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Management of Chronic Migraine (*Ardhavabhedaka*) through Ayurvedic herbo-mineral drugs : A Case Study

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ABSTRACT

Migraine is a neuro vascular disorder characterized by recurrent attacks of pulsatile headache of varying intensity and is generally accompanied with nausea and vomiting, sensitive to light and sound. It is most common headache that generally afflicts ~15% of women and 6% of men. WHO has ranked migraine as a no. 19 among all the diseases worldwide causing disability. In *Ayurveda* it is well correlated as *Ardhavabhedaka*, one of the *Shiroroga* out of 11 mentioned by *Acharya Sushruta* based on the similarities in etiology, pathophysiology, symptoms and treatment principles. *Ardhavabhedaka* is a *Tridoshaja Vyadhi*. In allopathic Science many pharmacological strategies like, Antidepressants, Antiseizure drugs, and BP lowering medications (In hypertensive) are commonly used for the quick relief from Migraine pain but it adds drowsiness, insomnia and depression too; as a complication. This case study is about a patient having Chronic migraine for 3 years with generalized burning sensation all over the body, insomnia and stress. *Ayurvedic* Management with inclusion of *Panchkarma* procedures like *shirodhara* and *nasya* along with internal herbomineral medications have helped immense to get rid off the symptoms.

Key words: Migraine, *Ardhavabhedaka*, *Shiroshoola*, *Shirovirechan*

INTRODUCTION

Migraine is neurological disorder in which there is a severe headache generally throbbing or pulsating in nature on one side of head. It is generally associated with nausea, vomiting and photophobia. Due to increasing stress and unaccounted workload, mental health got spoiled & disturbed the many aspects of life. Even young children are becoming victims of this disease like migraine. *Acharya Charak* mentions;

“*Sarwamanyet Parityejaha Shareeramanupalyet | Tadbhave Hi Bhvanam Sarwabhaba Sheererina.*”^[1] So one should pay attention to their health otherwise all things are useless. Nowadays stress has become an integral part of our daily schedule. When psychological stress gets involved, the migraine attack often occurs after the period of stress, so that some patients tend to have attacks at week-ends or at the beginning of a holiday. The headache is associated with vasodilatation of extracranial vessels, but may be due to disturbed neuronal activity in the hypothalamus.^[2] A migraine attack has three phases: premonitory (prodrome), headache phase, and postdrome; each has distinct and sometimes disabling symptoms. Various pharmacological strategies like Antidepressants, Antiseizure drugs, CGRP monoclonal antibodies and BP lowering medications (In hypertensive) currently are the used for the treatment of Migraine, but a recent population study showed that 84% of the patients with migraine persisted with the diagnosis; and around 10% had 1 year complete clinical remission and 3%

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developed chronic migraine. Prevalence of this disease is significantly increasing in youngsters due to their various triggering factors like sedentary lifestyle, environmental factors stress, late night awakening. Sedentary life style plays a significant share in precipitation of Migraine. In *Ayurvedic* text, almost all the *Acharayas* have referenced *Ardhavabhedaka* in *Shiro-Roga Prakaran*. *Acharaya Sushruta* has mentioned 11 types of *Shiro-Roga* in *Uttar Tantra*. Among them, one of them is *Ardhavabhedaka* in which paroxysmal unilateral headache associated with nausea and pain related with vertigo is seen. As indicated by *Acharaya Sushruta*, it is a *Tridoshaja* disease and according to *Acharaya Charak*, it is *Vataja* or *Vata-Kaphaja*. *Ardhavabhedaka* can be scientifically correlated with Migraine due to its cardinal feature 'half sided headache' which is also explained by commentator *Chakrapani* as '*Ardha Mastaka Vedana*'^[3] also due to its paroxysmal nature. All the three *Doshas* are involved in the pathogenesis of the *Ardhavabhedaka* with the predominance of *Vata* or *Vatakapha*. The disease may not be fatal but if not managed properly then it may damage eyesight or hearing. *Ayurveda* emphasizes various treatment modalities for *Ardhavabhedaka* which includes both *Shodhana*, *Shamana* to be effective in the management of *Ardhavabhedaka*.

