A COMPARATIVE CLINICAL STUDY ON THE EFFICACY OF YASHTIMADHU MADHU NASYA AND YASHTIMADHU GHrita NASYA IN ARDHAVABHEDAKA

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ABSTRACT

Background and Objectives: Ardhavabhedaka is a type of Shiroroga with the cardinal feature of unilateral headache, which if left untreated leads to complications like blindness and hearing loss. This disease can be correlated to Migraine headache based on the clinical manifestations. Nasya karma is the prime treatment modality in Shiroroga as well as in Ardhavabhedaka. Yashtimadhu Madhu and Yashtimadhu Ghrita indicated for Ardhavabhedaka was taken for the clinical trial in the form of Nasya. Material and Methods: Patients presenting with the classical features of Ardhavabhedaka and between the age group of 16years and 60years irrespective of sex were selected and allotted in Group A and Group B with 20 patients in each. Group A was administered with Yashtimadhu Madhu Nasya and Group B with Yashtimadhu Ghrita Nasya 6drops in each nostril for 7days with a gap of 14 days in two sittings. Result: Data was tabulated and analyzed using Student t-test, which showed marked improvement in patients with Ardhavabhedaka in both the groups. Yashtimadhu Madhu Nasya and Yashtimadhu Ghrita Nasya are proved effective in merely all patients. According to percentage wise relief in the symptoms of Ardhavabhedaka in Group A and Group B, Group B showed comparatively better relief. But statistically there is no significant difference in between the groups. Conclusion: On the basis of the results of this study it can be clearly concluded that Nasya performed with Yashtimadhu Madhu and Yashtimadhu ghrita provided significant relief in the signs and symptoms of Ardhavabhedaka.

Keywords: Ardhavabhedaka, Yashtimadhu, Madhu, Ghrita, Nasya, Migraine headache.

INTRODUCTION

Ayurveda, said to be the “Science of life and longevity”, is the most holistic or comprehensive medical system from India. The task of Ayurveda is to preserve and restore health and to relieve suffering. Understanding pain is essential to both these goals because pain is universally understood as a signal of disease. It is the most common symptom that brings a patient to the Physician. Shiras is considered as the uthamanga of the body because it is seat of prana and the indriyas. So the diseases pertaining to the Shiras should be treated with utmost care. The diseases in which headache is the prime symptom are grouped under Shirorogas. Ardhavabhedaka is one type of Shiroroga which has been mentioned by almost all the Acharyas. The causes for Ardhavabhedaka are excessive intake of Ruksha padarths, Adhyashana, Purva vata sevana, Ati Maithuna (excessive coitus), Vegadharana (suppressing of natural urges), Athishrama (excessive work) in which pain is appreciable in one half of the Shiras, Shanka, Bru,
Kapala, and in Karna pradesha⁵. The attacks of Ardhavabhedaka will be once in three days, once in fifteen days or once in a month as per classics⁶. Ardhavabhedaka if left untreated leads to complications like deafness and blindness⁷. Hence an early intervention is needed for Ardhavabhedaka. It can be correlated with Migraine based on the similarity in etiology, pathology, symptoms. The negative impact of migraine on quality of life, families, and even work productivity is significant and often underrated as a serious complication. Therefore a better understanding of migraine and the development of better therapeutic alternatives are required. Ardhavabhedaka is a Shoola Pradhana Vyadhi hence Vata hara Chikitsa should be adopted. Yashtimadhu Madhu⁸ and Yashtimadhu Ghritha⁹ indicated for Ardhavabhedaka was taken for the clinical trial in the form of Nasya. Hence, the study entitled “Comparative clinical study on the efficacy of Yashtimadhu Madhu Nasya and Yashtimadhu Ghrita Nasya in Ardhavabhedaka” was selected with the aim to provide significant effect to improve the quality of life.

AIM AND OBJECTIVES:
The present study is aimed to evaluate the efficacy of Yashtimadhu Madhu Nasya and Yashtimadhu Ghrita Nasya in the management of Ardhavabhedaka and to compare the efficacy of both.

SOURCE OF DATA:
For the study subjects were selected from Shalakya Tantra OPD & IPD of Alva’s Ayurvedic Medical College & Hospital Moodbidri and other available sources.

SAMPLING METHOD:
Selected 40 patients were randomly allotted to 2 groups, Group-A & Group-B with 20 patients in each group.

CRITERIA FOR SELECTION OF PATIENTS
Diagnostic criteria:
Diagnosis will be done according to the signs and symptoms as told in Ayurvedic and modern reference books.

