



CONCEPTUAL ANALYSIS AND MANAGEMENT OF ARDHAVABHEDAK W.S.R. TO MIGRAINE: A CONCEPTUAL STUDY

[Ajay Kumar Nayak](#)¹, [Shamsa fiaz](#)²,

¹MS shalakya tantra Ayurveda medical officer govt Ayurveda dispensary Bunga, Raigarh Chhattisgarh, India

²M.S. Ph.D. (ayu) HOD P.G department of shalakya tantra NIA Jaipur Rajasthan, India

Corresponding Author: ajaynayak9939@gmail.com

<https://doi.org/10.46607/iamj1310082022>

(Published Online: August 2022)

Open Access

© International Ayurvedic Medical Journal, India 2022

Article Received: 09/06/2022 - Peer Reviewed: 28/06/2022 - Accepted for Publication: 23/07/2022



ABSTRACT

Ardha refers to something affecting only one half of the head and *Bhedavat* indicates splitting, pricking, and piercing type of pain affecting one side of the head once every 3 days, 10 days, or fortnightly. Migraine is not a life-threatening condition, but it can have a significant impact on daily life. Migraine sufferers face not only agonizing pain, but also social isolation, disruption in personal relationships, and job discrimination. According to the World Health Organization, migraine is the 19th most common cause of years spent in disability. More than two-thirds of migraine sufferers have never sought medical advice or have stopped doing so. If the episodic form of migraine is not treated, it can become chronic. Chronic pain affects the quality of life (QOL). Migraine treatment is very expensive and is not satisfactory and also decreases the productivity of work. It is necessary to develop an alternate treatment plan which provides relief in a better way thereby improving the quality of life. In Ayurveda, there is a lot of scope for research to identify safe, potent, and cost-effective medicines that address the source of the disease and also improve the quality of life. *Ayurveda* has a variety of formulations as well as local therapies like *Nasya*, *Upanaha*, *Shiro-lepa*, *Agnikarma*, *Shirovirechana*, *Nadisweda*, *Shirobasti*, etc. In *Shiro rogas*, *Nasya* is the chief procedure to pacify the vitiated *Doshas* in *Shiras* as it is quoted that “*Nasa hi Shiraso Dwaram*”. Almost all *Acharyas* have mentioned many *Nasya* preparations for *Ardhavybhedaka*. *Nasya* therapy is an effective alternative therapy to combat this disease from its root cause. In the present paper, an attempt is made on the conceptual understanding as well as treatment of *Ardhavybhedak* from in Ayurveda point of view.

Keywords: Migraine, Ardhavabhedak, headache, Nasya.

INTRODUCTION

Shiras is the seat of all *Gyanendriyas* and controls the functions of *Karmendriyas* it includes one of the important *Trividha Marma* and ten *Pranayatan*. *Charaka* has defined that *Shirah* (head) is considered as *Uttamanga* i.e., supreme, important, and major part of the body where the life along with sense faculties resides.¹ In *Ayurveda*, the diseases of *Shirah* are described under *Shiro Rogas* and the cardinal feature of which is a pain in the head, especially by *Acharya Charaka* and *Sushruta*. They have not considered *Kapalgata Rogas* like *Khalitya*, *Palitya* as headache is absent in them where as *Vagbhata* has included both *Shiro* and *Kapala rogas* together. In *Ayurveda*, *Shirashoola* is known as *Shirotoga*, *Shirotapa*, *Shirahshula*, and 11 types of *Shirotoga* are described viz *Vattaja*, *Pittaja*, *Kaphaja*, *Tridoshaja*, *Raktaja*, *Krimija*, *Kshayaja*, *Sankhaka*, *Suryavarta*, *Anantvatta*, and *Ardhavabhedaka*. *Vagbhatta* has mentioned *Ardhavabhedaka* under *Vataja Shirotoga*, when *Vata* is aggravated in one half of the head and if severely aggravated it destroys the eyesight and hearing. In *Ardhavabhedaka*, *Ardhaparshwa Shirotodana*, *Pakshahat -Dashahat- Akasmat Vedana*, *Bheda-Todavat Vedana*, and *Bhrama* are the common symptoms.² It is mentioned as *Tridoshaja* by *Sushruta*,³ *Vata/Vata-kaphaja* by *Charaka*⁴ On the basis of the signs and symptoms *Ardhavabhedaka* can be correlated as Migraine.

