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# Ayurved Management of Ardhavbedaka - A Case Study

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### **Abstract**

Migraine is one of the most common neurovascular disabling disorders encountered in practice. 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 major health issue among people of 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 world population. Female and male ratio 3:1. It is a widespread chronic and intermittently disabling disorder characterized by recurrent headaches with or without aura. Here a case study of Ardhavabedaka with Nasya karma and Shamanoushadi

**Keywords:** Migran, Ardhavabedaka, Nasya Karma.

### Introduction

Urdhvajatrugata Roga (disorders above the clavicle) and their management has a special mention in Ayurvedic texts, as Shira (head) is considered the prime seat of knowledge and the controller of the entire body, as such it is referred to as the *Uttamanga* (superlative organ). Acharya Sushruta has explained 11 types of Shiroroga 6 (diseases of the head), with one of them being Ardhavabhedaka (migraine), which presents as a paroxysmal unilateral headache associated with vertigo and pain of varying intensity. Nasa (nose) is considered as the gateway of the Shira (head), and Nasya Karma (Medication through nasal route) is specifically indicated to clear away the diseases located in the head, since medication is administered through the nostrils.<sup>3</sup>

Modern medicine states that there is no proper standardized line of treatment in the management of migraine and as such, acute conditions of migraine are usually dealt with by using over-the-counter medications, while chronic conditions are usually more prevalent and difficult to treat. The treatment modalities hence adopted are non-pharmacological and pharmacotherapy. The non-pharmacological methods include, but are not limited to; identification of triggers, meditation, relaxation training and psychotherapy. In the pharmacotherapy method, medicines like aspirin, paracetamol, ibuprofen and diclofenac are most commonly used.<sup>4</sup>

According to *Acharya Sushruta* typically it is a *Tridoshaja* disease *Acharya Charaka* it is *Vataja* or half of the head develops severe tearing and pricking pain, giddiness and piercing pain, suddenly after a Impact Factor: fortnight or ten days. This should be diagnosed as *Ardhavabhedaka* caused by all the three *Doshas*<sup>6</sup>

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# **Aim and Objective**

To assess the effect of *Ayurvedic* treatment in the management of Migraine

# **Case Study**

A 32-year-old Female patient presented to the O.P.D. of B V V S Ayurveda medical college and hospital Bagalkot (OPD Reg .no.22643) 1 with complaints of headache, nausea and very rarely vomiting since from 5 years. She had no history of any other illness and She took allopathic treatment got temporary relief. She has reported continuous, unilateral headache reportedly in the frontal lobe during each episode, onset is insidious. The nature of the pain is of throbbing type. She usually takes allopathic treatment, but within the last few years,

the effectiveness has decreased, which led her to visit the O.P.D. of Bvvs Ayurveda Medical College and Hospital Bagalkot.

### Intervention

The patient was OPD basis to the *Panchakarma* Department. In female *panchakarma* unit for *Nasya karma*. started with *shodhana nasya* for two days followed by *brimhana nasya* with *kshirabala* 101 tail in *arohana karma* i.e 6, 8 10 8,6, 10 drop followed by *shamanuoshadis* i.e *shirashoola vjra rasas* 1-0-1 for 20 days *haridra khanda* 1tsp-0-1tsp with milk. Agnain with gap of one month same treatment is repeated with constant dose of *Nasya drops* i.e 8 drops each side.

### **Procedure Chart**

| PROCEDURE    | 4/4 | 5/4 | 6/4 | 7/4 | 8/4 | 9/4 | 10/4 | 11/4 |
|--------------|-----|-----|-----|-----|-----|-----|------|------|
| Mukhabhyanga | ✓   | ✓   | ✓   | ✓   | ✓   | ✓   | ✓    | ✓    |
| Nasya Karma  | ✓   | ✓   | ✓   | ✓   | ✓   | ✓   | ✓    | ✓    |

