



AN INNOVATIVE TREATMENT MODALITY IN THE MANAGEMENT OF ARDHABHEDAKA W.S.R TO MIGRAINE WITH CHAPATI UPANAHA & SIRAVYADHA: A CASE SERIES

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ABSTRACT

Shira is termed the body's Uttamanga because it houses Prana and Indriyas. This is one of the three main Marmas. The head contains all three doshas, with kapha dosha predominating. Acharya Sushruta has identified 11 forms of Shiro roga that might be associated with headache. According to WHO, Headache is one of the top five most frequent clinical illnesses worldwide. It affects more than 46 percent of the global population suffers from headaches at some point in their lives. Higher incidence of headaches is mostly connected with a higher societal, economic, and familial strain. The major types of medications to treat headache problems include analgesic, anti-emetic, and specialized anti-migraine drugs. It is differentiated by Shiro-gurutha, Mandarujha, Suptam, Karnakandu, Alasya, Tandra, and Shoonakshikootvadhana. Roti upanaha and Siravyadha are effective treatments for a variety of illnesses, particularly those of the Vata and Kapha kinds. The study's objective is to determine the efficacy of Chapati upanaha and Siravyadha in the treatment of Shirasoola. This study was conducted on five Shirasoola patients who showed significant improvement in symptoms. A visual analog scale was used to evaluate patients before and after therapy. As a result, people with Shirasoola experience less symptoms.

KEYWORDS : Upanaha, Shirasoola, Shiras, Chapati upanaha, Ardhahbedaka, Siravyadha

INTRODUCTION

Shiras (head) is one of the most important organs in the body. In Ayurveda, it is divided into Dashavidha Pranayatanas and three Marmas¹. Shiras serves as the headquarters for all Gyanendriyas and monitors the functioning of Karmendriyas. Acharya Vagbhata² describe Ardhahbedaka, one of ten kinds mentioned in Ayurvedic scriptures. Ardhahbedaka can occur at any age and affects both genders equally. Acc to charaka³ Severe pain in half side of the head, affecting particularly neck, eyebrows, temporal region, ear, eye, and forehead. The pain is like cutting by sharp objects or piercing in nature. Acc to Vagbhata³ has mentioned Ghata (~occipital region according to Indu and Parietal region according to Arundatta) and all the Shirogata Sandhis in addition where the pain occurs. He has also emphasized its paroxysmal nature and said that it comes in every Paksha (fortnightly) or Masa (~Month). The headache subsides by itself i.e., "Svayameva cha Shaamyathi". Acc to Sushruta⁴, Severe tearing and pricking pain in one half of the head associated with giddiness. These features appear every fortnightly or ten days or any time. Ardhahbedaka, may be associated to migraine. Migraine is defined by recurring headaches that vary in intensity, frequency, and duration. It generally has a unilateral start and is frequently linked with anorexia, nausea, vomiting.

According to Acharya Sushruta⁴, Ardhahabhedaka is produced by a vitiation of Tridosha (Vata, Pitta, Kapha). Acharya Charaka² thinks that vitiated Vata/Vata - Kapha contributes to the emergence of Ardhahabhedaka. Acharya Vagbhata² says that vitiated Vata is the cause of Ardhahabhedaka. Humans have fought with headaches since the dawn of civilization. Headaches are unpleasant because they impair our capacity to think effectively. Natural experiences are diverse and multifaceted, making them difficult to understand in a basic manner. Headaches might signify an incapacity to deal with life's uncertainties. Headaches are often classified as primary or secondary. Primary headaches are ones that are not caused by an underlying medical condition. Tension headaches are the most common type of headache, accounting for 90% of all headaches. Neurovascular headaches, such as migraines and cluster headaches, are among the most frequent main headache types. Secondary headaches are caused by medical diseases such as sinusitis, neck injuries or abnormalities, and stroke, accounting for 2% of all headaches.

Case Report

This case series includes participants who visited the Panchakarma OPD of SDM in Hassan, Karnataka, with a main history of Shirogurutha (~head heaviness), Mandarujha (~head pain), Suptam (~head numbness), Tandra (~drowsiness), and Aalsaya, Vedana in Bhu, Akshi, latata, karna and sever pain in the half side of head. The history and physical examination were first used to evaluate cases.

Demographic data obtained included age, gender, personal and medical history, as well as the duration of the condition's start. The Visual Analogue Scale was used for both pre- and post-assessment.