Presence of any 2 of the following symptoms:
- Ardhe Tu Murdha (Location of Pain - Half sided headache)
- Bheda Todavat Shoola (Type of Pain)
- Frequency of headache.

With or without following symptoms:
- Nausea and Vomiting
- Photophobia and Phonophobia (Prakasha Asahishnuta)

Inclusion criteria:
- Patients with classical lakshana of Ardhavabhedaka (Migraine).
- Patients of age between 16 to 60 years irrespective of sex, religion & occupations were selected for the study.
- Patients fit for Nasya.

Exclusion criteria:
- Patients suffering from any other systemic diseases.
- Patients who are contraindicated for Nasya karma.
- Patient suffering from any other forms of headaches apart from Ardhavabhedaka.
- Headache secondary to Meningitis, Tumor, Encephalitis, Spondylosis, or any other intracranial lesions and Refractive errors.

Research Design:
Patients were divided into 2 groups. i.e., Group A and Group B.

Group A: The patients of this group were administered with Yashtimadhu Madhu Nasya 6 drops for 7 days (2 sittings given with a gap of 2 weeks)

Group B: The patients of this group were administered with Yashtimadhu Ghrita Nasya 6 drops for 7 days (2 sittings given with a gap of 2 weeks)

Method of Nasya Procedure:
- Patients were subjected to Nasya Karma as per the procedure mentioned in the classics for a period of seven days.
- Sthanika Abhyanga with murchita tila taila followed by swedana as a Poorva karma.
- Dhoomapana, Kavala as paschat karma was done.

Follow up study:
After the completion of treatment, all the patients were reviewed once in a month for next 60 days.

The formulation taken for the study is:
1. **Yashtimadhu Madhu Nasya**
2. **Yashtimadhu Ghrita Nasya**

The first formulation taken for the study was *Yashtimadhu Madhu* in the form of *Avapeedana Nasya*.

**Method of preparation of Yashtimadhu Madhu:**
- *Yashtimadhu kwatha churna* is soaked in water and later squeezed to obtain *Yashtimadhu swarasa*.
- To this *swarasa*, equal quantity of *Madhu* is added and mixed well.
- 6 drops instilled for both the nostrils for a period of 7 days.

The second formulation taken for the study was *Yashtimadhu Ghrita*.

**Method of preparation of Yashtimadhu Ghrita:**
For preparing 1 litre of *Yashtimadhu Ghrita* the ingredients were taken in the following ratio:
- *Goghritha* - 1200 ml
- *Yashtimadhu* - 250 gm
- *Ksheera* - 4000 ml
- *Water* - 1000 ml
- *Sarkara* - 250gm

The *Yashtimadhu* was made into *kalka* and mixed with four times of water (1000ml) and then milk, ghee and powdered *sarkara* were added to it. It was boiled till *Madhyama paka lakshanas* of ghee were attained.

**CRITERIA FOR ASSESSMENT OF EFFECTS OF TREATMENT:**
Assessment of the results were made before and after the treatment based on,
1. Intensity of pain (*Bheda Todavat Shoola*)
2. Duration of headache
3. Frequency of headache / Painless interval
4. Nausea
5. Vomiting
6. Photophobia

**DISCUSSION ON RESULT**

**Effect of Intervention on Intensity of Pain:**
- Percentage wise relief of symptom in Group A (87.17 %) is better than Group B (85.29%).
- *Vata* is the main factor for producing pain. *Yashtimadhu*, *ghrita* and *ksheera* are having *vata hara* property and thereby it relieves the pain. Serotonin uptake inhibitor helps to bring serotonin to the synapses. There by maintains regular contraction of blood vessels and proper neurological transmission is maintained.

**Effect of intervention on Duration of Pain:**
- The result of Duration of Pain in both groups showing statistically significant result individually, which indicates both the group A and B are effective.
- Percentage wise relief of symptom in Group A (82.75%) is better than Group B (81.25%).
- As the drug is directly acting on the *Shiras* by the *nasya karma*, the local effect is attained thereby the duration of pain is decreased. Bioavailability of the drug enhanced by the lipid media which is proven to cross BBB producing a sustained action of the drug. Hence the duration is reduced.

**Effect of intervention on Frequency of Pain:**
- The result of Frequency of Pain in both groups showing statistically significant result individually, which indicates both the group A and B are effective.
- Percentage wise relief of symptom in Group B (87.5%) is better than Group A (81.81%).
- The *snigdha* and *jeevaneeya* action of the drug imparts the *sthirathwam* and there by the frequency is decreased.