CASE REPORT

A 24 yrs old female patient Rani Kumari visited our Kayachikitsa OPD, with chief complaint of severe throbbing pain in left half of head along with burning sensation all over the body for past 3 yrs, with an approx. frequency of 3 attacks/month. The symptoms used to get worsen during morning hours, neck movements, sneezing and fasting. The pain was followed by nausea and vomiting. She had reduced appetite, disturbed sleep and inadequate bowel evacuation also. She had no history of thyroid, asthma or any mental disorder. All the vitals were within normal limit.

General physical examination

- Appetite : Normal

- Bowel : Not Clear
- Blood pressure : 110/80
- Respiratory rate : 18/min
- Temperature : 98°F
- Pallor - Absent
- Icterus - Absent
- Lymphadenopathy - Not Palpable

Ashtavidha Pariksha

- *Nadi* - *Vatakaphaja*
- *Mutra* - *Samanya*
- *Mala* - *Sama, Vibandh*
- *Jihwa* - coated (whitish)
- *Shabd* - *Samanya*
- *Sparsh* - *Kinchit Ruksha*
- *Drik* - *Samanya*
- *Aakriti* - *Madhyam*

Systemic examination

- Cardiovascular system - NAD
- Respiratory system - NAD
- Gastrointestinal system - Lower abdomen distended
- Nervous system - NAD
- Motor functions - NAD

MATERIALS AND METHODS

Sources of data

Patient having symptoms of *Ardhavabhedaka* is selected from the OPD of Kayachikitsa Department, Govt Ayurved College, Patna.

Study design: Single case study.

Consent was obtained from patient prior to the treatment. Patient was assessed on subjective parameters before treatment and on every follow up.

Treatment protocol

Firstly patient was advised *Shirodhara* with *Mamsyadi Kwatha* for 7 days then *Shiroverachan* for 7 days with *Shadbindu Nasya*; 6 drops in each nostril followed by *Anu Tail Nasya* for next 21 days.

Shaman Aushadi for 30 days

| SN | Name of Drugs | Anupana |
|----|--|------------------------------|
| 1. | Sutsekhar Rasa - 250 mg Godanti Bhasm - 125mg Swarnmakshik Bhasma - 250 mg | With Mishri |
| 2. | Pathyadi Kadha - 20 ml | With equal quantity of water |
| 3. | Cap Stresscom - 2 cap | With milk QHS |

Criteria for Assessment

Subjective criteria

1. Headache (severity)
2. Headache (Duration)
3. Nausea
4. Vomiting
5. Photophobia
6. Episodes of attack
7. Aura
8. Other symptoms like Giddiness, Lack of sleep, Weakness, Fatigue

| | | | |
|----|----------------------|---|---|
| 1. | Severity of Headache | 0 | Absent |
| | | 1 | Pain tolerable |
| | | 2 | Disturbing Routine work |
| | | 3 | Intolerable pain |
| 2. | Duration of Headache | 0 | Nil |
| | | 1 | 2-6hr /day |
| | | 2 | 6-12hr/day |
| | | 3 | ≥12 hr/day |
| 3. | Nausea | 0 | None |
| | | 1 | Loss of appetite without alterations in eating habits |
| | | 2 | Oral intake decreased without significant weight loss, dehydration or malnutrition. |