Migraine is a prevalent neurovascular sickness with a major influence on the quality of life, according to the International Headache Society (I.H.S.), It is the second most prevalent cause of headache, and has become a grave problem in the current scenario due to changes in lifestyle. It affects three times as many women as it does men. More than two-thirds of Migraine sufferers have never sought medical advice or have stopped doing it. It is undiagnosed and untreated most of the time and the World Health Organization list migraine as one of the world's most debilitating medical condition. The precise mechanism of migraine is not yet known as a result, Migraine is in-

creasingly considered a chronic illness rather than just a headache. The term "migraine" refers to a vascular spasm affecting the cerebral blood vessels. Increased sensitivity to light and sound (Son photophobia), nausea, auras, difficulty in speaking, and excruciating pain in one side of the head are all symptoms of a migraine episode.

It is mainly divided into two subtypes- Migraine without aura (common migraine) and Migraine accompanied by an aura (classical migraine). Classic migraines account for 25% of migraine cases, and there is frequently a familial history of the disorder. Visual disturbances such as fortification, scotoma (blind spots within the field of vision), or visual field abnormalities may occur before the beginning of an attack in classical migraine. Unusual tastes and aromas may also be present in the aura. The most common type of migraine is common migraine, which accounts for 75% of all instances.⁵ It has been dubbed the "seventh disabler" because of its significant impact on a patient's quality of life (QOL).⁶ As a result, there is a need to investigate an effective Migraine management strategy.

In India, 15-20% of the population suffer from migraine. According to the World Health Organization, the prevalence of migraine is 10% worldwide, and more than 30 million people in the United States suffer from one or more migraine headaches each year. Approximately 18% of females and 6% of males fall into this category. Every day, about 3000 migraine attacks occur per million people around the world. Approximately 70% of migraine patients have a first-degree relative with a history of migraine. Migraine patients have a 2.5-fold increased risk of subclinical cerebellar stroke.⁷

Conceptual Analysis

Nidana (Causative factors):

Nidana plays an important role in the manifestation of disease. Ancient *Acharyas* like *Charaka*, *Bhela*, etc. have mentioned independent and specific *Nidanans* of *Ardhavabhedaka* whereas *Vagbhatta* has

explained only *Samanya Shiroroga Nidanas* which will produce any type of *Shirorogas* including *Ardhavabhedaka*.⁸ From the available information on *Samanya Nidana* of *Shiroroga* and specific *Nidana* of *Ardhavabhedaka*, the *Nidanas* have been classified as:

- 1) *Aharaja*
- 2) *Viharaja*
- 3) *Manasika*
- 4) *Anya*

Table 1: Aharaja Nidan

Sr. No.	<i>Aharaja Nidana</i>	<i>Ch. Sa.</i>	<i>As. Hr.</i>	<i>Y. R.</i>
1	<i>Rukshashana</i> (having food that has dry properties)	+	-	-
2	<i>Atyashana</i> (to eat excessively)	+	-	-
3	<i>Adhyashana</i> (to have a meal before digestion of the previous meal)	+	-	-
4	<i>Madhya</i> (alcohol) <i>Sevana</i>	+	+	+
5	<i>Guru Ahara</i> (heavy food)	+	-	-
6	<i>Amla Ahara</i> (sour food)	+	-	-
7	<i>Harita Dravya sevana</i> (rhizomes)	+	-	-
8	<i>Ati-sheetambu Sevana</i> (excessive cold-water intake)	+	+	+
9	<i>Dushta Ama</i> (vitiated <i>Ama</i>)	+	+	+

