follow-up, it was observed that complete improvement was found in 25% of patients, marked improvement was found in 35% of patients, moderate relief was found in 35% of cases, and mild relief was seen in 5% of cases. No patient was without any relief. This shows that the present clinical study showed that the role of Siravyadha in the management of Ardhavabhedaka proved to be effective after treatment and also during the follow-up period.



**Graph 1:** Showing the overall effect of the therapy on all assessment criteria



**Graph 2:** Showing the percentage of improvement in patients.

## CONCLUSION

The conclusion derived from the present study is as follows

- Based on *Nidana* and *Lakshana*, *Ardhavabhedaka* can be correlated to migraine.
- The prevalence of migraine is higher in females who are housewives.
- The age of the onset of migraines is in the second decade of life.
- Coffee (caffeine) has a definite role as a triggering factor of migraine.
- Menstruation, oral contraceptive pills and stress act as a triggering factor of

Migraine in majority of females.

- *Siravyadha* is effective if performed after specific *Poorvakarma*.

## SUMMARY

This article explores the conceptual and clinical aspects of **Ardhavabhedaka (migraine)** through **Ayurvedic and modern perspectives**. It covers the definition, classification, causes, symptoms, differential diagnosis, pathology, prognosis, treatment principles, and dietary recommendations. The conceptual study concludes with a **drug review** detailing the selected medications.

The **clinical study** involved **20 Ardhavabhedaka patients** who underwent **Siravyadha (bloodletting)** after *Deepana-Pachana*, *Arohana Sneha*, *Sthanika Abhyanga*, and *Swedana*. Two *Siravyadha* sessions were performed **15 days apart**, with a **one-month follow-up**. The assessment was based on **pain severity, duration, frequency of attacks, and associated symptoms**.

Findings indicate **Ardhavabhedaka is more common in women**, particularly **housewives aged 31–45 years**, mostly from **urban and rural areas**, belonging to the **Hindu community**, of **upper middle-class status**, consuming a **mixed diet**, and having **Vata-Kaphaja or Kapha-Pittaja Prakriti**. A **positive family history** was noted in **eight patients**, with the **onset mostly between 21 and 25 years and a chronicity of 6 to 10 years**. **Tea, coffee, exposure to smoke and cold, and stress** were common triggers. **Classical migraine** was the predominant type, with

pain lasting **3–12 hours**, occurring **once every 15 days**, and presenting **9–12 associated symptoms**.

Post-treatment, **25% of patients showed complete relief, 35% had marked relief, 35% had moderate relief, and 5% had mild relief**. The study confirmed **Siravyadha's effectiveness**, with significant improvements in **pain severity (59.64%), duration (61.11%), attack frequency (51%), and associated symptoms (44.44%)**, with a highly significant **p-value <0.001** two months after treatment.

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