



A COMBINED STUDY OF GIRIKARNI PHALADI NASYA AND NETIKARMA IN MANAGEMENT OF ARDHAVABHEDAKA (MIGRAINE)

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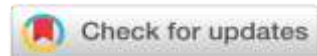
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ABSTRACT

Introduction: Migraine is one of the most common neurovascular disabling disorders. Migraine can be defined as a paroxysmal affection having a sudden onset accompanied by usually unilateral severe headache. In *Ayurveda*, migraine is described as *Ardhavabhedaka*, which is a significant health issue among people of the age group 30-50 years. According to WHO, migraine is the third most common disease in the world, with an estimated global prevalence of 14.7%. Chronic migraine affects about 2% of the world's population. Female and male ratio 3:1. It is a widespread chronic and intermittently disabling disorder characterised by recurrent headaches with or without aura. *Neti Karma* and *Nasya*, one of the five types of *Shodhana* therapy, is the most effective *Chikitsa* for treating *Urdhvajatrugata Roga* (Eye, ENT and head diseases). **Methodology:** A single arm open randomised clinical study was conducted on 40 clinically diagnosed patients with *Ardhavabhedaka* (Migraine) for the procedure (*Nasya karma* and *Neti karma*) in the Postgraduate Institute of Ayurved, DSRRAU, Jodhpur. The study evaluates their role in the management of *Shirashoola* (Headache), *Shirobhrama* (Confusion), *Phonophobia* (Sensitivity of sound), *Shirajala* (Pulsating vessels), *Netra hani* (Loss of Vision), Anorexia (*Aruchi*). **Result: The result of the study depicts that Nasya karma and Neti karma have significantly helped** reduce the *Ardhavabhedaka* (Migraine). **Conclusion:** The study concluded that *Nasya* and *Neti karma* have a role in managing Migraines, giving internal medication dosages, increasing their level of physical and mental alertness, and preventing complications.

Both therapies are effective in *Vata & Vata-Kapha* disease. Results should be validated in larger sample sizes and multicentric models to establish it as a well-known treatment.

Keywords: *Ardhavabhedaka*, Migraine, *Girikarni Phaladi Nasya*, *Neti Karma*, Headache

INTRODUCTION

As per the IHS, the most prevalent type of neurovascular headache is migraine, accounting for 16% of primary headaches and impacting 10-20% of the overall population. Thus, according to the WHO, migraines are among the most incapacitating illnesses in the world. Due to its paroxysmal nature and characteristic "half-sided headache," which commentator *Chakrapani* also describes as *Ardha Mastaka Vedana*, *Ardhavabhedaka* can be objectively associated with migraine. *Acharya Sushruta* interpreted *Ardhavabhedaka* as *Tridoshaja*, *Charaka* as *Vata-Kaphaja*, and *Vagbhatta* as *Vataja*. The *Vishama* character of *Vata dosha* is suggested by the many forms of pain that different *Acharyas* have articulated. Additionally, the presence of giddiness, nausea, and vomiting indicates the involvement of the *Pitta dosha*, which explains the following symptoms:

Vomiting & burning sensation symptoms are seen when *Prana Vayu* combines with *Pitta*.

Udana Vayu with *Pitta* results in *murchha*, *daha*, *bhrama* and *klama*.

The symptom *Brama* is due to *Rajo Guna* and *Pitta-Vata* dosha involvement.

In modern science, due to its side effects, which include drug dependence, drug withdrawal syndrome, headache relapses within hours, and an increased risk of developing chronic headaches, current medications are not recommended. A common and well-known condition that causes incapacitating headaches is migraine. Studies on epidemiology have shown that it has a high frequency and essential personal and social repercussions. It was ranked as the third most prevalent disorder and the seventh most prevalent specific cause of disability globally in the 2010 Global Burden of Disease Study. *Nasya therapy* is regarded in *Ayurveda* as the master key to all *Urdhvajatrugata vikaras*. Because *Aparajita Nasya* has anti-inflammatory, antioxidant, and digestive

qualities, it was chosen from *Yog Ratnakar Shiro-Roga Adhikara*. The *Neti karma* is taken from the *Gherand Samhita* and *Hatayogapradipika*. Aim & Objectives "To Evaluate The efficacy of *Girikarni Phaladi Nasya* and *Netikarma* in management of *Ardhavabhedaka* w.s.r. to Migraine. "Conceptual and clinical study on *Ardhavabhedaka* w.s.r. to migraine and its management with time tested *Ayurvedic* principle—a combined study between *Girikarni Phaladi Nasya* and *Netikarma*.

MATERIAL AND METHODS

SELECTION OF SUBJECTS:

The study was completed on a minimum of 40 clinically diagnosed patients of *Ardhavabhedaka* (Migraine) at OPD and IPD of Rajasthan Ayurveda University Jodhpur and camps or surveys conducted by the University *Sarvepalli Radhakrishnan*. Written informed consent was taken from each subject before the initiation of the trial.

INCLUSION CRITERIA -

Age between 19 to 40 years. Patients present with signs and symptoms of *Ardhavabhedaka*, described as per *Ayurvedic* and *Morden science*.

