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CASE REPORT

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Role of *Marma* therapy and *Vidangadi Avapidana Nasya* in the management of *Ardhavabhedaka* [Migraine] - A Single Case Study

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ABSTRACT

Modern technology and equipment have allowed man and science to reach new heights in the realm of medicine. Despite its *Vedic* essence, Ayurveda continues to be widely practiced and serves humanity with its own set of principles and philosophy. The *Shalakya Tantra* primarily addresses ailments that arise above the clavicle and their treatment. *Ardhavabhedaka*, or Migraine, is a prevalent *Shirogata Vyadhi* influenced by diverse factors such as lifestyle modifications, psychological stress, and various sources of *Shirogata* disturbances. In *Ayurveda*, *Ardhavabhedaka* is understood as a *Vataja* or *Vata-Kaphaja* impacting all facets of *Shirogata* physiology. The symptoms of *Ardhavabhedaka* include *Ardha Murdha Vedana*, *Pakshath Dashahath Pravruthi*, *Bhrama*, *Bheda Todavath Vedana*, *Chardi*. Traditional *Ayurvedic* treatments address these symptoms through localized and systemic approaches. This study aims to assess the effectiveness of *Marma* therapy and *Nasya Karma* in alleviating symptoms and improving clinical parameters associated with *Ardhavabhedaka*. The findings offer promising insights into potentially cost-effective alternatives for managing *Ardhavabhedaka*, providing relief to individuals burdened by the perpetual dependence on palliative measures.

Key words: Ardhavabhedaka, Shalakya Tantra, Marma Therapy, Nasya Karma, Ayurveda Management of Migraine

INTRODUCTION

Ardhavabhedaka is one among Urdhvajatrugata Vikara and Shiroroga. Many epidemiological studies have documented its high prevalence and personal impacts. For physiological maintenance of body Vata is consider as the main factor. Improper food and lifestyle provokes the Vata which leads to many

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diseases.

Ardhavabhedaka is Kevala Vataja or Vatakaphaja which is mentioned by Charaka and Vangasena. Acharya Charaka explained Ardhavabhedaka has Shastra Aranivat, Manthanavat Teevravedana in Manya, Bhru, Shankha, Karna, Netra and Lalata in half part of the head and has told Nasya Karma as line of treatment.

On the basis of symptoms of *Ardhavabhedaka*, it can be compared with Migraine in contemporary science. Migraine has symptoms of pain with pulsating quality and severe intensity in unilateral location.

In the Global Burden of Disease study 2010 (GBD 2010) it was ranked as the third most prevalent disorder in the world. In GBD 2015 it was ranked third highest cause of disability worldwide in both males and females under the age of 50 years.^[1]

In India prevalence of any headache was 63.9% with a female preponderance of 4:3. The age standardize

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done year prevalence of Migraine was 25.2% prevalence was higher among females than males and among those from rural areas than urban. [2] Treatment of Migraine includes, the use of Analgesics, Vasodilators, Corticosteroids, long term use of these may cause adverse effects like Heart block, Peripheral oedema, Hypertension, Mood swings etc.

Ayurved is an ancient science of life in which knowledge of Sharir is described vividly. Among all the anatomical structures described in Ayurveda classics, Marma has very special importance. These places are seat of life. If they are traumatized or injured the person may suffer from deformity, disability or even death. If these Marma Sthana are used carefully in treatment or the management, the diseases can also be cured or treated successfully. Marma science is a subject which has been described by all the great authorities of Acharyas in Sharir Sthana. Marma Chikitsa is the oldest or ancient Vedic treasure of Indian surgery or treatment. During the Vedic era, the knowledge of Marma was known to the emperors or kings and warriors. The concept and practice of Marma was very popular in those days to achieve maximum effect when contending with the enemies in war or fight.[3] History of medical practices is believed to exist from a few hundred years to the thousands of years. Marma science is a natural, permanent, instant, noninvasive way of healing today, because it succeeds in conserving many of the highest moral values of its adherents. It promotes the physical, mental and spiritual level likes calmness, self control, self-healing, realization and happiness and thus much to prevent suffering and sorrow.^[4] As pain is the major symptom which affects the person's day to day activities, so pain is the major target in the management of Ardhavabhedaka. Therefore, Marma Chikitsa can be a, instant, non-medicinal and non-invasive approach in the management of Ardhavabhedaka (Migraine). Shiromarma can be used very effectively in the management or treatment of Ardhavabhedaka (Migraine).

In this study *Vidanga* and *Krishna Tila* drugs for *Avapidana Nasya Karma*. These drugs have *Katu, tikta, Ruksha, Laghu, Tikshana, Sara, Snighdha* and *Guru*

Gunas, these does Kapha Vilayana and acts as Kapha Vata Shamaka. When obstructed Kapha get clears Vata moves in its normal Gati so Shulaghna and Vata Roga Hara.

AIM AND OBJECTIVE

To study the role of *Marma* Therapy and *Vidangadi Avapidana Nasya* in management of *Ardhavabhedaka* with special reference to Migraine.

CASE PRESENTATION

Patient Details:

Age: 35 years

Gender: Female

Occupation: Teacher

- Medical History: No significant systemic illnesses; occasional seasonal allergies.
- Symptoms: Ardha Murdha Vedana, Pakshath Dashahath Pravruthi, Bhrama, Bheda Todavath Vedana, Chardi

Diagnosis: The patient was diagnosed with Migraine based on clinical examination and patient-reported symptoms, consistent with *Ayurvedic* diagnosis of *Ardhayabhedaka*.