Table 1 summarizes all demographic information for all patients, including age, gender, occupation, Shirogurutha, Vedana in the Many, Bhu, Latata, Shankha, Karna, Suptam, Tandra, Aalsaya, and duration.

Case Presentation

Case 1

A 30-year-old male patient presented with a complaint of Shirogurutha, and Suptam for four years, but Tandra and Aalsaya, Vedana in Akshi, Bhu, Latata for one year. The patient was given medical treatment, including analgesics and antibiotics, but the signs and symptoms did not improve. For better care, the patient was admitted to SDM College of Ayurveda and Hospital in Hassan, Karnataka.

Case 2

A 49-year-old female patient reported Shirogurutha, Vedana to the Many, latata, Bhu, and Suptam (~head numbness) for one year, and Tandra and Aalsaya for six months. She used to sleep in the daytime. No diagnostic imaging was done. She tried oral medications for a few days but had no help. For better therapy, the patient accepted admission here.

Case 3

A 55-year-old male patient has been seeing Shirogurutha, Vedana in half of the fore head, Suptam (~head numbness), Tandra, and Aalsaya for a month. He did not feel better after taking painkillers, so he sought treatment at this hospital.

Case 4

A 60-year-old male patient reported symptoms of Shirogurutha, Mandarujha, Suptam (~head numbness), Tandra, and Aalsaya for 30 days. Pain has risen at night over the last ten days. She used oral drugs, but the symptoms were not alleviated. To find alleviation, the sufferer came here.

Case 5

A 25-year-old female patient reported Shirogurutha, pain in the forehead, Akshi, Suptam (head numbness), Tandra, and Aalsaya for 25 days. Pain has been increasing at night over the past week. She used oral drugs but did not obtain relief. For better care, the patient sought SDM, hospital, Hassan.

Table No 1: Demographic Data of all Patients

	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
Age	30 year	49 year	55 year	60 year	25 year
Gender	Male	Female	Male	Male	Female
Occupation	IT Worker	Teacher	Private job	Bussinessmen	Student
Shiro-gurutha,	3years	2year	3 month	30 days	25 days
Mandaruja,	4 years	1 year	1 month	20 days	25 days
Alasya	1 year	6 months	1 month	30 days	15 days
Tandra	1 year	6 months	1 month	30 days	25 days
Suptam	4 years	1 year	1 month	30 days	15 days

Treatment

After observing all signs and symptoms, the following treatment were advised for 11 days.

Table 1: Different Therapy Procedures Performed, Their Ingredients And The Duration

Procedure	Ingredients	Duration
Sadyovamana 5 (~Medicated emesis)	Saindhava jala, Yastimadhu phata	1st day
Mukha Abhyanga6 followed by Chapati upanaha	Karpasadi taila	2ndto 10th day
Siravyadha7 to Temporal vain	S.v set	11th day

Table 2: Medications And Therapies Prescribed During Discharge (12th To 40th Day)

Medication	Dosage
Kalyanaka ghrita8	10ml once daily in empty stomach with Ushna jala as Anupana (adjuvant)
	Use for head massage twice daily
Manasamrita vati9	250 mg at night after food bed time
Sirosooladivajra Rasa10	250 mg at night after food twice

Table-2 Pathya –Apathya¹⁴

PATHYA	APATHYA
<ul style="list-style-type: none"> ➤ Liquids - Takra, Kanjika, Coconut water, ➤ Vegetables -Patola, Shigru, Draksha, Vastuka, Karvellaka, Amra, Dhatri, ➤ Oily substances- Purana Ghrita, Chatuhsneha (Ghrita, Taila, Vasa, Majja) in uttama matra Dhanya - Shalidhanya, Yusha ➤ Fruits -Dadima, Matulunga ➤ Drugs - Haritaki, Kustha, Bhringaraja, Kumari, Musta, Ushira, Chandrika, Gandhasara 	<ul style="list-style-type: none"> ➤ Ruksha bhojana, Atimadyapana, Viruddhabhojana etc. ➤ Do not over use pain killer medicines.

Materials And Methods**Method Of Preparation Of Chapati Upanaha****Table No. 2: Ingredients Required In Preparation**

s.no.	Ingirdients	Quantity
1	Rice flour as a base	15 grams
2	Pippali, Shunti, Maricha, Devadaru and Kushta, Yasthimadhu	Each 5 grams
3	Warm water	q.s
4	Oil	10 ml
5	Banana leaf	q.s

Method Of Preparation

Step 1: Knead a smooth dough

First, select a large-sized bowl as needed. Put Rice flour as a basis and Churnas like Pippali, Maricha, Shunti, Devadaru and Kushta, Yasthimadhu, along with 10 ml oil in it.