| | | | |
|----|--|---|---|
| | | 3 | Inadequate oral fluid intake, tube feeding, TPN or hospitalization indicated. |
| 4. | Vomiting | 0 | None |
| | | 1 | 1 to 2 episodes in 24 hours |
| | | 2 | 3-5 episodes in 24 hours |
| | | 3 | ≥ 6 episodes in 24 hours |
| 5. | Photophobia | 0 | No sensitive to light |
| | | 1 | Mild sensitive to light but can tolerate with work |
| | | 2 | Mild Sensitive to light but can't tolerate with work |
| | | 3 | Can't tolerate light; needs either darkness or lights completely off |
| 6. | Episodes of attack | 0 | No attacks within 1 month |
| | | 1 | 1-3 attacks in 1 month |
| | | 2 | 4-6 attacks in 1 month |
| | | 3 | ≥6 attacks in 1 month |
| 7. | Aura | 0 | Nil |
| | | 1 | Lasts for 5-10minutes |
| | | 2 | Lasts for 10-15 minutes |
| | | 3 | Lasts for >15 minutes |
| 8. | Other symptoms like Giddiness Lack of sleep Weakness Fatigue | 0 | None |
| | | 1 | Mild |
| | | 2 | Moderate |
| | | 3 | Severe |

Results Analysis

| Sign /symptoms | BT | 1 st day to 14 th day | 15 th day to 45 th day | AT |
|-----------------------------|----|--|--|----|
| Headache (severity of pain) | 3 | Shirodhara with Mamsyadi Kwatha followed by Shirovirechan with | Internal Medication for 30 days | 0 |
| Headache (Duration of pain) | 3 | | | 0 |
| Nausea | 3 | | | 1 |
| Vomiting | 2 | | | 0 |

| | | | |
|---|---|-------------------------|---|
| Photophobia | 3 | Shadbindu Tail Nasya | 1 |
| Episodes of attack | 2 | | 0 |
| Aura | 3 | | 0 |
| Other symptoms like vertigo, lack of sleep, weakness, fatigue | 2 | | 0 |

DISCUSSION

Ardhavabhedaka is caused by simultaneous vitiation of all three Doshas. The Shoola under Ardhavabhedaka manifests in two forms viz predominately caused by vitiated Vata or both Vata and Kapha. Due to intake of Vata vitiating Aahar Vihar, vitiated Vata alone or accompanied with Kapha gets lodged in half of the head and produces severe churning pain in half of Many Bhru, Shankha, Karna, Akshi, Lalata. In Ayurveda the principle of any treatment is based on its Samprapti Vigghatan and the first step in Samprapti Vigghatan is Nidana Parivarjanam. Scheduled life style and following Pathyaapathya along with Yoga practice improves the morbidity.

Probable mode of action of drug

Shirodhara

Shirodhara is a purifying and rejuvenating therapy designed to eliminate toxins and mental exhaustion as well as relieves stress. It is mainly indicated in insomnia, anxiety, depression etc. It raises the level of serotonin due to the amplification of vibrations by the intracranial sinuses through Shirodhara; thus activates the frontal lobe, limbic system, brain stem and ANS and it raises the levels of serotonin. Serotonin have Anxiolytic effects, reduces HR, Breathing rate etc.^[4]

Shadbindu Tail Nasya

Nasya Dravya



lipid soluble substances has greater affinity for passive absorption



Olfactory receptors cells in nasal mucosa



Olfactory nerve



Olfactory bulb



Olfactory tract



Shringataka Marma (Nasya Dravya stimulates it)



