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

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ABSTRACT
Aradhavbhedak 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 paraoyysmal 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 Ardhavbhedak, Nasya, Kwath, Snehan, Swedan, samshaman dravya, etc.

INTRODUCTION
Ardhavbhedaka described under shiroroga (disease of head in Ayurveda) 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 Uttarantra 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), Bhroo(eyebrow), Shankha(temple), Karna(ear), Akshi(eyes) or Lalatartha(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 According to Acharya Sushruta - Severe tearing and pricking pain in one half ofthe.
- 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 Migrain 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. This 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 used in the treatment of Migraine.
mentioned in Sharangdhara Samhita, especially in the management of Shiroroga. The decoction has ingredients having Ushana Virya (hot potency) and vatshamak properties (Vata subsiding). With this back round present study has been intended to evaluate the combined efficacy of Anu taila nasya karma with Pathyadi kwath as shamanoushadhis in the management of Ardhabhedaka.

AIMS AND OBJECTIVES
To assess the combined effect of Anu taila Nasya and Pathyadi kwath internally in Ardhabhedaka.

MATERIAL AND METHOD
- A 37 year Female was selected during the OPD time of department of Shalakya Tantra having chief complaints of throbbing pain over the right side of head lasting up to 6-12 hrs/day twice week since 2 and half year.
- Headache was followed by nausea and sometimes vomiting too. Also having giddiness and photosensitivity.
- Headache aggravates 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

SNEHAN KARMA

- 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
2. Anu taila nasya given continue for 28 days and Pathyadi kwatha 20ml with lukewarm water internally twice a day for 28 days.

Procedure Purva Karma
1. 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.
1. 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.
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.

Assessment Criteria

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Severity of attack</td>
<td>No headache</td>
<td>Mild headache (aware only if pay attention to it)</td>
<td>Moderate headache (can ignore at times)</td>
<td>Severe headache (can’t ignore but can do usual activities)</td>
<td>Excruciating headache (can’t do anything)</td>
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<td>2. Frequency of headache</td>
<td>Nil</td>
<td>Once week</td>
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<td>Present before and after episode</td>
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<td>5. Vomiting</td>
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<td>6. Giddiness</td>
<td>No Giddiness</td>
<td>Mild (can do his/her work)</td>
<td>Moderate (forced to stop work)</td>
<td>Severe (forced to take rest)</td>
<td>Very severe (forced to take medicine)</td>
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<td>7. Aura</td>
<td>Absent</td>
<td>Present</td>
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<td>8. Associated symptoms</td>
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DISCUSSION

In Ardhavbhedaka, when episode of Ardhavbhedaka occurs person feels helpless and handicapped. 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.

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 vitiation of tridosha (vata or vata-kapha) and anu taila have the property of tridoshaghnata and snigdha guna. Anu taila nasya cures all types of shiro Rogers. So anu taila from sharanagdhur samhita which is having tridoshaghnata 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 raksha gunas, ushna virya, madhur vipak, and tridoshahar properties which can be beneficial in ardhavbhedaka as this disease has dominance of vitiation of vata and kapha dosha.

CONCLUSION

Considering the entire factors regarding treatment of ardhabhedaka, 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 ardhabhedaka.

REFERENCES
