

**“THE EFFECT OF AYURVEDIC MANAGEMENT OF ARDHAVABHEDAKA
W.S.R. MIGRAINE – A CONCEPTUAL STUDY”**

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ABSTRACT:

Migraine is a type of headache characterized by recurrent attack of moderate to severe throbbing kind of pain on one side of the head with symptoms may be include nausea, vomiting, photophobia and phonophobia. Migraine affects more than 1 billion peoples each year in the world, on international prevalence of migraine was 11.6%. In India there are more than 213 million persons to be suffering from migraine while more than 50% of these cases were reported by females. Migraine word arised from Latin word ‘Megrin’ means hemi cranial. In most cases pain is limited to one half of the cranium may be corelated to the *Ardhavabhedaka* presented in *ayurveda*. As per modern aspect for acute migraine treatment are NSAIDs, 5-HT antagonist, Ergotamine alkaloids, Non-selective B-blockers and calcium channel blocker, have their own complication. Hence an attempt is made to understand Migraine as *Ardhavabhedaka* in *ayurveda* and its management is discussed, which can be helpful in improving quality of life of patient of migraine.

KEY WORDS:- Migraine, Ardhavabhedaka, Ayurveda, Megrin, hemigranea.

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INTRODUCTION

Shirahshool as a common symptom and main component of shirogata vyadhis has been extensively documented in *Ayurvedic* literature. Migraine represents a subtype where unilateral head pain occurs. According to *Acharya Charaka and Sushruta*, this condition manifests as severe pain affecting half of the head, particularly impacting areas such as *Manya, Bhru, Shankha, Karna, Akshi, and Lalaat*.

Migraine represents a genetical as well as life style related complex disorder marked by episodes of moderate-to-severe headaches, typically unilateral and often accompanied by nausea, vomiting as well as sensitivity to light, temperature variation and sound. Its name originates from the Greek "hemikrania," subsequently explained into Latin as "hemigranea," and finally into French as "migraine." This condition frequently leads to disorientation and job impairment. Migraine attacks are over hours to 72 hours upto days in manner. The most common migraine types are, migraine without aura, constitutes more than 60% of cases. This disease review is an attempt the ayurveda etiology and pathophysiology of migraine disease with conventional norms.

AIM AND OBJECTIVES

The aim of this study is to investigate the role of Ayurveda in the management of shiroroga, with a specific focus on *Ardhavbhedaka*.

MATERIALS AND METHODS

The study aims to elucidate the contribution of *Ayurveda* in the treatment of neurological common diseases, mainly Migraine, by consulting various *Ayurvedic* literature, Samhitas, and research articles. The review will be structured around the following themes:

1. Understanding the concept of Shirogata vyadhis and ardhavabhedaka.
2. Exploring the correlation between neurological disorders and Ayurvedic principles.
3. Investigating Ayurvedic treatment modalities for shiroroga, with a focus on *ardhavabhedaka*.

Modern View

Migraine constitutes a neurological disease which is characterized by recurrent moderate to severe headaches. Typically, these headaches affect one part of head to all over head, pulsate, and persist for durations ranging from twohours to days.

Migraines can be categorized into subtypes as per the headache classification committee of the International Headache Society IHS. These subtypes included as follow:

1. Migraine without aura: This is a more common type of migraine which is characterized by

recurrent headache attacks lasting 4 hours to days. Typically, these headaches are unilateral, pulsating intensified by physical exertion, and accompanied by symptoms such as nausea, photophobia, and phonophobia.

2. Migraine with aura: This is less common type of migraine Manifests as recurrent, fully reversible attacks lasting minutes to hours. Usually, more than one symptoms that are precedes the headache, such as visual hallucination, parasthesia, speech problem, cognitive behaviour, motor impairments, brainstem symptoms, or retinal symptoms.

Triggers:

Various triggering agents are related to migraine disorder, which are withdrawal from or exposure to, contribute to the production of migraine headaches. In a study, more than 70%

Stress: 80%
Hormonal changes (Notably during menstruation, ovulation, and pregnancy): 65% (probable factor)
Skipped meals: 57% (probable factor)
Weather changes: 53% (probable factor)
Excessive or insufficient sleep: 50% (possible factor)
Odors: 40%
Neck pain: 38%
Exposure to lights: 38% (probable factor)
Alcohol ingestion: 38%,
Smoking: 36%
Late sleeping: 32%
Heat: 30%
Food: Reported by 27%
Exercise: 22%

of patients reported triggers:

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Phases of Migraine

<u>Prodrom</u>	Prodrom phase contributes in premonitory symptoms linked with hypothalamus activation (dopamine).
<u>Aura</u>	In aura phase changes in cortical function, blood circulation, and neurovascular integration occur in about 25% of migraine cases
<u>Headache</u>	In headache phase involves additional changes in blood circulation and function of the brainstem, thalamus, hypothalamus, and cortex.
<u>Postdrom</u>	This phase encompasses persistent changes in blood circulation and symptoms following headache resolution.