Then, gradually add warm water, mixing thoroughly, and begin kneading adough. Make sure that the dough is neither too thick nor too

thin. It must have a soft, pliable consistency. Continue to knead until all ingredients are thoroughly combined.

Step 2: flatten the dough.

Place the dough ball on a clean, level surface and flatten it further with a rolling pin. Continue applying flour to keep the rolls from adhering to the surface. When the Chapati has reached the ideal round form, lay it in a pan over medium heat.

Step 3: Cook Chapati

When the pan is heated, need to add little bit oil then place the Chapati on it and cook from one side. Maintain a medium flame since excessive heat may cause it to burn. When the chapati is halfway cooked, it is ready for Chapati upanaha.

Mode of Application

Heat a banana leaf in a spherical shape that is the size of the vertex area of the head. Place the cooked one-sided Chapati on the leaf and first check the temperature of the Chapati on the dorsal aspect of the hand before applying it to the vertex region of the head using a bandage. The bandage should not be too tight or loose.

Time of Application: 6 hrs.

Upanaha applied in the evening should be removed in the morning; if applied in the morning, it should be removed in the evening.6

Assessment Criteria

Parameters	Before Treatment	After Treatment
Shiro-gurutha	Present	Absent
Suptam	Present	Absent
Vedana inMany, Bhu, Akshi, Lalata	Present	Absent
Alasya	Present	Absent
Tandra	Present	Absent

Visual Analogue scale: All patients were having vas scale before treatment 8 and after treatment it was 0 except 1 patient who was having vas before treatment 10 and after treatment 2.

OBSERVATION AND RESULT

The current case series was assessed after administering 1st day Sadyovamana, 2nd to 10 th days of Chapati upanaha in patients, nad 11 th day Siravyadha are given Significant relief was observed in Shirogurutha, Mandaruja , Suptama, tandra and aalsaya. Among these five cases, four patients recovered completely and one patient showed improvement in grade. Studies suggest that the outcome is significantly good if medical management is commenced early after the disease. Acharya Charaka¹⁵ explained specific Nidanans for Ardhadhedaka⁷ Asya sukha, Swapana sukha, Guru bhojana, Snigdha bhojana, Ati bhojana which includes continuous day sleep, intake of curd and kapha vardhaka aahara may aggravate Kaphadoshas, which is prime cause for Ardhadhedaka⁷. Here it was observed that all patients developed their symptoms after continuous day sleep, intake of curd and Kaphavardhaka aahara. During treatment, all patients avoided day sleep, intake of curd and Kapha vardhaka aahara except patient 1 so this may be the reason for improvement as compared with others.

DISCUSSION**Sadyovamana**

All varieties of Ardhadhedaka⁷ are produced by the vitiation of all three doshas, and treatment should be based on the dosha predominance. Because this condition originates in Kaphasthana, treatment should focus on addressing the seat of dosha, hence vamana is the primary mode of treatment so first we are doing Sadyovamana for expulsion of the Utklishta Kapha Dosh. There was Vataja Kapahaja type of symptoms of present in this condition based on Doshic dominance.

Chapati Upanaha

Ardhadhedaka⁷ is KaphaVata dominant condition which needs proper administration of therapy to prevent irreversible changes ; hence in conventional therapy, the administration of Analgesics is the first line of management . Here without any analgesics and other conventional drugs, we use the Chapati Upanaha (~A type of Saagni Sweda)¹⁶. having Vatakaphahara drugs which alleviates the main causative factor for Ardhadhedaka . Acharya Caraka¹⁷ mentioned Upanaha as a Chikitsa for Ardhadhedaka whereas Acharya Sushruta¹⁸ mentioned Svadana as a Chikitsa. All varieties of Ardhadhedaka are produced by the vitiation of all three doshas, and treatment should be based on the dosha predominance. The effect of Upanaha Svadana has a broader scope of

action based on dravya used, thickness and the thickness of the paste should ideally be equal to the thickness of Ardra Mahisha Charma¹⁹ (buffalo skin), which is usually 3mm to 5mm thick and completely cover the affected area etc. this can be explained as among the Panchamahabhuta, Vayu Mahabhuta is mainly predominant in the skin, Hence the Sparshindriya is capable of perceiving many different types of sensations. Brajaka Pitta (one of the five types of Pitta) is present in Twaka and its function is Twaka Brajana. Abhyanga and Swedana applied externally are digested and processed by this Brajaka Pitta²⁰.