Table 2: Viharaja Nidan

Sr. No.	<i>Viharaja Nidana</i>	<i>Ch. Sa.</i>	<i>As. Hr.</i>	<i>Y. R.</i>
1	<i>Vegavarodha</i> (suppression of natural urges)	+	+	+
2	<i>Divaswapana</i> (day sleep)	+	+	+
3	<i>Ratrijagrana</i> (vigil during the night)	+	+	+
4	<i>Uccha bhashya</i> (speaking loudly)	+	+	+
5	<i>Avashyaya</i> (frost)	+	+	+
6	<i>Purvivata</i> (exposure to eastern wind)	+	-	-
7	<i>Atimaithuna</i> (excess sexual indulgence)	+	+	+
8	<i>Asatmya gandha</i> (undesirable smell)	+	+	+
9	<i>Aaghata</i> (head injury)	+	-	-
10	<i>Raja</i> (exposure to dust)	+	-	-
11	<i>Hima</i> (exposure to snowfall)	+	-	-
12	<i>Dhuma</i> (exposure to smoke)	+	+	+
13	<i>Atapa</i> (exposure to sun and heat)	+	+	+
14	<i>Shiroabhighata</i> (head injury)	+	-	-
15	<i>Rodana</i> (lamentation)	+	+	+
16	<i>Ashrueva nigraha</i> (Suppression of tears)	+	+	+
17	<i>Ayas</i> (physical over exertion)	+	-	-
18	<i>Vyayam</i> (having excessive exercise)	+	-	-
19	<i>Meghagama</i> (the advent of cloud)	+	-	-
20	<i>Deshaviparyaya</i> (regimen contrary to locality)	+	-	-
21	<i>Kalaviparyaya</i> (regimen contrary to season)	+	-	-
22	<i>Utsveda</i> (excess of sudation)	-	+	-
23	<i>Krimi</i> (worms)	-	+	+
24	<i>Upadhanadvesa</i> (avoidance of pillow)	-	+	+
25	<i>Abhyangadvesa</i> (aversion to massage)	-	+	+
26	<i>Pratetekshana</i> (constant seeing)	-	+	+
27	<i>Utsedha</i> (swelling)	-	-	+

Manasika Nidana

Ardhavabhedaka is a psychosomatic disease that has a relationship with the mind Charaka observed Manasa Santapa and Rodana as the causative factors in the etiopathogenesis of Ardhavabhedaka i.e., on the somatic level, it is Shirah- shoola or headache but on Psychic level, it is Manasa Santapa. Among the specific Nidana mentioned for Ardhavabhedaka, no reference is available in classics regarding Manasika Bhavas. But there are few Samanya Shiroroga Nidana that are manasika in origin such as Rodana⁹, Manasantapa¹⁰, and Bashpa Nigraha¹¹ can be taken into account on the basis of knowledge of Migraine.

Any Nidan

Asatmya Gandha: It can be Mithyayoga/Atiyoga of Ghranendriya. This causes Kshobha in the Nasa re-

sulting in VataPrakopa. This Prakupita Vata affects Ghrana Adhistana in Shiras to manifest Shirorogas.

Abhighata: Abhighata in this context can be taken as Shiro-Abhighata. Due to trauma to the Shiras, heavy blood loss occurs, leading to insufficient blood circulation to Shiras which in turn causes Vyadhi after Khavaigunya and Sammorhana of Vata with Rakta. By the above description, it is clear that all the Hetus mentioned here indicates Dosha Hetu rather than Vyadhi Hetu. The vitiated Doshas, particularly Vata or Vata Kapha reach the head which in turn vitiates Rakta and Raktavaha Srotas situated there leading to the manifestation of symptomatology of Ardhavabhedaka.

Table 3: Dosha vitiation as per Nidana:

S. No.	Nidana	Dosha vitiation
1	Rukshashana	Vata
2	Atyashana	Tridosha
3	Adhyashana	Tridosha
4	Purva-Vata Sevana & Avashyaya	Vata/Vata-Kapha
5	Vegasandharana	Vata
6	Atimaitihuna	Vata
7	Ati Ayasa & Vyayama	Vata-Pitta
8	Diwaswapna	Tridoshaja/Kapha-Pitta
9	Abhighata	Tridosha
10	Pratapa	Pitta

Purvarupa:

Though no specific Purvarupas are mentioned in Ayurvedic classics for Ardhavabhedaka, one reference regarding Shiroroga is available in Vaidya Vinod which describes Manyagraha & Guruta prior to the development of Shiroroga. It means restricted movement in head extension and flexion along with heaviness in the head which may be present in Kapha dominant Shiroroga.

