



Management of Ardhavabhedak (Migraine) through Panchakarma Therapy

Dr. Rutuja Sanjay Nagawade

MD Panchakarma, Assistant Professor, Panchakarma Dept., G.S. Gune Ayurved College, Ahmednagar 414001

E-mail is rutuja3121994@gmail.com

ABSTRACT-

Ardhavabhedak is one of the Shiroroga which can be correlated with migraine. Ardhavbhedak occurs due to vitiation of Tridosha. Migraine is one of the most common disease which affects large no. of world population and involves paroxysmal unilateral headache which is characterized by recurrent attacks of headache widely variable in intensity, frequency and duration. There are various therapies proposed by ancient science for management of this disease. The present paper summarized clinical efficacy of role of ayurvedic Panchakarma therapies like Virechan and Nasya karma.

Keywords- Ardhavabhedak, Migraine, Virechan, Marsha Nasya

INTRODUCTION-

Ardhavbhedaka described under shiroroga (disease of head in Ayurveda) occurs due to vitiation of Tridosha¹. In Ayurveda almost all the Acharyas have mentioned Ardhavbhedaka in shiro roga. Acharya Sushruta has mentioned 11 types of Shiroroga in Uttartantra and Ardhavbhedaka is one of them characterized by pain in half side of head². Ardhavbhedaka according to Acharya Charaka Vata either alone or in combination with Kapha, seizes the one half of head and causes Ativedana (acute neuralgic pain) in the sides of the Manya (neck), Bhroo (eyebrow), Shankha (temple), Karna (ear), Akshi (eyes) or Lalatardha (forehead of one side). If the condition becomes aggravated, it may even encompass the functions of Netra (eye) and Karna (ear). According to Acharya Vagbhata - pain in half of the head is considered as Ardhavbhedaka³ and According to Acharya Sushruta - Severe tearing and pricking pain in one half of the head associated with giddiness. These features appear every fortnightly or ten days or thirty days.

Ardhavbhedaka is one of the Shiroroga (disease of head) which can be correlated with Migraine having symptoms like paroxysmal unilateral (half cranial) headache sometime associated with vertigo, nausea, photophobia, phonophobia and other symptoms of neurological dysfunctions. Prevalence rate of the Migraine at about 6 to 8% in men and 12 to 15% in women. Migraine occurs 3 times more common in women than men. Migraine divided into several types, the most important of which were Migraine without aura called as common Migraine and Migraine with aura called as Classical Migraine⁴.

In Ayurveda Nasya therapy is considered as one of the most promising treatment for all the urdhwajatrugat vikaras. Nasya karma involves administration of herbal oil/drugs/liquids into the nostrils which removes the blockages of the nasal pathways, reduces feeling of heaviness in head region & relieves mental stress. These effects of Nasya give significant relief in diseases associated with nose & head region such as; migraine (Ardhavbhedaka).

AIMS AND OBJECTIVES

- To assess the combined effect of Virechan Therapy and Marsha Nasya therapy in Ardhavbhedaka.

Material and Method-

- 30 years old male was selected during the OPD time of department of Panchakarma having chief complaints of throbbing pain over the right side of head lasting up to 6-12 hrs/day twice a week since 2 and a half years.
 - Headache was followed by nausea and sometimes vomiting too. Also having giddiness and photosensitivity.
 - Headache aggravates on walking and climbing upstairs. There were no classical focal neurological events.
- N/H/O history of any other major illness
- Patient was under treatment of modern physician from 2 years but without any significant improvement.
- CT scan of brain was done. Findings were not of any pathological significance
- Hb% - 11.2%

- Total leucocyte count 7500/mm³
- Differential leucocyte count : WNL
- ESR 18mm
- RBS- 96mg/dl
- Urine – Sugar nil
- Albumin nil
- The visual acuity of both eyes were 6/6 and IOP 17.3mm of Hg in both eyes.

