


AYURVEDIC MANAGEMENT OF ARDHAVBHEDAK [MIGRAINE]-A CASE REPORT

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ABSTRACT Migraine is common brain disorder and it can be defined as benign, recurring syndrome of headache, nausea, vomiting and other symptoms of neurological dysfunction in varying admixtures. It is one of the diseases where cause is exactly not known. Migraine the second most common reason for cerebral pain. symptoms of migraine were having similarities with ardhavbhedak which is a one of the types of the 11 shiro roga. It is very common disease in present era and not only present but also since past era. Ardhavbhedak can be scientifically correlated with migraine due to its cardinal feature of 'half sided headache'. All the three dosha are involved in the manifestation of ardhavbhedak with the predominance of vata or pitta dosha. Modern management to treat the migraine has various side-effects like drug dependency, drug resistance and gastric irritation etc. A 25 years old married female patient visited the kayachikitsa department of shubhdeep Ayurved Medical College and Hospital (p.g.institute) Village- datoda, Khandwa Road Indore (M.P.), on 21/12/2021 with complaints of unilateral severe headache on and off once and sometimes twice since 15-20 days. Patient is having the similar complaints intermittently for last 1 years. This patient was treated with Laghu Sutshekhar Ras. Encouraging results were noted without recurrence of symptoms and Adverse effects.

KEYWORDS : Ardhavbhedak, Migraine, Laghusootshekhar Ras

INTRODUCTION:-

Headache in general is one of the commonest health problems. All of us sometimes are spared the experience of a headache. It is also a major cause of non-appearance from work and of avoidance of social and personal activities. Only few of us are spared the experience of a headache. It is a benign symptom, which may be of primary idiopathic type or may be a manifestation of a wide range of organic diseases such as brain tumor, subarachnoid hemorrhage, meningitis or giant cell arteritis. Severe headache are described as throbbing and its associated symptoms with vomiting and scalp tenderness. Mild headaches are non-descriptive tight band, like discomfort often involving the entire head, the profile of tension type headache.

Migraine is recognized by the W.H.O., as one of the diseases where cause is not exactly known. Migraine the second most common reason for cerebral pain, afflicts around 15% of women and 6% of men. With the disease afflicting the majority of the people in their prime age i.e. from second decade to fifth decade, it is affecting their professional and social life, hampering their health. A useful definition of migraine is a benign and recurrent syndrome of headache, nausea, vomiting and other sign and symptoms of neurological dysfunctions in various admixtures.

Migraine can often be recognized by its activators like stress (psychological as well as physical), Lack of Sleep, Worries, Red wine, Menses, Estrogen etc. and by its deactivators like sleep, relaxation, meditation, pregnancy, exhilaration, sumatriptan medication. Coming to the management, other systems of medicines have lots and lots of limitations. The authentic text books of modern medicine clearly state that there is no proper standardized treatment for migraine.

The acute condition of migraine is being dealt with 'over-the-counter' medicine and minimum percentages of patients of this category are able to consult a physician. But the chronic stage of migraine is more prevalent and difficult to treat. The chronic migrainous headache is the most common problem seen among the patients visiting a hospital with specific complaints of headache. The various treatment modules comprises of non-pharmacological treatment such as identification of triggers, meditation, relaxation training, psychotherapy etc. and pharmacotherapy as abortive and preventive therapy. Aspirin, Paracetamol, Ibuprofen, Diclofenac etc. are non-specific abortive therapy, where as Ergot, 5-HT receptor agonists are specific abortive therapy.

In Ayurvedic text, almost all the Acharayas have referenced Ardhavabhedaka in Shiro-roga. Acharaya Sushruta has mentioned 11 types of Shiro-roga in Uttar Tantra. Among them, one of them is Ardhavabhedaka in which paroxysmal unilateral headache associated with vertigo and pain related with vertigo and agony of changing power is seen. This can be associated with Migraine. As indicated by Acharaya Sushruta, it is a tridoshaj disease and according to Acharaya Charaka it is Vataja or Vata-Kaphaja. Ardhavabhedaka can be scientifically correlated with Migraine due to its cardinal feature 'half sided headache' which is also explained by commentator Chakrapani as 'Ardha Mastaka Vedana' (Ch.Su. 7/16) and also due to its paroxysmal nature. All the three doshas are involved in the pathogenesis of the Ardhavabhedaka with the predominance of Vata or Vata-kapha.

INSTRUMENTATION:-

- Intensity of Headache
 - 0 = No headache.
 - 1 = Mild headache, Doesn't interrupt patient's regular activities
 - 2 = Moderate headache, Interrupt patient's activities & diverting concentration
 - 3 = Severe headache, patient is unable to perform regular work
- Frequency of Headache: Assessed in term of (frequency in days) 0 = Nil
 - 1 = >15 days
 - 2 = >7 days - <15 days
 - 3 = >3 days - <7 days
- Duration of Headache: (Assessed in term of hours/day) 0 = Nil
 - 1 = 1-8 hours/day
 - 2 = 9-16 hours/day
 - 3 = 17-24 hours/day
- Nausea
 - 0 = Nil
 - 1 = Occasionally
 - 2 = Moderate, Nausea but does not disturb the routine work
 - 3 = Severe, disturbing routine work
- Vomiting
 - 0 = Nil
 - 1 = Only if headache does not subside

2 = Vomiting 1-2 times
3 = Vomiting 2-3

6 Vertigo
0 = Nil
1 = Feeling of giddiness
2 = Patient feels as if everything is revolving
3 = Revolving signs + black

7. Photophobia
0 = Nil
1 = Very Mild
2 = Photophobia on exposure to sun light/bright light
3 = Photophobia on exposure to indoor light

8. Phonophobia
0 = Nil
1 = Very Mild
2 = Moderate Phonophobia
3 = severe Phonophobia

Gradation For Associated Symptoms
0 = No symptoms
1 = Mild (can do his/her work)
2 = Moderate (forced to stop work)
3 = Severe (forced to take rest)
4 = Excruciating (force to take medicine)

CASE REPORT:-

A 25 year old female patient presented with complaints of headache, vomiting and Phonophobia for the past 1 year. No history of illness or accidents in the past five years and not taking any medication for any illness/disorder. He has continuous, unilateral headache in frontal, parietal lobe in left side sometimes right side. The nature of pain was moderate to severe and sometimes vomiting. Family history was not contributory. He has to take allopathic medicine for pain.