Roopa:

The knowledge of Roopa is very essential for diagnosis in order to understand the prognosis and for the purpose of proper management. Roopa is the symptoms, which denote a disease that has manifested.¹²

The Roopa of Ardhavabhedaka described by various Acharyas are as follows

According to Acharya Charaka⁻¹³, The vitiated Doshas after reaching Shirah vitiates Rakta there by producing Shiro Roga and causes Shastra-Aranibham, Tivra- vedana in Manya, Bhru, Shankha, Karna, Akshi and Lalata and if excessively aggravated causes blindness and deafness as a complication.

According to Acharya Sushruta⁻¹⁴

If one half of the head develops severe tearing and pricking pain, giddiness, and piercing pain, suddenly after a fortnight or ten days then this should be diagnosed as Ardhavabhedaka which is caused by all three Doshas.

According to Vagbhata¹⁵

Vagbhata has mentioned that the Vataja Shiroroga which occurs in half of the head and recurs either by a fortnight or a month and subsides on its own then it's considered Ardhavabhedaka and vata is greatly aggravated it destroys the sight or hearing.

Acharya Videha:

Toda, Sphutana, Dalana, and Avadarana like severe pain in half of the head and causes Nayanam Avadiryate. The attack comes on 3-5-15 or 30 days.¹⁶

Samprapti:

Samprapti of a disease is important because the treatment procedure is mainly targeted on Samprapthi Vighatana. It manifests from the time of consumption of Nidana till the end stage of the disease.¹⁷

Samprapti Flow Chart according to Charak¹⁸



Samprapti Ghatak:

Dosha- Vata/ Sakaphavata/Vatapitta/Tridoshaja, Dhushya - Rakta (Charaka has included "Shiro-Ruk" in "Shonitaja Roga and stated that the vitiated Doshas after reaching Shirah vitiates Rakta to produce (Shiro Roga.)

Agni - Jatharagni and Rasa-Rakta Dhatvagnimandya.

Ama - Jatharagni Mandya and Raktadhatvagnimandya

Udbhava Sthana- Amapakwashaya

Srotasa- Rasa-Rakthavaha Srotasa

Srothodusti- Prakara Vimargagamana, Sanga

Adhistana- Shiras and Manas

Vyatka sthana- Ardha shiras appendages Manya,

Bhru, Shankha, Kama, Akshi

Rogamarga- Madhyama

Chikitsa

□ **Anthaparimarjana Chikitsa** -Shodhana or Shamana Snehana, Vamana, Virechana, Basti, Nasya.

□ **Bahiparimarjana Chikitsa** -Lepa, Upanaha, Dhoopana, Swedana and Shiro Basti.

□ **Shastrapranidana** - Siravedha and Agnikarma.

Specific Management of Ardhavabhedaka:

The treatment principles of Ardhavabhedaka in different classics are as follows

□ **Charaka Samhita** -Chatu Sneha Pana, Shiro and Kaya Virechana, Sweda, Jeerna Sarpi, Niruha & Anuvasana Basti, Upanaha, Shirobasti, Dahana and Pratishtayavat Chikitsa.¹⁹

□ **Sushruta Samhita**: -Nasya, Parisheka.²⁰

□ **Vagbhata** – Vataja Shira shoola Kriya.²¹

□ **Bhela**- Kaya Virechana and Nasya Karma.²²

□ **Bhavaprakasha**- Sneha, Sweda, Virechana, Dhoopa, Snigdhoshnabhajana.²³

□ **Bhaishajya Ratnavali** - Swedana, Nasya, Dhumpana, Virechana, Lepa, Vamana, Langhana, Shirobasti, Raktamokshana, Agnikarma, Upanaha, Purana Ghrita and Shashtika Shali.

□ **Yogaratanakara**- Snehana, Upanaha, Swedana, Dhumpana, Langhana, Parisheka, Agnikarma, Raktamokshana and Shirobasti.

All these measures should be applied after considering the predominance of *Dosha* and other general considerations of the patient.

In modern science, treatment principles for Migraine include non-pharmacological treatment such as identification of triggers, hypnosis, acupuncture, transcutaneous electrical stimulation, relaxation therapy, psychotherapy, etc. and pharmacological treatment comprises NSAIDS, Anti-emetics, Triptan drugs, Ergotamine derivatives as abortive medications and Flunarizine, Beta-blockers, tricyclic antidepressants, Divalporex sodium, Topiramate, etc. as preventive medications.²⁴ However, each of these medicines has its own side effects, and long-term use leads to drug dependency, withdrawal syndrome, headache recurrence, and the transition from episodic to chronic pain.