PLANNING OF MANAGEMENT-

Only herbal medications or other topical procedures are not beneficial for sustained pain relief in this case. So, here first of all Shodhana is required for pacification of Dosha. Treatment can be planned – Virechana- Marsha nasya – Pratimarsha nasya as follows-

Treatment Schedule-

Method of drug administration-

Sr.No.	Procedure	Duration	Medication
1.	Deepan Pachan Anuloman	5 days	Arogyavardhini vati 500mg Vyanodane Sanjeevani vati 500mg Vyanodane Gandharva haritaki Choorna 5gm Ratrau
2.	Snehapana	5 days	Yashtimadhu ghrita started with 30ml; on 5 th day, 150ml is given by increasing 30ml each day which achieved Samyak snigdha lakshana.
3.	Vishrantidin	3 days	Sarvang snehan swedan
4.	Virechana	1 day	Virechana was given by Triphala kwath – 100ml Castor oil – 50ml Maardvik phant- 50ml
5.	Sansarjan krama	5days	Peyavilepadi krama
6.	Marsha nasya	7days	Marsha nasya with Anutail was given 8 drops in each nostrils.
7.	Gandush	7days	Marsha nasya was followed by Gandush with warm water.
8.	Pratimarsha nasya	14days	Pratimarsha nasya with Yashtimadhu taila was given – 2-2 drops in each nostril.

Assessment Criteria-

Symptoms	0	1	2	3	4
1. Severity of attack	No headache	Mild headache (aware only if pay attention to it)	Moderate headache (can ignore at times)	Severe headache (can't ignore but can do usual activities)	Excruciating headache (can't do any thing)
2. Frequency of headache	Nil	Once week	Twice week	Thrice week	Thrice week
3. Duration of headache	Nil	1-3hrs/day	3-6hrs/day	6-12hrs/day	Morethan12hrs /day

4.Nausea	No Nausea	Occasional episodes of brief duration	Frequency and prolonged nausea		
5.Vomiting	No Vomiting	Present before episode	Present before and after episode	Present during and after episode	
6.Giddiness	No Giddiness	Mild (can do his/her work)	Moderate (forced to stop work)	Severe (forced to take rest)	Very severe (forced to take medicine)
7.Aura	Absent	Present	Absent	No Change	No Change
8.Associated symptoms	No Symptoms	Mild (can do his/her work)	Moderate (forced to stop work)	Severe (forced to take rest)	Excruciating (forced to take medicine)

OBSERVATION AND RESULT-

Symptoms	Before treatment Score	After treatment score
1.Severity of attack	3	1
2.Frequency of headache	2	1
3.Duration of headache	3	1
4. Nausea	2	0
5.Vomiting	1	0
6.Giddiness	2	1
7.Aura	0	0
8.Associated symptoms	1	0

DISCUSSION-

In Ardhavbhedaka, when episode of Ardhavbhedaka occurs person feels helpless and handicap. WHO has ranked Migraine among the world's most disabling medical illness, the scope for prevention of the disease in modern science is not satisfactory. So, an attempt has been made to study the complete aspect of disease and to find the best possible way for the betterment of mankind.

In modern drugs are not acceptable due to their drawbacks, drug dependence and drug withdrawal syndrome, relapse of headache within hours and chances of getting chronic headache. Vamana is contraindicated in Shiroroga, but Virechana is indicated in Shiroroga by all Acharyas. Acharya Charaka mentioned Mridu virechana in Vatvyadhi. So, initially Deepan- Pachan treatment was given for Aampachana⁵. Then, Snehapana was done as a poorvakarma of Virechana. Snehapana work at a level of sukshma srotasa, also it shifts the doshas from shakhas to koshtha so that they can be easily removed from the body. Yashtimadhu ghrita was chosen for Snehapana. Yashtimadhu ghrita has Vranaropana, Dahshamana, Vata-pitta shaman, Vedanashamana properties. Yashtimadhu is considered as best drug for Ropana and it has analgesics property also.

The drugs which eliminates Pakvam (digested) and Apakvam (undigested) Malas or Doshas by making them watery through the lower gut is known as Rechana⁶. The forcible expulsion of vitiated Pitta or Kapha associated Pitta through the anal route is called Virechana. After Snehana (Oleation) and Swedana (Sudation) karma⁷, the process is followed by induction of Virechana by virechana kalpas according to Agni and Koshtha of patient. Here, patient was Mridukoshthi. Sharangadhara recommended that the Mridu virechana drugs are Draksha, castor oil, etc., should be used in Mridukoshthi patients. Also Triphala is effective in Mridukoshthi⁸. Hence, we chose Triphala kwath, Castor oil and Maardvik phanta for this case.

Properties of virechana drugs are Vyavayi, Vikasi, Ushna, Teekshna, Sukshma. Due to dominance of Prithvi and Jal Mahabhutas in Virechana drugs and their potent Adhobhaghara prabhava, the vitiated doshas are made to pass through anal route and are expelled out of body⁹. After Virechana karma, Sansarjan krama has been given according to Madhyama shuddhi i.e., 5 days for maintenance of Agni¹⁰.

