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ARDHAVABHEDAK (MIGRAINE) AND ITS MANAGEMENT THROUGH AYURVEDA-A CASE STUDY

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ABSTRACT

Ardhavabhedak is one of the Shiroroga which can be corelated with migrain. Ardhavbhedak occurs due to vitiation of Tridosha. Migrain is one of the most common disease which affects large no. of world population and involves paraoysmal unilateral headache which is characterized by 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 & Nasya is one of them. The present paper summarized clinical efficacy of role of Anu Taila Nasya and Pathyadi kwatha as samshaman dravya in the management of Ardhavbhedak.

KEYWORDS Ardhavabhedak, Nasya, Kwath, Snehan, Swedan, samshaman dravya, etc.

INTRODUCTION

Ardhavbhedaka described under shiroroga (disease of head in Ayueveda) occurs due to vitiation of Tridosha. 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 head. 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), Shankha(temple), Bhroo(eyebrow), Karna(ear), Akshi(eyes) or Lalatardha(forehead of one side). If the condition becomes aggravated, it may even empass the functions of *Netra*(eye) and *Karna* (ear).

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- According to *Acharya Vagbhata*-pain in half of the head is considered as *Ardhavbhedaka and Acording to Acharya Sushruta* Severe tearing and pricking pain in one half of the.
- Head associated with giddiness. These features appears every fortnightly or ten days or
- Ardhavbhedaka is one of the Shiroroga (disease of head)which can be corelated 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 Migraine.

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

Ardhavbhedaka mainly caused due to the predominance of Vata dosha or Vata kapha dosha. Pathyadi kwath is

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mentioned in *Sharangdhar Samhita*, especially in the management of *Shiroroga*. The decotion has ingredients having *Ushana Virya*(hot potency)and *vatshamak* properties (Vata subsiding)With this back ground present study has been intended to evaluate the combined efficacy of *Anu taila nasya* karma with *Pathyadi kwath* as *shamanoushadhis* in the management of *Ardhavbhedaka*.

AIMS AND OBJECTIVES

To assess the combined effect of *Anu taila Nasya* and *Pathyadi kwath* internally in *Ardhavbhedaka*.

MATERIAL AND METHOD

- A 37 year Female was selected during the opd time of department of *Shalakyatantra* having cheif complaints of throbbing pain over the right side of head lasting upto 6- 12hrs/day twice week since 2 and half year.
- Headache was followed by nausea and sometimes vomiting too. Also having giddiness and photosensitivity.
- Headache aggrevates on walking and climbing upstairs. There was 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.

Investigations- MRI

CT scan of brain were 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 eye

Treatment

- 1. Nidanparivarjana
- Anu taila nasya given continue for 28 days and Pathyadi kwatha 20ml with luke warm water internally twice a day for 28 days.

Procedure Purva Karma

- Prior to Nasya, Snehan was done on face, forehead, ears, and neck with Tila Tail approximately for 10 minutes.
- 2. Sthanik Mrudu Swedan was done.

Pradhan Karma

- a. Position Supine position with slightly extended neck.
- Drug will be instilled into one nostril while other nostril kept closed the same process is carried out in other nostril also.
- 2. For administration of drug dropper was used and 2 drops were instilled in each nostril.





SWEDAN



NASYA KARMA



Pashcha karma

1. *Mrudu Swedana* was done and Patient is advised to spit out the collected secretions. Kaval with *luckewarm* water is given. *Pathya Apathya* must be followed.

Assesment Criteria

Symptoms	0	1	2	3	4
		Mild headache (aware	Moderate headache	Severe headache (can't	Excruciating
1. Severity of attack	No headache	only if pay attention to	(can ignore at	ignore but can do usual	headache (can't do
		it)	times)	activities)	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	More than 12hrs/day
4. Nausea		Occasional episodes of	Frequency and		
	No Nausea	brief duration	prolonged nausea		
5. Vomiting	No Vomiting	Present before enisode	Present before	Present during and after	
			and after episode	episode	
6. Giddiness	No Giddiness	Mild (can do his/her	Moderate (forced to	Severe (forced to take	Very severe (forced
		work)	stop work)	rest)	to take medicine)
7. Aura	Absent	Present	Absent	No Change	No Change
8. Associated symptoms	No Symptoms	Mild (can do his/her	Moderate (forced to	Severe (forced to take	Excruciating (forced
		work)	stop work)	rest)	to take medicine)

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OBSERVATION AND RESULT

Symptoms	0	1	2	3	4
Severity of attack	No headache	Mild headache(aware only if pay attention to it)		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	More than 12hrs/day
4. Nausea	No Nausea	Occasional episodes of brief Duration	Frequency and prolonged nausea		
5 Vomiting	No Vomiting			Present during and after episode	
6. Giddiness	No Giddiness	Mild (can do his/her work)	Moderate (forced to stop work)	(torced 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)			Excruciating (forced to take medicine)

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 withdrawl syndrome, relapse of headache within hours and chances of getting chronic headache.

The *nasya dravya* acts on head region spreads into various *strotasas* and pacify vitiated *doshas*. The *nasya* helps to open *srotasas* and remove accumulated toxins & *dosha*. The *nasya dravya* enter into general blood circulation, after absorption through mucous membrane, into venous sinuses of brain through inferior ophthalmic veins and *nasya dravya* also directly absorb into the cerebrospinal fluid. These drugs also irritate the mucous membrane of the nose, increase local secretions and eliminate the morbid doshas from the nasal canal.

Ardhavbhedaka mainly caused due to the vitation of tridosha (vata or vata-kapha) and anu taila have the property of tridoshaghnta and snigdha guna. Anu taila nasya cures all types of shirorogs. So anu taila from sharangdhar samhita which is having tridoshaghnatva properties has been selected for snehan therapy in the present study. Hence they do normalize the vitiated tridoshas and also pathyadi kwath have predominantly laghu ruksha gunas, ushna virya, madhur vipak, and tridoshahar properties wich can be beneficial in ardhavbhedaka as this disease has dominacy of vitiation of vata and kapha dosha.

CONCLUSION

Considering the entire factors regarding treatment of ardhavbhedaka, ayurvedic snehan karma help in management of this disease. In above case study, significant reduction was obtained in severity, frequency, duration of headache, nausea, vomiting and associated symptoms after treatment. Hence, anu taila nasya and pathyadi kwath internally helps in management of ardhavabhedaka.

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