Impulses are transmitted to the CNS



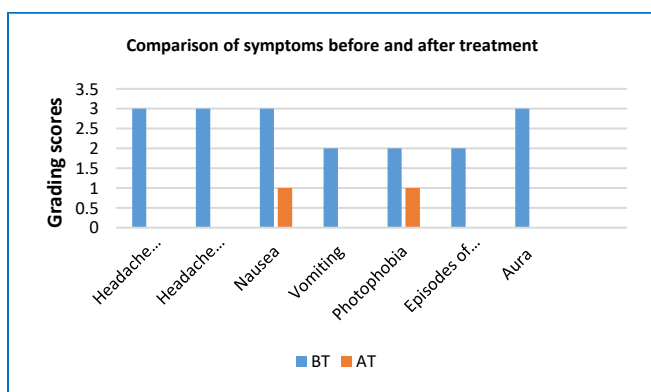
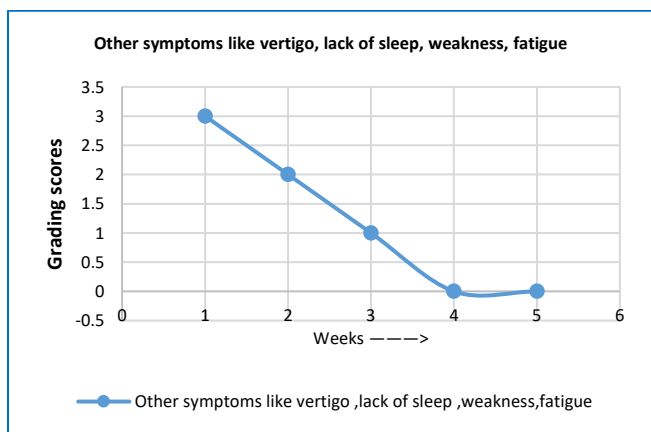
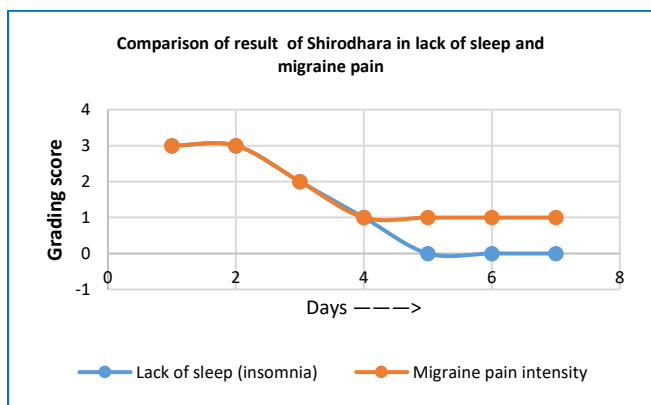
Scraping of morbid Doshas of head and extracts them out



Normalises Tridosha

Swarnmakshik Bhasma is a herbomineral medicine, balances Kapha and Pitta Dosha. Traditionally it has been used for Pandu, Anidra, Apasmara, Mandagni etc. Sutsekhar Rasa is a herbo-mineral formulation which contains Swarnagairika, Shunthi, Nagvelli juice extract (Piper betel) which balances Vata and Pitta. It has Kashaya, Madhura Rasa, Snigdha, Visadaguna and Sheeta Veerya and Madhur Vipaka. It nullifies the aggravated Pitta Dosha and also improves the Agni Vyapar. Since the patient has burning sensation all over the body, so it has been selected. Swarnamakshik bhasma along with Sutsekhar Rasa is used in Shiroshula.^[5] Godanti Bhasma is effective due to the antipyretic, anti-inflammatory, analgesic property.^[6] Pathyadi Kadha contains drugs such as Guduchi, Nimba and Haridra possessing Raktaprasadaka property that may normalise vitiated Rakta Dhatu. Drugs such as Guduchi and Amalki having Dipana property, will normalise Ama. It is reported that most of the drugs of Pathyadi decoction also possess analgesics, anti-inflammatory, a nervine tonic property which might helped to reduce pain.^[7] Cap Stresscom - Cap stresscom contains Ashwagandha as a main ingredient which enhances the body's resilience to

stress. *Ashwagandha* improves the body’s defence against disease by improving the cell mediated Immunity. It also possess potent antioxidant properties hence protects the cellular damage by free radicals.^[8] **Mamsyadi Kwatha** an *Ayurvedic* formulation mentioned in *Siddhaya Sangraha* of *Yadavji Trikamji Acharya* is said to possess a very good effect in all psychological disorders. The components of *Mamsyadi Kwatha* are *Jatamamsi*, *Ashwagandha* and *Parasika Yavani* in 8:4:1 ratio. It is a strong potent psychoneuro pharmacologically active compound and is subjected for antidepressant activity.^[9]



CONCLUSION

The present case study signifies the role of *Nasya* therapy and internal medicine in the treatment of Chronic Migraine. Despite the limitations of this case study, we conclude that the herbo-mineral formulations are simple and effective treatment modality for Migraine without any adverse effects. Since this is a single case study; further study is required for greater sample size for establishment of this treatment protocol.

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