DISCUSSION

In light of aforesaid mentioned factors, it is necessary to develop an alternate treatment plan which provides relief in a better way there by improving the quality of life. In Ayurveda, there is a lot of scope for research to identify safe, potent, and cost-effective medicines that address the source of the disease and also improve the quality of life. *Ayurveda* has a variety of formulations as well as local therapies like *Nasya*, *Upanaha*, *Shiro-lepa*, *Agnikarma*, *Shirovirechana*, *Nadisweda*, *Shirobasti*, etc. In *Shiro rogas*, *Nasya* is the chief procedure to pacify the vitiated *Doshas* in *Shiras* as it is quoted that “*Nasa hi Shiraso Dwaram*”.²⁵ Almost all *Acharyas* have mentioned many *Nasya* preparations for *Ardhavabhedaka*. *Nasya* therapy is an effective alternative therapy to combat this disease from its root cause. *Charaka* has mentioned that the vitiated *Vatadi Doshas* after reaching *Shiras* also vitiates the *Rakta Dosha* producing *Shiroroga*.²⁶ Hence, *Vedanasthapana*, *Raktashodhana*, *Tridoshahara*, analgesic, and anti-inflammatory properties which may help in breaking down the pathogenesis of Migraine are helpful.

Moreover, Migraine is a vascular headache, caused by vascular abnormalities hence *Siravedha* will be helpful in order to remove the vitiated *Doshas* from *Rakta*. *Sushruta* has mentioned *Raktamokshana* in *Shiroroga* when they become chronic and not relieved by any medication.²⁷

CONCLUSION

Migraine is a vascular condition marked by recurrent headaches. The discomfort is almost always unilateral and throbbing. It produces an occipital headache, visual anomalies, diplopia, and severe vertigo that lasts 5 to 60 minutes. These symptoms might appear with or without an aura, which serves as a warning sign. Spots, wavy lights, and flashing lights are all symptoms of aura. It's a severe and puzzling problem. Modern science continues to struggle with successful therapy. As a result, Ayurveda offers a remedy to this basic problem. *Ardhavabhedaka*, particularly with regard to Migraine, can be cured or regulated depending on one's lifestyle. Migraines can be managed if the proper regimen is followed. Ayurveda offers a compelling alternative to Western medicine's biochemical approach. The *Ayurvedic* therapy for *Ardhavabhedaka* provided by *Acharyas* has shown to be successful in the prevention and management of *Ardhavabhedaka*.

REFERENCES

1. Agnivesha charak samhita with vidyotini hindi commentary, Pt. Kashinath pandey, Dr. Gorakhnath Chaturvedi, Choukhambha Vishwabharti Academy, Varanasi Reprint edition 2001, Su. 17/12-page no. 332.
2. Sushruta, Sushruta Samhita with the Nibandhsangraha sanskrita commentary by Dalhanacharya, Chaukhambha Surbharti Publication, Varanasi, 2014, Uttartantra chap. 25/ 15 page – 655.
3. Sushruta, Sushruta Samhita with the Nibandhsangraha sanskrita commentary by Dalhanacharya, Chaukhambha Surbharti Publication, Varanasi, 2014, Uttartantra chap. 25/ 15 page – 655.
4. Agniveesha, Charaka Samhita with Ayurveda Dipika Sanskrita Commentary by Chakrapani, Revised by Acharya Charaka & Dradhabala, Chaukhambha Publi-

