“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 “Megrim” 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, Megrim, 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, Bhrur, 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 shirogata, with a specific focus on Ardhavabhedaka.

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 shirogata, 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% of patients reported triggers:

<table>
<thead>
<tr>
<th>Trigger</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress</td>
<td>80%</td>
</tr>
<tr>
<td>Hormonal changes</td>
<td>65% (probable factor)</td>
</tr>
<tr>
<td>Skipped meals</td>
<td>57% (probable factor)</td>
</tr>
<tr>
<td>Weather changes</td>
<td>53% (probable factor)</td>
</tr>
<tr>
<td>Excessive or insufficient sleep</td>
<td>50% (possible factor)</td>
</tr>
<tr>
<td>Odors</td>
<td>40%</td>
</tr>
<tr>
<td>Neck pain</td>
<td>38%</td>
</tr>
<tr>
<td>Exposure to lights</td>
<td>38% (probable factor)</td>
</tr>
<tr>
<td>Alcohol ingestion</td>
<td>38%</td>
</tr>
<tr>
<td>Smoking</td>
<td>36%</td>
</tr>
<tr>
<td>Late sleeping</td>
<td>32%</td>
</tr>
<tr>
<td>Heat</td>
<td>30%</td>
</tr>
<tr>
<td>Food</td>
<td>27%</td>
</tr>
<tr>
<td>Exercise</td>
<td>22%</td>
</tr>
</tbody>
</table>

**Phases of Migraine**

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

**Ayurveda View**

Correlation between Neurological Disorders and **Ayurveda**
Sushrutha

यस्योत्तमाङ्गार्धमतीव जन्तोः समभेद्विद्मशृङ्खलुष्टम् ||१५||
पक्षाद्वाधवथवाध्यकस्मात् सायाध्यक सतियाद्ववस्येत् ||१६II

Charaka

रूक्षायत्यध्यशनात् पूवधवातावश्या यथादथवाऽप्यकस्मात्तस्यार्धभेदं
त्रितयाद्यवस्येत् ||१५|| केवलः सकंको वां गृहीत्वा शशरसस्ततोः
मनयाभ्रूशङ्क्षक्षललाटार्नतवेदनाम् ||७५||
शस्थरणिनिभाः कुर्यातीतां सोर्द्धावभेदः।

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 Ardhavbhedaka in Ayurveda. Ardhavbhedaka, derived from “Ardha” (half) and “Bhedaka” (piercing and breaking type of pain), describes a
condition where pain affects half of the head.

**DISCUSSION**

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

1. Nidana parivarjana
2. Sansodhana (Panchakarma)
3. Shamana

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

2. **Sansodhana**

According to ayurveda the role of virechana, basti, nasya and raktamokshana are the most prefarable samsodhana 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 samsodhana karm for all three doshas. Vata dosha situated mostly in the Adhogabhaga of Sharir. Acharya Vagbhata described Mrudu samsodhana 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.

**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 (Pacificatory Therapy) is a form of curative treatment aimed at addressing ArdHAVAbhedaka (migraine). The therapeutic approach involves various remedies such as:

<table>
<thead>
<tr>
<th>Rasa Aushadhi: shiroshuladi vajra rasa, laxmivilasa rasa, and Mahalaxmi vilasa Rasa.</th>
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<tbody>
<tr>
<td>Kashayam (Decoction): Pathyadi shadangadi kashayam, guduchyadi kashayam, and Dhatryadi Kashayam.</td>
</tr>
<tr>
<td>Ghritapana: Saraswata ghritha, brahmi Ghrita and Mayuradya Ghrita.</td>
</tr>
</tbody>
</table>

**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 etiological 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.

**REFERENCES**

2. Prof. Ajay Kumar Sharma, *Kaya chikitsa (Tritiya Bhaga)*, Chaukhambha Orientalia delhi
14. Evans RW. Diagnostic Testing for Migraine and Other Primary Headaches. Neurol


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