CHIEF COMPLAINTS WITH DURATION-

1. Intensity of Headache- yes
2. Frequency of headache-15-20 days
3. Duration of Headache-2-3 hours
4. Nausea-No
5. Vomiting-Yes
6. Photophobia-No
7. Phonophobia-Yes
8. Vertigo-No

History Of Present Illnes

- a) Onset: Gradual- 1 Years
- b) Environmental Factors: No Factors
- c) Aggravating Factors: No Factors

History of Past Illness-No/H/O-Past ill

Drug History-No/D/H

Family History-No/F/H

Personal History

1. Ahaar (Diet) -Veg
2. Vihaara (Regimen)
 - a) Diwaswapana : Yes
 - b) Vegadharana : Yes
 - c) Atapa Sevana : Yes
3. Psychological Factors
 - a) Mental Stress : Anxiety /Tension
4. Addiction : no habits

5. Bowel : Regular

. No. of frequency 1.....

6. Micturition : ...2-3.....times/day.... 1 times/ night

7. Menstrual History :
 - a) Age Of Menarche : 15 Yrs.
 - b) Type: Regular
 - c) Quantity: Scanty
 - d) Duration's: 3-5 days

e) L.M.P :no
f) Age Of Menopause:no

8. Obstetric History :
 - a) Gravidity : 1
 - b) Parity :no
 - c) Abortion: no abortion

Gait : Normal Tounge: Clear

Weight(kg)-40kg, Height(cm):160.02 cm BMI(kg/m2)-15.6

Physical Examination –

Body weight : 40 kg
Heart Rate : 60/min
Respiration Rate : 14/min
Blood pressure : 110/80 mmHg

INVESTIGATIONS

HB – 12.6 gm%
TLC – 7500 cumm.
DLC – Neutrophils-40%, Lymphocytes-49%, Monocytes-08%, Basophil-00%, Eosinophil- 04%
ESR – 11 mm/hr RBS – 88 mg/dl

TREATMENT SCHEDULE –

Tab. LaghuSootshekhar Rasa – 250 mg

(Swarnagairika – 240 gm, Shunthi – 120 gm & NagavelliSwarasa for grinding for three days)

BD with cow milk/water

RESULTS:-

Before and after completion of 30 days treatment clinical assessments were made from the interrogation and gradation of scoring pattern. There was a drastic change in the parameters as:

Sign & Symptom	Before Treatment	After Treatment
Intensity of headache	3	1
Frequency of headache	1	1
Duration of headache	2	1
Vomiting	1	0
Nausea	0	0
Vertigo	0	0
Photophobia	0	0
Phonophobia	1	0

PROBABLE MODE OF ACTION OF LAGHU SUTSHEKHAR RAS:

To treat *Ardhavybedak* acharyas has mentioned drugs which are having mainly katu, tikta and madhur rasa, sheet virya, katu vipak and Ruksha properties. The drugs in this kalpa having all above properties. Madhur, tikta, kashaya rasa are pittashamaka. Tikta Rasa counteracts the Tikshna guna of vitiated pitta causing smoothening effect, promotes strength and specify vata pitta doshas and also relieves Toda, Bheda shool (pulsating, throbbing type of pain) and Dah (burning sensation). Gairika is best medicine for pittanashak. Madhur Ras and sheet virya helps in relieving the vitiated pitta dosha, It improves blood circulation and provides strength to the brain.

DISCUSSION:

Ardhavybedak being a very common disorder in present scenario. As in this disease vitiated vata & pitta is primarily responsible factor. Therefore having predominantly vata pitta shamak properties play an important role in the management of disease. *Laghu sutshekhar ras* have ingredients which are mainly pittanashak & vatashamak properties. This medicine balance vata and pitta dosha and various disorders that occur due to vitiation of pitta dosha. The various types of pain like Toda, Bheda, etc are suggestive of Vishama nature of Vata dosha. The various nidanas leads to doshadushti i.e., Tridoshaja (Su.), Vata-Kaphaja (Ch.) and Vataja (Va). The dushti of Rasa and Rakta is also seen, as mentioned by Acharya Charaka – Shiroruk in Shonitaja Roga (Ch. Su. 24/13). Simultaneously, Srotodushti in Rasa – Raktavahasrotos also takes place, which can be taken as blood vessels of the head, as migraine involves vascular phenomenon. The phenomenon Urdhavadagmana by Vata due to its ChalaGuna or Kapha along with Vata causing Urdhavadagpravriti explains the predominance of Vata dosha in establishing the pathogenesis.

CONCLUSION:

Laghu sutshekhhar Ras correcting the vitiated state of vata & pitta, improves the *Ardhavybedak*. Conceptually it is concluded that the substance having properties, like laghu, katu, snigdha, ushana has the effect to decrease the vitiated dravya roop of pitta and maintaining the proper functioning of agni. The herbo-mineral formulations are simple and effective treatment modality for Migraine. The study can prove a real break through in the coming times for treatment of *Ardhavybedak* [Migraine].

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