



MANAGEMENT OF ARDHAVABHEDAKA W S R TO MIGRAINE – A CASE STUDY

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ABSTRACT

Ardhavabhedaka is the disease that mainly affects the *shiras* mentioned in *Dashapranayatana*. *Ardhavabhedaka* described in *ayurveda*, and Migraine have absolute similarity. There are a variety of causes and ways to manage this condition. Modern management to treat this condition has various loopholes like drug dependency, resistance and gastric irritations. A 46-year male patient visited Kayachikitsa OPD of Padma Hospital, SDMT AMC Terdal. With complaints of unilateral severe headaches having similar complaints intermittently for 15 years, the patient was treated with *Nasya karma* and *Shamana chikitsa*. Encouraging result was noted without recurrence of symptoms and adverse effects.

Keywords: *Ardhavabhedaka Pathyakshadhartyadi*,

INTRODUCTION

Ardhavabhedaka is the disease afflicting *shiras*, which is mentioned under *Dashapranayatana*¹, characterized by *Shastra aarani nibhavat shoola in half part of the head and in the areas like the nape of the neck, forehead, eyebrows, eyes, temporal region and ears*. The prime *dosha* involved in

Ardhavabhedaka is *vata* or *vata-kapha*². The disease is named because of its classic symptoms of *shoola* in half of the *Shiras*³.

Shirashoola occurs periodically once in 15 days, once a month, or anytime and relieves itself⁴. When it is severely aggravated, it destroys Sensory functions

like vision or hearing^{5,6,7}. The *Ardhāvabhedaka* is multi-factorial in origin, having predominant causes like excessive intake of Rooksha parathas, *Adhyashana*, *Purva Vata Sevana*, *Atimaitihuna*, *Vegadharana*, *Atishrama* leading to pain is appreciable in one half of the *Shanka*, *Manya*, *Bru*, *Akshi*, & *Karna Pradesha*⁸.

Ardhāvabhedaka is similar to Migraine, described in Western Medical Science. Migraine is a chronic neurological disease⁹ characterised by recurrent, moderate to severe headaches typically affecting one half of the head and pulsating in nature lasting for 4 to 72 hours. Associated symptoms may include Nausea, Vomiting and Hypersensitivity to light, Sound and Smell. The pain is generally aggravated by physical activity¹⁰. The management of migraine in Western medical science includes NSAIDs, 5-HT₁ agonists, Dopamine antagonists, avoidance of specific headache triggers, dietary and lifestyle modifications, regular sleep patterns and avoidance of acute changes in stress levels¹¹. Frequent use of migraine medications like Ergotamine, opiates, analgesics and triptans may cause medication-over-use headaches; Narcotics can lead to dependency, rebound headaches and eventual loss of efficacy¹².

CASE REPORT

A 46-year Male Patient Came to *Kayachikitsa* OPD of *Padma Ayurvedic Hospital* Terdal on date: 15/10/2022 with the following details:

Patient Name: XYZ

Age/ Sex: 46 Male

OPD number: 23582/22

Address: Mudalagi

Chief Complaints:

- *Shira Shula* for 15 years.
- *Manya Shula*
- *Bru Shula*
- *Akshi Shula*
- *Karna Shula*
- Headache Episodes last for 4-24 hours.
- Unilateral location of pain
- Aggravation is achieved by routine physical activity and eating bananas or sour food.

Associated Complaints:

- Nausea
- Vomiting
- Vertigo
- Aura
- Forehead tenderness during an attack
- Heaviness of head

Past History:

- **N/K/C/O**- Diabetes, Hypertension
- **H/O** - Trauma 20 years back.

Personal History:

- **Ahara:** *Mishahara*
- **Agni:** Moderate
- **Koshtha:** Irregular
- **Mutra:** *Prakruta*
- **Vyasana:** No habits

Dashavidha Pariksha:

- **Prakruti** – *Vata Pittaja*
- **Vikruti** – *Vata, Sira, Snayu, rakta,*
- **Sara** – *Madhyama*
- **Satva** – *Madhyama*
- **Samhanan** – *Madhyama*
- **Satmya** – *Katu rasa satmya*
- **Aahara shakti** – *Jarana Shakti - Madhyama*
- **Abhyavarana Shakti** – *Madhyama*
- **Vyayama Shakti** – *Madhyama*
- **Pramana** – *Madhyama*
- **Vaya** – *Madhyama*

Ashtasthana Pariksha:

- **Nadi** – *Manduka Gati*
- **Mala** – *Prakruta*
- **Mutra** – *Prakruta*
- **Jihva** – *lipta*
- **Druka** – *Prakruta*
- **Sparsha** – *Prakruta*
- **Shabda** – *Prakruta*
- **Aakruti** – *Madhyama*

General Examination:

- **Pallor** – Absent
- **Icterus** – Absent
- **Cyanosis** – Absent
- **Lymphadenopathy** – Absent

- **Oedema** – Absent
 - **Blood Pressure** – 130/80 mm Of Hg (prone position)
 - **Respiratory Rate** – 18 Cycles/Min
 - **Pulse Rate** –84 Pulse/Min
 - **Weight** – 80 Kg
- Systemic Examination:**
- **CVS** – S1, S2 heard Normal.
 - **RS** – AEBS
- **P/A** – abdominal tenderness at epigastric region
 - chest burning +
- Local Examination:**
- **Eye Examination** – normal
 - **Ear Examination** - normal
 - **Nasal Cavities Examination** – DNS – Absent, **Polyp-** Absent, **Rhinitis** – Absent, **Nasal Mucosa** – No congested

Laboratory Investigation: Not Required

Treatment: (15/10/22 to 13/11/22)

Vairechanika Nasya –

- **Purva Karma** : *Sthanika Abyanga* with *Tila Taila* followed by *Swedana*.
- **Pradhan Karma:**

Sl.no	Particulars	Nasya (Shiro virechana)
1	Dose	6 drops (<i>madhyama matra</i>)
2	Time	Morning time on empty stomach
3	Duration	7 days

- **Paschat karma:** *Gandusha* with *Saindava Jala* followed by *Dhumapana*.

Shamana Chikitsa :

Oral
24 ml BD (1 <i>pala</i>)
After Food
15 days

Table – 1 ASSESSMENT PARAMETERS: Based on clinical grading of signs and symptoms:

1. Severity of pain

Pain Severity	Grade	
Intolerable pain	4	Present
Disturbs the routine work	3	-
Do not disturb the routine work	2	-
Pain tolerable	1	-
No Pain	0	-

2. Duration of pain

Pain Duration	Grade	
Over 24-72 hours	4	-
12-24 hours	3	-
4-12 hours	2	-
Up to 4 hours	1	Present
No Pain	0	-

3. Frequency of attacks

Frequency Attacks	Grade	
Continuous / daily	4	Present
0-8 th day	3	-
8-15 th day	2	-
15-30 th day	1	-
No attacks	0	-

Table – 2 ASSESSMENT CHART:

Sl.no	Assessment criteria	0 th day	7 th day	15 th day	30 st day
1.	Severity of pain	4	1	0	0
2.	Duration of pain	1	1	0	0
3.	Frequency of attack	4	1	0	0
4.	Associated symptoms				
a.	Nausea	Present	Present	Absent	Absent
b.	Vomiting	Present	Absent	Absent	Absent
c.	Photophobia	Present	Absent	Absent	Absent
d.	Vertigo	Present	Absent	Absent	Absent
e.	Tinnitus	Present	Absent	Absent	Absent
f.	Aura	Present	Absent	Absent	Absent
g.	Phonophobia	Present	Absent	Absent	Absent
h.	Numbness	Absent	Absent	Absent	Absent
i.	Heaviness	Present	Present	Present	Present
j.	Tenderness	Present	Absent	Absent	Absent
k.	Diarrhoea	Absent	Absent	Absent	Absent
l.	Confusional state	Absent	Absent	Absent	Absent

OBSERVATION AND RESULT: After Completing one month of *Ayurvedic* Therapy (*Shodhana* and *Shamana Chikitsa*), the Patient found significant relief. The patient was assessed for specific *Ardhavabhedaka* symptoms, shown in Tables 1 and 2.

DISCUSSION

The word *shira shakti* denotes headache, and *Nasya* was the treatment mentioned in *Atharva Veda*. *Ardhavabhedaka* is mentioned in all significant *Samhita* of *Ayurveda*. As per *acharya charaka*, if left untreated, it leads to the disease of deafness and blind-

ness. The *Nidhana purvaka Laxana, Samprapti, and Upadrava* of *Ardhavabhedaka* are explained in *Charaka Samhita Siddhi Sthana*. *Vairechanika Nasya* explained in *Ashtanga Hrudaya Sutra Sthana*. *Ayurveda* has a variety of natural plant medications and *Panchkarma* therapeutic procedures in the management of *Ardhavabhedaka*. *Yogaratanakara* explains

Pathyakshadhatryadi Kashaya in the management of *Ardhavabhedaka*. The *Pathyakshdhatryadi Kashaya* is *Ushna, Sheet Virya, Vedanasthapana, and Tridosh hara* as *karma*.

CONCLUSION

In the management of Migraine – usage of analgesics, vasodilators have an insignificant role in achieving clinical success, considering their adverse effects. *Ayurveda* has the *Nasya* therapy as a master key for *Ardhavabhedaka* and *shamana aushadi*. *Pathyakshadhatryadi Kashaya* is highly beneficial in the management of *Ardhavabhedaka* without any adverse events.

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