**Effect of intervention on Nausea:**
- The result of Nausea in both groups showing statistically significant result individually, which indicates both the group A and B are effective.
- Percentage wise relief of symptom in Group B (84.21%) is better than Group A (76.47%).
- *Shiras* is the seat of *prana vayu*. When *pitta dosha* does the *avarana* of this *prana vata* there will be vomiting. The same pathology might have occurred here also. *Nasya karma* with ghrita processed with *Yashtimadhu* may have corrected the *avarana*. Once the pain is subsided by the
proper transmission of neurological impulses, the hyper excited sympathetic nerves might have become normal and thus the nausea controlled.

**Effect of intervention on Vomiting:**
- The result of Vomiting in both groups showing statistically significant result individually, which indicates both the group A and B are effective.
- Percentage wise relief of symptom in Group B (92.30%) is better than Group A (76.47%).
- The same principle is applicable here also.

**Effect of intervention on Photophobia:**
- The result of Photophobia in both groups showing statistically significant result individually, which indicates both the group A and B are effective.
- Percentage wise relief of symptom in Group B (84.61%) is better than Group A (60%).
- This may have occurred due to the *vata prakopa* and *rasa dushti*. So *Yashtimadhu Ghrita Nasya* may have brought *shamana* to the *prakupita vata*.

**Action of drugs used in Nasya karma**

*Yashtimadhu Madhu Nasya* and *Nasya* with *ghrita* medicated with *madhura rasa dravyas* are indicated in *Ardhavabhedaka*. *Yashtimadhu* is having *Tridoshahara* property according to *Kaiyadeva Nighantu*. *Madhu* is having *Vedana sthapana*, *daha shamaka* and *Rasayana karma* helps in relieving symptoms of *Ardhavabhedaka*. In *Yashtimadhu Ghrita*, ghrita is having *Vata* and *Pitta hara* property. But according to *Kaiyadeva Nighantu* and *Raja Nighantu* it is *Kapha hara* also. It is having properties like *indriya balavridhikara*, *Rasayana* and indicated for *Shirorogas*. Hence *Yashtimadhu Madhu Nasya* and *Yashtimadhu Ghrita Nasya* was adopted for the study.

**CONCLUSION**

*Ardhavabhedaka* is a type of *Shirashoola* which can be correlated to *Migraine*. The prevalence of the disease is observed more in the group between 16-30 years (88%). The prevalence of *Migraine* in females was found to be high, where 23 among 40 were female. *Yashtimadhu Madhu Nasya* and *Yashtimadhu Ghrita Nasya* are proved effective in merely all patients. According to percentage wise relief in the symptoms of *Ardhavabhedaka* in Group A and Group B, Group B showed comparatively better relief.

**Effect of Yashtimadhu Madhu Nasya in Ardhavabhedaka:**

After treatment with *Yashtimadhu Madhu Nasya* provided highly significant result in Reduction in Intensity of Pain by 87.17%, Reduction in Duration of Pain by 82.75%, Reduction in Frequency of Pain by 81.81%, Reduction in Nausea by 76.47%, Reduction in Vomiting by 76.47% and Reduction in Photophobia by 60%.

**Effect of Yashtimadhu Ghrita Nasya in Ardhavabhedaka:**

After treatment with *Yashtimadhu Ghrita Nasya* provided highly significant result in Reduction in Intensity of Pain by 85.29%, Reduction in Duration of Pain by 81.25%, Reduction in Frequency of Pain by 87.5%, Reduction in Nausea by 84.21%, Reduction in Vomiting by 92.30%, Reduction in Photophobia by 84.61%.

According to percentage wise relief in the symptoms of *Ardhavabhedaka* in Group A and Group B, Group B showed comparatively better relief. But statistically there is no significant difference in between the groups. Hence null hypothesis $H_0$ can be rejected and alternate hypothesis $H_1$ can be accepted.

**REFERENCES**

4. Trikamji VJ, Charaka Samhita with the Ayurveda Dipika Commentary, Varanasi: Chaukhambha Prakashan.:p.721
5. Ibid; p. 721
Table 1: Showing the percentage of improvement / relief in the symptoms of *Ardhavabheda*ka in Group A and Group B after treatment.

<table>
<thead>
<tr>
<th>Percentage of improvement / relief</th>
<th>Group A</th>
<th>Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduction in Intensity of Pain</td>
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<td>81.81%</td>
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</tr>
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<tr>
<td>Reduction in Vomiting</td>
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<td>92.30%</td>
</tr>
<tr>
<td>Reduction in Photophobia</td>
<td>60%</td>
<td>84.61%</td>
</tr>
</tbody>
</table>

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Conflict Of Interest: None Declared