Ayurvedic Management

Initial Assessment

Dosha Imbalance: Predominantly *Vata-Kapha* disturbance.

Treatment Plan:

- 1. Marmas used in Marma therapy for Ardhavabhedaka
- Adhipati
- Simanta
- Utkshepa
- Shankha
- Sthapani
- Apanga

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- Avaruta
- Vidhura

2. Nasya Karma

Vidangadi Nasya: Ingredients

- 1. Vidanga Embelia ribes 1 part [seed]
- 2. Krishna Tila Sesamum indicum 1 part [seed]

Both drugs will be soaked in water for overnight after that will make the *Kalka* from ingredients and extract the *Swarasa* using fine both.

| Treatment | Marma therapy with Vidangadi Avapidana Nasya |
|-------------------------|--|
| Treatment given | Marma therapy - twice one minute for each Marma. Vidangadi Avapidana Nasya - morning 6 Bindu in each nostrils |
| Treatment duration | 7 days |
| After treatment | 8 th day |
| Follow up period | 20 th day, 30 th day |
| Total study duration | 30 days |

Protocol of treatment^[5]

| SN | <i>Marma</i> point | Stimulation time | Sittings of Marma Chikitsa | Total time period |
|----|-----------------------|---------------------|----------------------------------|----------------------|
| 1. | Adhipati | 0.8 sec. | Two time per day | 30 days |
| 2. | Simanta | 0.8 sec. | Two time per day | 30 days |
| 3. | Utksepa | 0.8 sec. | Two time per day | 30 days |
| 4. | Sankha | 0.8 sec. | Two time per day | 30 days |

| 5. | Sthapani | 0.8 sec. | Two time per day | 30 days |
|----|----------|----------|---------------------|---------|
| 6. | Apanga | 0.8 sec. | Two time per day | 30 days |
| 7. | Avarta | 0.8 sec. | Two time per day | 30 days |
| 8. | Vidhura | 0.8 sec. | Two time per day | 30 days |

According to their anatomical location of *Marma* points, every *Marma* point will be stimulated for 15-18 times on an average in single sitting.

- 1. Adhipati Marma The Adhipati Marma is located at the top most portions of the head. The stimulation is done by joining tip of all four fingers and thumb. There are also two different postures from which stimulation of these Marmas are performed.
- Simanta Marma- The Simanta Marma is situated on all the four side of head. Put both the hands on the head. Join the tip of fingers of both the hand (Coronal and sagittal sutures) and put the thumb on back side of head (Lambdoid sutures). The pressure is applied by the tip of finger and thumb.
- 3. *Utkepa Marma Utkhepa Marma* Situated above the temples at borders of hair line. The stimulation is done by either by the tip of index finger or middle finger.
- 4. Sankha Marma Shankha Marmas are located above the outer end of the eyebrows, in between the Karna and Lalata. The stimulation is done by either by the tip of index finger or middle finger.
- 5. Sthapni Marma- The Sthapni Marma is located between the eyebrow. The stimulation is done by the pulp of the thumb is kept over the Sthapani Marma, upward and inward pressure is given to stimulate
- Apanga Marma The Apanga Marmas are situated on Bhrupuchha Adho (eyebrows below outside the eye). A gentle pressure has been applied with the help of tip of index finger on both sides.

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7. Avarta Marma- The Avarta Marmas are situated in the centre the eyebrows, in the upper border of orbital cavity, on the forehead. The stimulation is done by thumb pressure directly upwards and posteriorly.

8. Vidhura Marma - The Vidhura Marma is located on the back side of ear. The pressure has been applied on Vidhura Marma with the help of thumb in posterior aspect of ear.

Assessment Criteria

A. Subjective Parameters:

| Parameters | Before treatment | After treatment 8 th day | 1 st follow -up on 20 th day | 2 nd follow -up on 30 th da y |
|---|---------------------|---|--|---|
| Theevratha of Ardhamoordhav edana | 4 | 3 | 1 | 0 |
| Kala Prakarsha | 3 | 2 | 1 | 0 |
| Bhrama | 2 | 1 | 1 | 1 |
| Hrillasa | 3 | 2 | 1 | 0 |
| Chardi | 0 | 0 | 0 | 0 |

B. Objective Parameters:

| Parameters | Before treatment | After treatment 8 th day | 1 st follow- up on 20 th day | 2 nd follow- up on 30 th day |
|-------------------|---------------------|---|--|---|
| Vega Pravruthi | 4 | 3 | 2 | 1 |

DISCUSSION

Effectiveness: The *Ayurvedic* treatments -innovative *Marma* therapy, and *Vidangadi Avapidana Nasya* showed significant improvement in the patient's

symptoms and clinical parameters. The combination of therapies helped balance the *Vata-Kapha Dosha*, enhance stability, and improve overall health.

Patient Compliance: The patient reported high compliance and satisfaction with the *Ayurvedic* treatments, noting a preference for natural remedies over conventional medications.

Limitations: The study was limited by the single case design and short follow-up period. Further research with larger sample sizes and longer duration is recommended.

CONCLUSION

This case study demonstrates the potential of *Ayurvedic* management, specifically *Marma* Therapy and *Nasya Karma* in effectively reducing symptoms and improving clinical outcomes in patients with *Ardhavabhedaka*. These treatments offer a promising, cost-effective alternative to conventional therapies, emphasizing the importance of integrating traditional medicine into modern healthcare.

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