

**Management of Ardhavabhedaka (Migraine) through Panchakarma Therapy****Dr. Ajesh Sambhaji Tambule**Assistant Professor Department of Shalakyta Tantra at  
SSVP Ayurved College and Research Institute Hatta Hingoli  
Email: ajeshtambule@gmail.com**Abstract**

Recurrent moderate to severe headaches with throbbing pain, which can continue for hours to days, are symptoms of migraine. It often starts on one side of the head but can extend to the other, and symptoms like nausea and vomiting are frequently present. Stress and fatigue are two potential migraine triggers. It typically affects between 15% and 20% of the global population and is the second most frequent cause of cerebral symptoms. Due to the extensive usage of over-the-counter medications nowadays, disease patterns have changed and treatments now only briefly relieve symptoms while leaving the underlying pathology unaffected. Because ardhavabhedaka is characterised by a "half-sided headache," it can be scientifically linked to migraine. According to the Ayurvedic Samhita, all three Dosha—the body's regulatory functional factors—are involved in the manifestation of Ardhavabhedaka, with Vata—the Dosha responsible for movement and congestions—or Vata-Kapha Dosha—responsible for controlling bodily fluids and maintaining the cohesiveness of the body's constituent parts—predominant. Panchakarma, which consists of five internal bio-cleansing therapies, can be used to manage these Dosha (Regulatory Functional Factors of the Body), including Nasya Karma (Medication through Nasal Route), Abhyanga (Therapeutic Massage), and Swedana (Sudation Therapy). Recently, these treatments have become more widely used in the comprehensive treatment of Ardhavabhedaka (migraine). Based on the typical symptoms of Ardhavabhedaka, a 42-year-old female patient was chosen for this study. After that, she received Shamana Chikitsa (Palliative Procedures) and certain pharmaceuticals, while receiving Nasya Karma (Medication by Nasal Route) with abhyanga (Therapeutic Massage), and Swedana (Sudation Therapy). The clinical symptoms of Ardhavabhedaka showed a significant improvement after the duration of treatment.

Keywords: Abhyanga; Ardhavabhedaka; Migraine; Nasya; Swedana.

**Introduction**

One of the Urdhavajatrugataroga (Disorders above the collarbone) listed in ancient Ayurvedic texts that has a clinical correlation with migraine is ardhavabhedaka. One of its signs is a unilateral, half-sided headache with accompanying vertigo, nausea, photophobia, and phonophobia complaints.

According to the vascular theory of the brain, activation and sensitization of the central trigeminal system is thought to result from the desensitization of peripheral perivascular nerve terminals as well as possible consequences of dilated meningeal blood vessels. (1) About 16–20% of the population in India has migraine cases that have been documented. (2)

It typically happens in the prime years of life, between the second and fifth decades, and is three times more common in women than in males. (3)

Urdhavajatrugata As the head is regarded as the primary seat of knowledge and the controller of the entire body, it is referred to as the Uttamanga in Ayurvedic literature, and Roga (disorders above the collarbone) and their management are specifically mentioned in these works (superlative organ). (4)

In this case study, Ardhavabhedaka has been linked to migraine, and the patient's treatment plans were carefully devised to have a positive overall impact. This research was done to determine the overall impact of Sarvanga Abhyanga/Swedana, Nasya Karma, and Shaman Chikitsa on the management of Ardhavabhedaka.

**Aim And Objective:**

To evaluate the effectiveness of Ayurveda medicine in treating migraine

**Case Study:**

A 42-year-old female patient with complaints of headache, nausea, and extremely infrequent vomiting for the past three years presented to the Shalakyia O.P.D. of the SSVP Ayurved College and Research Institute Hatta Hingoli (OPD Reg. No. 42792). She had allopathic treatment and experienced momentary alleviation, with no prior history of any other illnesses. She has described a constant, unilateral headache with an insidious onset that is said to originate in the frontal lobe. The type of pain is throbbing in nature. She often receives allopathic care, however in recent years, the diminished effectiveness prompted her to visit the teaching hospital attached to SSVP Ayurved College and Research Institute Hatta Hingoli.

**Intervention**

The patient received Panchakarma on an OPD basis.

Nasya karma was carried out at female panchakarma unit. *Nasya* with *anu tail* 5 drops both the nostrils followed by *Paschat karma* – *Kavala* with *ushnodaka* and *Haridra dhuma* & shamanuoshadis i.e. *Shirashoola vjra rasa* 20 days, 1-0-1, *Sutsekhar Ras* 20 days, 1-0-1, *Triphala Churna* 20 days, 1TSF *nishakale* (before sleep at night).