Ayurveda View

Correlation between Neurological Disorders and Ayurveda

Sushruta

यस्योत्तमाङ्गार्धमतीव जन्तोः सम्भेदतोदभ्रमशूलजुष्टम् ॥१५॥
पक्षाद्दशाहादथवाऽप्यकस्मात्तस्यार्धभेदं त्रितयाद्व्यवस्येत् ॥१६॥

Charaka

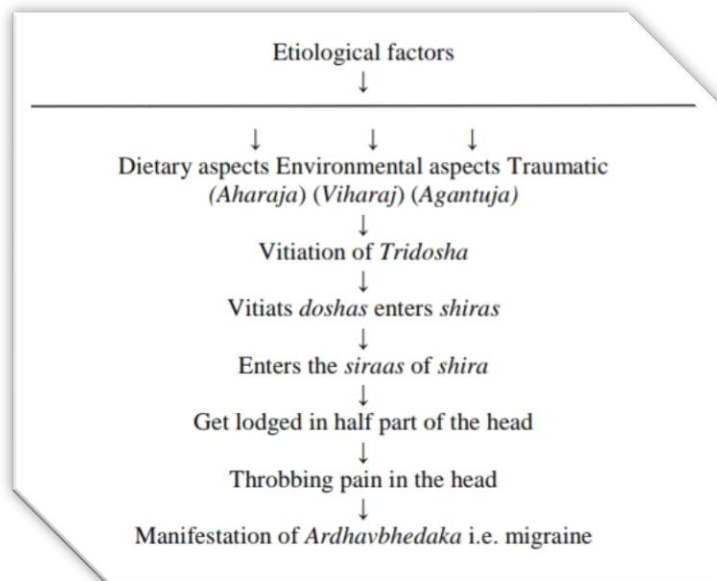
रूक्षात्यध्यशनात् पूर्ववातावश्यायमैथुनैः वेगसन्धारणायासव्यायामैः कुपितोऽनिलः ॥७४॥ केवलः सकफो
वाऽर्धं गृहीत्वा शिरसस्ततः मन्याभूशङ्खकर्णाक्षिललाटार्धेऽतिवेदनाम् ॥७५॥
शस्त्रारणिनिभां कुर्यात्तीव्रां सोऽर्धावभेदकः।

Siras, upper half is very much covered with a spear of illusion from the difference of the living being from the wing, ten days, or even from one, the difference of half of it should be determined by three.

Ayurveda is resembled with the *tridosha* theory, which encompasses *vata*, *pitta*, and *kapha doshas*, forming the basis of *Ayurvedic* principles related to physiology, pathology, diagnosis, prognosis, medicine, and therapeutics. Each dosha embodies distinct physical and physiological characteristics. *Vata*, *pitta*, and *kapha* regulate input/output, turnover, and storage, respectively, constituting universal properties across all living systems.

Shoola, or pain, is a predominant symptom of *vata* disorders. The signs and symptoms of migraine bear striking resemblance to *Ardhavybhedaka* in *Ayurveda*. *Ardhavybhedaka*, derived from “*Ardha*” (half) and “*Bhedaka*” (piercing and breaking type of pain), describes a

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condition where pain affects half of the head.

DISCUSSION

In the classical text ayurveda treatment modalities are dependent on three major treatment ailments-

- i. Nidana parivarjana
- ii. Sansodhana (Panchakarma)
- iii. Shamana

1. **Nidana parivarjana** – In ardhavabhedaka must exclude ahara vihar which are Ruksha, adhyashana, poorvavata, avashyaya, maithuna, vega-sandharana, vyayam etc.

2. Sansodhana

According to ayurveda the role of virechana, basti, nasya and raktamokshana are the most preferable sansodhana karma for ardhavabhedaka.