Acharya Susruta explains that the Tiryak Dhamani that divides into numerous branches covers the entire body like a complex network and their opening are attached to the Roma Koopa. Veerya of Upanaha enter through the Roma Koopa of the head region after undergoing Paka by Bhrajaka Pitta in the skin. Kapha and vata are the prime pathological factors involved in Samprapti of the Ardhabhedaka⁷.

Drugs used for Roti Upanaha :

Drugs	Rasa	Guna	Veerya	Vipaka	Doshakarma
Pippali 21	Katu	Laghu, snigdha, Tikshna	Unushnash eeta	Madhura	Kaphava-tashamaka
Maricha 22	Katu	Laghu, tikshna	Ushna	Katu	Kaphava-tashamaka
Shunti 23	Katu	Laghu, snigdha	Ushna	Madhura	Kaphava-tashamaka
Devadaru 24	Tikta	Laghu, snigdha	Ushna	Katu	Kaphava-tashamaka
Kushta 25	Tikta, katu, Madhura	Laghu, ruksha, Tikshna	Ushna	Katu	Kaphava-tashamaka
Yasthima dhu 26	Katu, Tikta, Kasaya	Laghu, Ruksha	Ushna	Madhura	Kaphavatash amaka

All the Drugs like Pippali, Maricha, Shunthi, Devadaru, Kushta, Yasthimadhu having properties Laghu, Snigdha and Tikshna Guna, Katu-Tikta Rasa, Usna Veerya can counter act on the Samprapti of the Vata and Kapha. This is how the systemic absorption of drugs applied on the skin produces an effect, the Veerya of the drugs used in Upanaha Swedana has the desired effect after being absorbed in the Skin.

Siravyadha

Raktamokshana means to let forth blood .1. Anushastra's Raktamokshana includes Jalaukavacharana, Shruna, and Alabu. 2. Shastra's Raktamokshana are Pracchana and Siravyadha⁷. Siravyadha⁷ can be performed in two ways: a) Cut (Viddha) b) Needle (Suchi) Among the different techniques of Raktamokshana outlined in Sushruta samhita, Siravyadha⁷ is believed to be one of the most frequently performed therapeutic procedures that eliminates vitiated blood with the help of sharp instruments and specially used to treat Sarvangagata rakta dushti janya diseases¹² and also relieves pain and redness immediately and is considered an Ardha chikitsa in Shalya tantra. Some Siras are unsuitable for Siravyadha. These siras are known as Avedhya sira. A surgeon should avoid performing venesection on this siras because it would undoubtedly result in incapacity or death.[8] According to Acharya Susruta, Raktaja Roga will have Apurnabhava (no recurrence), which Raktamokshana will cure. Siravyadha should be advantageous in Shiroroga, namely Pittaja Shiroroga, Raktaj Shiroroga, Suryavarta, Ardhabhbedak⁷, and Anantvata. Avarana chikitsa - Raktamokshana is most commonly associated with pitta, rakta, and kaphaj vyadhi, or when pitta or kapha is in Anubandha to vata dosha. In such cases of Vata prakopa caused by Kapha and Pitta avarana, Raktamokshana can assist in removing the Avarana of pitta and kapha dosha, allowing for Anuloma gati of vitiated Vata, which indirectly treats Vatika symptoms.¹³

Kalyanaka ghrita⁹ was prescribed for Shamanga Snehapana, Tridosahara gunas are present in Haritaki, Vibhitaki, Amla, Vishala, Sariva, and Kalayanaka ghrita⁹ is indicated in Meha, Moha, Gara Visha, Monovyadha, Buddhinasa, Smriti, and Ayushya.

Manasmrita vati¹⁰ its indicated in the Sarva Manodosha hara, Buddhi, Unmada Nasaka so this was prescribed Sootasekharasa¹¹.

CONCLUSION

The novel combination of treatment has produced significant results on Ardhabhedaka⁷ (Migrane) parameters. Based on the findings of this

clinical study, it is possible to conclude that this novel combination Ardhabhedaka⁷ (Migrane) is an effective formulation for the treatment of. The current study was conducted on a smaller subject. As a result, extended study with a high sample size might be considered to verify the treatment in Ardhabhedaka⁷ (Migrane) patients.

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