After 7 days, Marsha nasya with Anutaila was given in the dosage of 8 drops in each nostril for 7 days. Facial massage with Til Taila was done for 10 to 20 minutes followed by Nadi Sweda for 10 minutes prior to nasya and Gandush with warm water was given after Nasya. The procedure of Nasya karma includes cleansing the head from any morbid Doshas by way of administering the medicine through the nasal route because nose is the

doorway of head¹¹. This therapy is very beneficial as all the channels of head are getting clean and open through nasya karma¹². It eliminates Aama and toxins from nose, mouth, eyes and paranasal sinuses. Ardhavabhedaka is urdhwajatrugata vikara. In urdhwajatrugata vikara, Nasya is specific line of treatment. So, drug administered by Nasya can reach to Shira and pacifies Vata. Nasya with Anutaila seems beneficial.

After Marsha nasya, Pratimarsha nasya with Yashtimadhu taila in the dosage of 2 drops in each nostril for 14 days was given as it can be given daily and even in all the seasons at morning and evening. It is also beneficial in disturbed sleep¹³.

CONCLUSION-

In the present scenario, there are so many disorders which don't have permanent cure with modern remedies. Ayurveda provides many great tools to deal with these diseases. Ayurvedic Panchakarma treatment like Virechana, Marsha nasya and Pratimarsha nasya found to be useful in the management of migraine.

REFERENCES-

- 1) Agnivesha, elaborated by Charaka and Dridhabala commentary by Chakrapani, Charaka Samhita, Trimarmeeya siddhi adhyaya, 9/84-85, edited by Vaidya Yadavji Trikamji Acharya and Narayana Ram Acharya. Varanasi: Chaukhamba Orientalia; 2008,p.722.
- 2) Sushruta, Sushruta Samhita with Nibandhasangraha Commetry of Sri Dalhanacharya and Nyayachandrika Panjika of Sri Gayadasacharya, Uttartantra chapter 25/15, edited by Yadavji Trikamji Acharya., reprint 2009 ed. Varanasi. Chaukhamba Surbharti Prakashan, 655pp.
- 3) Vagbhata, Ashtanga Hridaya, commentary by Arunadatta and Hemadri, Uttar tantra, Shiro roga pratishedham adhyay,24/9, edited by Paradkar H.S., Chaukhamba Prakashana; Ninth edition 2005.p.861.
- 4) Vos T, Flaxman AD, Naghavi M, Lozano R, Michaud C, Ezzati M et al.; Years lived with disability (YLDs) for 1160 sequelae of 289 diseases and injuries 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010. Lancet, 2012; 380 (9859): 2163–2196.
- 5) Dr Shrivastav Shailaja, Sharangdhar Samhita, Chaukhamba prakashan, madhyam khand adhyaya 4 verse no.1,2, page no.46
- 6) Dr Shrivastav Shailaja, Sharangdhar Samhita, Chaukhamba prakashan, madhyam khand adhyaya 4 verse no.8, page no.47.
- 7) Vaidya Yadavji Trikamji, Charaka Samhita commentary Ayurved Deepika by Chakrapanidatta, 1941, chaukhamba publications, sutra 14/5,p.87.
- 8) Sharandharacharya, Sharangadhar Samhita commentary dipika by Adhamalla, Chaukhamba Publications, Uttar khanda; 2013;314;4-14-15.
- 9) Vaidya Yadavji Trikamji, Charaka Samhita commentary Ayurved Deepika by Chakrapanidatta, 1941, chaukhamba publications, kalp. 1/5,p651.
- 10) Vaidya Yadavji Trikamji, Charaka Samhita commentary Ayurveda Dipika by Chakrapanidatta,1941, Chaukhamba publications, Siddhisthana 1/11, pg no.678.
- 11) Paradkar H.S., vagbhat, Ashtang Hriday Commentary Sarvangasundara by Arundattaand Ayurved Rasayana by Hemadri, Nirnay Sagar publications,Su.20/1,p287.
- 12) Vaidya Yadavji Trikamji, Charaka Samhita commentary Ayurveda Dipika by Chakrapanidatta,1941, Chaukhamba publications, Siddhisthana 9/88, p722.
- 13) Paradkar H.S., vagbhat, Ashtang Hriday Commentary Sarvangasundara by Arundattaand Ayurved Rasayana by Hemadri, Nirnay Sagar publications,Su.20/26,292.