EXCLUSION CRITERIA:

Patients below age 19 years and above 40 years. Pregnant and Lactating woman. Patients suffering from significant diseases, e.g., tuberculosis, cancer, diabetes militias, heart disease, hypertension, etc. Ophthalmoplegic migraine. Complicated migraine. Secondary headache caused by meningitis, tumour, encephalitis, Cervical Spondylitis, Refractive error and increased intraocular pressure. Patients using any other systemic.

WITHDRAWL CRITERIA:

Suppose the subject wants to withdraw from a clinical trial for any reason. During the trial, if severe conditions occur or any profound adverse effect is seen, emergency treatment is required.

Non-compliance of Subject.

Improvement and other effects were noted.

Follow Up

Patients followed up every 15 days.

Study design.

Study type	Interventional (clinically study)
Purpose	Treatment
Allocation	Randomized
Masking	Open label
Timing	Prospective
End point	Efficacy & Safety
No of groups	One

CRITERIA FOR ASSESSMENT –

Subjective parameters –

Grading was used to objectively evaluate the disease's severity, extent, and levels of inflammation in terms of Shirah Shoola (Headache). In each patient, the initial stage involved recording the relative seriousness of each of the following criteria:

Assessment of Shirahshoola

Headache 0-No pain in the head region. 1-Less than one attack, throbbing but tolerable headache is more intense and lasts up to 24 hours. 2-One or more attacks, throbbing headache is more intense and lasting up to 24 hours. 3-2 to 3 attack throbbing headache and patients is incapacitated and headache lasting up to 48 hours.	Confusion 0-Absent <i>Shirobhrama</i> . 1-Sensorial clouding. 2-Memory impairment and altered alertness. 3-Disorientation to any two of time, place and person. 4-Memory loss and disorientation to all time, place and person.
Phonophobia 0-Absent. 1-Phobia to very loud noise like traffic noise, crowding noise, loud-speaker noise etc. 2-Phobia to residential music noise like radio, tv etc. 3-Phobia to hear normal noise of talking of two persons. 4-Phobia to even candlelight or night bulb.	Spherocyte 0-Absent. 1-Feeling of sirajala spherocyte sirajala spherocyte but no visualize. 2-Feeling of sirajala spherocyte sirajala spherocyte but no visualize. 3-Feeling, palpating sirajala spherocyte little visualized.
Loss of vision 0-Normal vision. 1-Transient loss of vision in any one quadrant of total visual field. 2-Transient loss of vision in half quadrant of total visual i. e. Hemianopia. 3-Transient loss of vision in whole visual field. 4-Permanent loss of vision.	Anorexia 0-Normal desire for food and takes normal diet. 1-Less desire but takes proper diet. 2-like snake Less desirer and take very little food etc. 3-No desire but eat very light food (like tea /coffee) etc. 4-No desire and no intake of food.
Lack of sleep 0-Normal sleep.	

1-Delayed sleep but uninterrupted.
2-Delayed and interrupted sleep due to migraine headache.
3-Delayed sleep with frequent awakening.
4-No sleep whole night and fatigue in the morning.

APARAJITA CHURN

Table 1: Showing contents of Aparajita Churna:

Ingredient	Botanical Name	Family	Quantity
Aparajita	Clitoria ternatea	Fabaceae	1 part

RESULT –

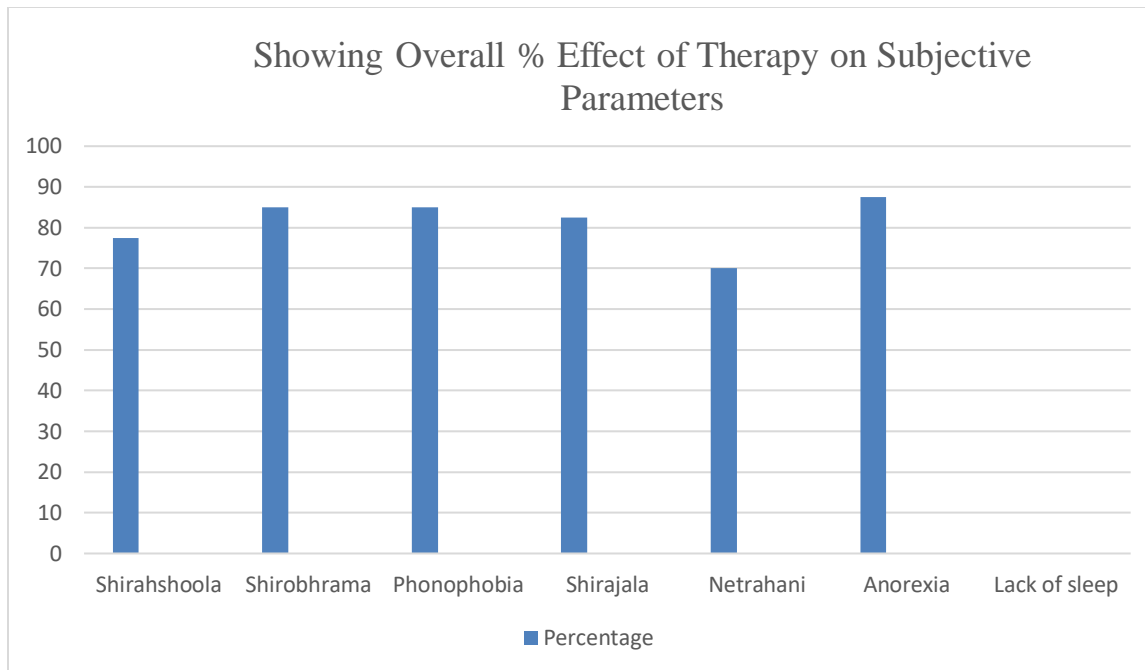
Table 2: Showing Effect of Therapy in Subjective Parameters:

Wilcoxon matched paired single ranked test in individual groups before and after score –

Variable	Mean		Mean Diff.	% Relief	SD±	SE±	P	S
	BT	AT						
Shirashoola	1.625	0.6250	1.000	61.53	0.6794	0.1074	<0.0001	ES
Shirobhrama	1.450	0.5250	0.9250	63.79	0.4743	0.07500	<0.0001	ES
Phonophobia	1.900	0.9250	0.9750	51.31	0.6197	0.09798	<0.0001	ES
Shira Jala	1.250	0.4000	0.8500	54.00	0.4267	0.06746	<0.0001	ES
Netra Hani	1.000	0.3000	0.7000	70.00	0.4641	0.07338	<0.0001	ES
Anorexia	1.825	0.7250	1.100	60.27	0.7089	0.1121	<0.0001	ES
Lack of Sleep	2.350	1.075	1.275	54.25	0.6400	0.1012	<0.0001	ES

Table 3: Showing Overall %Effect of Therapy on Subjective Parameters

S.No.	SUBJECTIVE PARAMETERS	% RELIEF
1.	Shirashoola (Headache)	61.53
2.	Shirobhrama (Confusion)	63.79
3.	Phonophobia (Sensitivity of Sound)	51.31
4.	Shira Jala (Pulsating vessels)	54.00
5.	Netra Hani (Loss of Vision)	70.00
6.	Anorexia (Aruchi)	60.27
7.	Lack of Sleep (Insomnia)	54.25
OVERALL AVERAGE % EFFECT		59.30



Effect of Therapy on Associated Complaints: -

Relief in Headache (61.53%), Confusion (1.450%), Phonophobia (1.900), Pulsating vessels (1.250), Anorexia (1.825), Insomnia (2.350). The overall effect of therapy showed that 59.30 % of patients had marked improvement.

DISCUSSION

The symptoms of "half-sided headache" and its paroxysmal nature are described in practically all books. Only *Acharya Sushruta* mentioned *Bhrama* as a symptom in addition to headache. The various forms of pain described by various *Acharyas* hint at the *Vishama* nature of *Vata dosha*. *Ardhavabhedaka* paroxysmal nature and defining "half-sided headache" were the sole features that distinguished it from other *Shiro-Roga*, such as *Shankha*, *Suryavarta*, etc. This crucial feature also distinguishes it from *Amla pitta*, although both illnesses cause nausea and vomiting. If left untreated or neglected for any reason, *Ardhavabhedaka* can develop into a chronic condition or lead to other issues like *karna-akshi nasha*.

Discussion regarding probable mode of action of Girikarni Phaladi Nasya: -

Ras - In the *Girikarni Phaladi*, there is *Katu* (pungent), *Tikta* (bitter), and *Kashaya* (astringent).

Guna - *Laghu* (lightness) *Rooksha* (dry).

Vipak - *Katu* (undergoes pungent taste conversion

after digestion).

Veerya - *Sheetal* – Cold potency. It balances all three *Doshas*: *Medhya*, Intellect promoter, Laxative, Diuretic, Anthelmintic, and Aphrodisiac properties.

Probable mode of action of Netikarma –

Six cleaning practises are given in the ancient classic *hatha yoga pradeepika* on *yoga* practise. They have been prescribed. *NETI*, *DHAUTI*, *NAULI*, *BASTI*, *KAPALBHATI*, *TRATAKA*. *Jal Neti* (water nasal irrigation) improves vision. It most likely prevents sinuses, nasal passages, and throat infections. This, in turn, relieves congestion and strain in the eyes and enhances eyesight. *Neti* has a particular cooling impact on the brain, making it beneficial for people with asthma; Bronchitis, migraine, headache, melancholy, and mental strain are all bronchitis symptoms. Hysteria and temper outbursts are common symptoms of epilepsy. It is also supposed to help those who desire to quit smoking by deprogramming the brain of the physical and psychological addiction.

CONCLUSION

Girikarni Phaladi Nasya and *Neti karma* significantly improved on all the parameters like Headache, Nausea, Vomiting and Sensitivity to light & Sound on other associated symptoms of the disease *Ardhavabhedaka*. In a nutshell, Ayurveda proved better in managing the disease, i.e., *Girikarni Phaladi Nasya* and *Neti Karma* proved excellent, effective therapies for curing the disease. The study is bound to have certain limitations. The data thus gathered through primary information are supported to be facts. The sample size was too small to generalise the results for all populations.

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