- cation, New Delhi, Re-print 2014, SidhhiSthana chap. 9 / 75, page - 721
5. Gleeson M, Clarke R, editors. Scott-Brown's Otorhinolaryngology: Head and Neck Surgery 7Ed: 3 volume set. CRC Press; 2008 Apr 25.
 6. Gooriah R, Nimeri R, Ahmed F. Evidence-based treatments for adults with migraine. Pain research and treatment. 2015; 2015.
 7. Chawla Jaswinder, Migraine headache, <https://emedicine.medscape.com/article/1142556-overview#a1>
 8. Ashtang sangrah, Kaviraj atridev gupta, Choukhambha krishnadas academy, Varanasi, A.S.Ut.28/ 7, pg no. 289.
 9. Agnivesha charak samhita with charak chandrika hindi commentary, Dr. Bramhanand tripathi, Choukhambha Surbharti, Varanasi Reprint edition 2005, Chi.3/115 pg no. 155.
 10. Agnivesha charak samhita with charak chandrika hindi commentary, Dr. Bramhanand tripathi, Choukhambha Surbharti, Varanasi Reprint edition 2005, Chi.3/31 pg no. 117.
 11. Agnivesha charak samhita with vidyotini hindi commentary, Pt. Kashinath pandey, Dr. Gorakhnath Chaturvedi, Choukhambha Vishwabharti Academy, Varanasi Reprint edition 2001, Vi. 02/09-page no. 688.
 12. Agnivesha charak samhita with charak chandrika hindi commentary, Dr. Bramhanand tripathi, Choukhambha Surbharti, Varanasi Reprint edition 2005, Cha. Si.9/74-76 page no 1291.
 13. Agnivesha charak samhita with vidyotini hindi commentary, Pt. Kashinath pandey, Dr. Gorakhnath Chaturvedi, Choukhambha Vishwabharti Academy, Varanasi Reprint edition 2001, Su. 17/11-page no. 332.
 14. Sushruta samhita, Dr. ambika dutta shastri, Choukhambha Sanskrit sansthan, Varanasi reprint 2006. Su. Ut. 25/15, page no.123
 15. Ashtang sangrah, Kaviraj atridev gupta, Choukhambha krishnadas academy, Varanasi, A.S.Ut.28/ 7, pg no. A. Hr. Ut. 23/3-8 pg no 271.
 16. Sudarshan shastri, Yadunandan Upadhyaya, Madhav Nidanam, Madhukosh hindi commentary, Varanasi chaukhambha prakashan, Ma. Ni. 60/11-13, page no. 405.
 17. Agnivesha, Charak Samhita, Sri Satyanarayan Shastri, Choukhambha bharti academy, Chakrapani commentary, Cha. Ni – 1/11, page no 607.
 18. Tripathi B (2009). Astanga Hridayam of Sri-madvagbhata (Vol. 1). Chaukhamba Sanskrit Pratisthan.
 19. Agnivesha charak samhita with charak chandrika hindi commentary, Dr. Bramhanand tripathi, Choukhambha Surbharti, Varanasi Reprint edition 2005, Cha. Si.9/74-76 page no 1291.
 20. Kaviraj Ambikadutta Shastri, editor, Shushrut Samhita, Uttar tantra, 26/31, Choukhamba Sanskrit Sansthan, Varanasi, Reprint, 2006; Pg No.139.
 21. Ashtang hridayam, Dr. Bramhanand Tripathi with Nirmala hindi commentary, Choukhambha Sanskrit Pratisthan Delhi, Reprint 2007, Uttartantra 24/9, page no. 1057.
 22. Dr. Krishnamurthy K.H. editor prof P.V. Sharma, Bhela. Samhita, Varanasi, Choukhambha Vishwabharti, edition 2000, Ni. 23/40
 23. Bhawprakash Madhyam Khand .65/91-93.
 24. Shah B, Pandey DR. Bhupendra et al. European Journal of Biomedical and Pharmaceutical Sciences. European Journal of Biomedical. 2017;4(4):226-30.
 25. Kaviraj Atridev Gupata, Ashatng Samgrah, Choukhamba Krishnadas academy, Varanasi, Reprint 2019, Nidan Sthan, 21/03. Page No. 216.
 26. Agnivesha charak samhita with vidyotini hindi commentary, Pt. Kashinath pandey, Dr. Gorakhnath Chaturvedi, Choukhambha Vishwabharti Academy, Varanasi Reprint edition 2001, Su. 17/11-page no. 332.
 27. Kaviraj Ambikadutta Shastri, editor, Shushrut Samhita, Uttara tantra, 26/43, Choukhamba Sanskrit Sansthan, Varanasi, Reprint, 2005; 140.

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Ajay Kumar Nayak & Shamsa fiaz: Conceptual Analysis and management of Ardhavabhedak W.S.R. to Migraine: A conceptual study. International Ayurvedic Medical Journal {online} 2022 {cited August 2022} Available from: http://www.iamj.in/posts/images/upload/2114_2120.pdf