Role of Virechana

Virechana, expelling all three *doshas* through the lower body, particularly addresses *vata dosha* residing in the lower part of the body. By excluding *pitta* and *kapha*, which obstruct *vata* transmission and contribute to migraine pain, it provides relief. Virechana is a complete sansodhana karma for all three doshas. Vata dosha situated mostly in the Adhogabhaga of Sharir. Acharya Vagbhata described Mrudu sansodhana specially virechana in Vata Upkarma. Due to action and Prabhava of Virechana Dravya, Pitta and Kapha excrete out which obstruct transmission Vata and throbbing pain in Migraine.

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Role of Basti

Basti therapy, primarily aimed at pacifying vata dosha, acts on the *Pakwashaya*, the main site of *vata dosha*. It is beneficial for treating neurological disorders by affecting neurotransmitters and reducing migraine pain intensity.

Role of Nasya

Administering medicine through the nasal route effectively treats migraine, a type of *Shirogata Roga*. Nasya therapy stimulates nerve endings, promotes the extraction of morbid doshas, and normalizes *Tridoshas*, thereby alleviating migraine pain.

Role of Raktamokshana

Raktamokshana, through bloodletting, reduces local pressure and alleviates migraine pain.

2. Other Therapies

- *Shirobasti* with *chatur-Sneha*, *Seka* with *ghee* or milk, *Kavalgraha*, *Upnaha*, *Dahan*

3. Shamana Chikitsa: - *Shamana Chikitsa* (Pacifactory Therapy) is a form of curative treatment aimed at addressing *Ardhavabhedaka* (migraine). The therapeutic approach involves various remedies such as:

<i>Rasa Aushadhi: shiroshuladi vajra rasa, laxmivilasa rasa, and Mahalaxmi vilasa Rasa.</i>
<i>Kashayam (Decoction): Pathyadi shadangadi kashayam, guduchyadi kashayam, and Dhatryadi Kashayam.</i>
<i>Ghritapana: saraswata ghritha, brahmi Ghrita and Mayuradya Ghrita.</i>

Shirolepa (Head mask): Examples include *Kumkuma Ghrita lepa* and *Sarivadi lepa*. Additional remedies for *shirolepa* include processing *Krishna marich* powder with *bhringraja swarasa* and using it with *bhringraja swarasa* during an attack, as well as a mixture of *Krishna tila*, *jatamansi* powder, *saindhava*, and honey. Applying *lepa* to affected areas reduces pain and pressure. Medicinal *lepas* penetrate the skin, stimulate nerve endings, and transmit impulses to the central nervous system, reducing pain

Shiro-Abhyanga (Head massage): Using *dashamoola-dhatri Taila*, *saraswata ghritha*, and *Prapondrikadi Taila*.

Specific drug:

- *Gorakhmundi kwath* with *prakshep* of *krishna marich*
- *Shudh Somal* in very small quantities is effective but should only be used when the attack is suppressed, not during a migraine attack.

CONCLUSION

Now-a-days neurological disorders are most prevalent, often attributed to lifestyle and dietary factors. Among these neurological disorders, migraine stands out as a very common disorder that significantly disrupt in daily activities. Many neurological diseases, particularly those related to vata imbalances, are diagnosed within this spectrum. *Ayurveda* identifies various itiological factors, encompassing dietary, lifestyle, and psychological factors, which closely align with migraine triggers.

The frequent use of medications in migraine treatment can lead to drug dependency and withdrawal syndromes. *Ayurveda* offers a holistic approach to migraine treatment, addressing symptoms while also preventing potential side effects. Opting for *Ayurvedic* treatment for migraine can be beneficial in managing the condition effectively and mitigating further complications. The following case study highlights the efficacy of *Ayurvedic* therapies in managing *Ardhavabhedaka* (migraine). The human body operates as an interconnected

system, with various subsystems performing distinct functions. By embracing a holistic

approach that addresses the underlying *Dosha* imbalance and treats the entire system rather than isolated parts, patients can experience significant symptom relief within a relatively short timeframe, provided treatments are administered promptly and earnestly.

Although this review study has its limitations, it underscores the effectiveness of *Panchakarma* therapies such as *Sarvang or sthanik snehana* and *Swedana*, *Nasya Karma* etc and *Ayurvedic* oral medications in managing *Ardhavabhedaka*. These modalities offer a

simple, holistic approach with minimal adverse effects on patients. To validate the findings further, it is imperative to administer similar treatments to a larger cohort of individuals for comprehensive assessment. By doing so, the valuable benefits of *Panchakarma* therapies can be substantiated and advocated as a dependable approach in managing *Ardhavabhedaka*.

Future Recommendation

Since the current conceptual study could be a large or small observational and interventional study may be selected to assess the efficacy of the various treatment regimen.

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