I<sup>st</sup> day *Shunti guda nasya* – 4 drops each nostril II<sup>nd</sup> day KBT 101-4 DROPS each side III<sup>rd</sup> day KBT 101 – 6 DROPS each side IV <sup>th</sup> day KBT101- 8 Drops each side V <sup>th</sup> day KBT101-10 Drops each side VI <sup>th</sup> day KBT101- 8Drops each side V III <sup>th</sup> day KBT101- 6 Drops each side V III <sup>th</sup> day KBT101- 4 Drops each side As *a Paschat karma* – *Kavala with ushnodaka and Haridra dhuma* 

# **Discussion**

Ardhavabhedaka can be correlated with migraine, due to its cardinal features of "half sided headache". According to Avurvedic Samhita, all the three Dosha are involved in the Vata-Kapha Dosha responsible for regulating body fluids and keeping the body constituents cohesive. Management of these *Dosha* can done through Panchakarma (Five internal Bio-Therapies) Cleansing like Nasya Karma (Medication through Nasal route).

Abhyanga and Swedana Recently, these therapies have been gaining popularity in the holistic treatment of Ardhavabhedaka (migraine).

As explained in samhitas Ardhavabedaka is vata and kapha dosha pradhana. In this patient kaphaja symptoms are more so to relive kapha shodhana type of nasya is advised is shunti guda nasya. As shunti is ushnas and tikshna and kaphahara, guda is lekhna property. After kapha vilayana for vata shaman Brumhanarth kshirabala taila 101 nasya advised.kshirabala taila contains kshira, bala, tila taila all r vata shamaka and Brumhana.<sup>7</sup>

Action of Nasya Karma: It is explained that since Nasa being the doorway to Shira, the drug through administered the nostrils reaches Sringaataka, a Siramarma by Nasa Srota and spreads in the Murdha (~brain), taking routes of Netra (eyes), Shrotra(ears), Kantha(throat) Sira and Mukha, gathering the morbid Dosha in Urdwajatru and the next acting from Uttamanga . The aqueous part of the active principle will be easily absorbed through mucous membrane(nasal mucosa, olfactory mucosa) and fat soluble active principle can be easily assimilated through the nerve endings (trigeminal and olfactory). When the Nasya Dravya is administered through the nasal cavity, the drug

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gets absorbed by the passive process across the cell wall directly through the cell membrane as lipid soluble medicine has greater passive absorption. The preoperative procedures (Poorva karma) of Nasya Karma play a major role in the access of the drug into the body. The lowering of the head, elevation of lower extremities and fomentation of face seems to have an impact on blood circulation of the head and face. As the efferent vasodilator nerves are spread out on the superficial surface of the face, they receive stimulation by fomentation and it may cause the increased blood flow to the brain. Lowering of the head plays a major role in the spread of medicine to the sinus ostia. The drugs used in the preparation of all these drugs have Kapha Vata Nashaka and Srotoshodhaka properties. These drugs used for Nasya Karma help in stimulation of vasodilator nerves which are spread out on the superficial surface of Urdhwang ,this increases the blood circulation to the brain. With all these factors being considered, it can thus be said that Nasya Karma brings effective relief to the patient suffering from migraine. In this case patient got 80% of relief in first sitting and complete relived after second sitting.So in ardhavabedaka shodhana and snehana nasya plays important role in the manegment of ardhavbedaka.

## Conclusion

The present case study signifies the role of Ayurvedic therapies in the management of Ardhavabhedaka (migraine). The human body as a whole, works by smaller systems performing different tasks. Thus, by adopting a holistic approach to the causative Dosha, and treating the whole system, rather than just a part of it, the patient can have significant relief in symptoms in a relatively short space of time, provided treatment is done timely and whole-heartedly. Despite the limitations of this casstudy, it can be said that Panchakarma therapies like Sarvang Abhyanga and Swedana, Nasya Karma Ayurvedic Oral Medications is a simple, holistic, yet effective treatment modality in Ardhavabhedaka, without having any adverse effects to the patient. The treatment adopted here needs to be administered to a larger number of the population for better assessment of the results. If this is done, then the wonderful benefit of Panchakarma therapies can be ascertained and promoted as a reliable treatment in the management of Ardhavabhedaka.

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