**Discussion:**

Because *ardhavabhedaka* is characterised by a "half-sided headache," it can be linked to migraine. According to the Ayurveda Samhita, the *Vata-Kapha Dosh*, which is in charge of controlling bodily fluids and maintaining the cohesiveness of its constituent parts, involves all three of the Doshas.(5)

Panchakarma, which consists of five internal bio-cleansing therapies like *Nasya Karma*, can be used to manage these *Doshas* (Medication through Nasal route).

*Swedana and Abhyanga* Recently, these treatments have become more widely used in the comprehensive treatment of *Ardhavabhedaka* (migraine).

**Action of Nasya Karma:**

“शेषास्त्वर्हाः, विशेषतस्तु

शिरोदन्तमन्यास्तम्भगलहनुग्रहपीनसगलशुण्डिकाशालूकशुक्रतिमिरवर्त्मरोगव्यङ्गो

पजिह्विकार्धावभेदकग्रीवास्कन्धांसास्यनासिकाकर्णाक्षिमूर्धकपालशिरोरोगाद्विदापतन्त्र  
कापतानकगलगण्ड- दन्तशूलहर्षचालाक्षिराज्यर्बुदस्वरभेदवाग्रहगद्दक्रथनादय  
ऊर्ध्वजनुगताश्चवातादिविकाराः परिपक्वाश्च; एतेषु शिरोविरेचनं प्रधानतममित्युक्तं,  
तद्ध्युत्तमाङ्गमनुप्रविश्य मुञ्जादीषिकामिवासक्तं केवलं विकारकरं  
दोषमपकर्षति॥२२॥”

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The errhine is suggested in all other disorders, but particularly in coryza, spasms of the throat and jaw, rigidity of the head, teeth, or sides of the neck. *Galashundika, Shaluka, Shukra, and Kaluka* are three. *Timira*, moles, glossitis, hemicrania, diseases of the neck, shoulders, mouth, nose, ear, eye, cranium, forehead, facial paralysis, convulsions, contractions, deradenoncus, toothache, setting of teeth on edge, looseness of teeth, injection of eyes, malignant tumor, alteration of voice, loss of speech, spasmodic speech, etc., are all conditions brought on by the morbid *Vata*.(6)

*Nasa* is the doorway of *Shira*, hence the medication provided through the nostrils reaches *Shira*. In *Sringaataka*, a *Siramarma* by *Nasa Srota*, the morbid *Dosha* is gathered in *Urdwajatru*, and the subsequent acting comes from the *Uttamanga*. It spreads in the *Murdha* (brain), taking routes through the *Netra* (eyes), *Shrotra* (ears), *Kantha* (throat), *Sira* and *Mukha*. The mucous membranes in the nasal and olfactory cavities will readily absorb the active ingredient's aqueous portion, and the trigeminal and olfactory nerve terminals will readily absorb the active ingredient's fat-soluble portion. Although lipid soluble medications have more passive absorption, when *Nasya Dravya* is delivered through the nasal cavity, the drug is absorbed passively across the cell wall directly through the cell membrane.

The *Nasya Karma* preoperative procedures (*Poorva karma*) are crucial to the drug's absorption into the body. The blood flow to the head and face appears to be affected by lowering the head, raising the lower extremities, and frenzying the face. The superficial skin of the face contains efferent vasodilator nerves, which when stimulated by fomentation may result in increased blood flow to the brain. The head being lowered significantly aids in the delivery of medication to the sinus ostia. All of these medications were made with drugs that had *Kapha Vata Nashaka* and *Srotoshodhaka characteristics*.

Certain medications utilised in *Nasya Karma* aid in stimulating the vasodilator nerves that are dispersed on the surface of *Urdhwang*, increasing blood flow to the brain. With all of these things taken into account, it can be claimed that *Nasya Karma* offers migraine sufferers substantial relief. In this instance, the patient had 80% of their full alleviation in the first sitting and 100% in the second. As a result, *nasya panchakarma* is crucial in the management of *ardhavbedaka*.

**Conclusion:**

The current case study illustrates the importance of Ayurveda treatments in the treatment of *Ardhavabhedaka* (migraine). Smaller systems carrying out various functions make up the human body as a whole. Hence, by treating the entire system rather than just a portion of the causative Dosha, the patient can experience significant symptom relief in a relatively short period of time, provided that treatment is administered promptly and wholeheartedly.

Despite the limitations of this case study, it can be concluded that Panchakarma therapies, such as Sarvang Abhyanga and Swedana, *Nasya Karma*, and Ayurvedic Oral Medicines, are a straightforward, all-encompassing, and effective treatment option in *Ardhavabhedaka*, with no side effects for the patient.

For a better evaluation of the outcomes, the treatment used here has to be given to a greater portion of the population. Once this is done, the tremendous benefits of Panchakarma therapies may be established and they can be marketed as an effective management strategy for *Ardhavabhedaka*.

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