



“ REVIEW STUDY ON ARDHAVBHEDAKA[MIAGRINE] AND IT’S MANAGEMENT THROUGH AYURVEDA”

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ABSTRACT-

Acharya *Vagbhata* emphasized that if this condition is left untreated for a prolonged time it can cause the destruction of the eyes and ears. *Acharya Charaka* opines, *Ardhavabhedaka* as *Vataja* or *Vata-Kaphaja*,¹ *Acharya Sushruta* as suggest it a *Tridoshaja* disease, and *Vagbhata* ²states it as *Vataja*. Even though lot of research on the condition with different treatment modalities has been undergoing in bio-medical world, considerable number of world population is suffering from this disease without satisfactory relief. In modern science, the treatment comprises of non-pharmacological treatment such as identification of triggers, meditation, relaxation training, psychotherapy, etc. and pharmacotherapy as abortive and preventive therapy.

KEYWORDS-*Ardhavabhedaka, nidanpanchak, chikista, preventive therapy.*

INTRODUCTION-

Primary headaches are disorders in which headache and associated features occur in the absence of exogenous cause. Migraine, the second most common cause of headache, afflicts approximately 15% of women and 6% of men. With the disease afflicting 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.³

These modern drugs are not appreciated by large due to their drawbacks. All the medications, either the older one or the newly available one have a lot of side effects (gastric distress etc.). Also they cause drug dependence, drug withdrawal syndrome, relapse of attack within hours and chances of getting chronic headache.

Now a day's system of seasons is not exactly that type. It was in the time of Rishies so Chaya, Parkopa, Parsamana and system also get disturbed and disease became more powerful. Being always in action Vata is important to maintain the normalcy in Dosha, Dhatus and Malas and their Kiriya and also to create disease. The number of Vata vyadhis is four times more than Kaphaj Vyadhis and two times more in comparison to Petikka.

These modern drugs are not appreciated by large due to their drawbacks. All the medications, either the older one or the newly available one have a lot of side effects (gastric distress, etc.). Also they cause drug dependence, drug withdrawal syndrome, relapse of attack within hours and chances of getting chronic headache. Several drugs cannot be prescribed in migraine associated with other medical illness, which remains a drawback. This arises the need to explore an effective line of management for this disorder.

MATERIAL AND METHODS-

Acharya Shushruta explains If one half of the head develops severe tearing, piercing and pricking pain and giddiness suddenly after a fortnight or ten days then this should be diagnosed as *Ardhavabhedaka*. It is caused by all the three *Doshas*. *Vagbhata* also quoted that *Ardhavabhedaka* is the disease producing piercing type of pain in the *Ardha Shiras* or *Ardha Moordhna Pradesha*. Analysis of *Nidanas* reveals that most of the *Nidanas* mentioned under *Samanya Shiroroga Nidana* aggravate *Vata*, *Pitta*, and *Kapha* and vitiate *Rakta*. Further, most of the *Nidanas* listed under *Ardhavabhedaka* aggravate *Vata* and vitiates *Rakta*. From the

available information's on *Samanya Nidana* of *Shiroroga* and specific *Nidana* of *Ardhavabhedaka*, the *Nidanas* have been classified as-

- *Aharaja*
- *Viharaja* □ *Manasika*
- *Anya*.

Other causative factors includes improper adoption of certain therapeutic procedures also causes the manifestation of *Ardhavabhedaka*. Among the specific *Nidana* mentioned for *Ardhavabhedaka*, no reference is available in classics regarding *Manasika Bhavas*. But there are few *Samanya Shiroroga Nidana* which are *Manasika* in origin can be taken into account on the basis of knowledge of migraine

Samprapti-

Samprapti of a disease is important because treatment procedure is mainly targeted on *Samprapthi Vighatana*. It manifest from the time of consumption of *Nidana* till the end stage of the disease⁴.

- ***Samanya Samprapti:*** Due to the consumption of *Nidana* factors, in which the *Vatadi Doshas* get aggravated, further vitiates the *Rakta* in the vessels of *Shiras* and causes different types of *Shirorogas* as per the dominance of *Doshas* and manifest the respective symptoms.
- ***Vishista Samprapti:*** The causative factors vitiate either *Vata* alone or associated with *Kapha* invades the half portion of the head and causes *Ardhvabheadaka*⁵. The detailed description of *Samprapti* of either *Ardhavabhedaka* or *Vataja Shirashoola* in which *Ardhavabhedaka* is a variety is lacking in classical literature.

Poorvaroopa-

These are the premonitory symptoms of a disease manifested in the *Sthanasamshraya Avastha*. These may differ from disease to disease. *Poorvaroopa* of *Ardhavabhedaka* has not been mentioned in particular while describing the disease. Hence, it can be assumed with the *Alpa* and *Avyakta Laxanas* of disease like *Mandaruja*, *Bhrama*, *Alasya* which are from *Vata*, *Pitta*, *Kapha* etc.

.Roopa-

The knowledge of *Roopa* is very essential for diagnosis, to understand prognosis and for the purpose of proper management. *Roopa* are the symptoms, which denote a disease that has manifested. *Acharya Vagbhata* explains the *laxanas* of *Vataja Shirashoola* and then he mentioned if these *Laxanas* are manifest in half portion of the head, it is called as *Ardhavabhedaka*.⁶ In *Madhukosha Teeka*, it is explained that all *Shirorogas* are due to *Tridosha* and the classification are merely based on the *Pradhanyata* of the *dosha*⁷

Hence, the *Laxanas* of *Vataja Shirashoola* are also considered under the heading of *Ardhavabhedaka*. *Laxanas* of *Ardhavabhedaka* mentioned in different classics are listed in Table No. 6. There is no mentioning regarding the *Pratyatma Laxanas* of *Ardhavabhedaka*. It should be understood on the basis of the *Nirukti*, clinical features as explained in *Astanga Hridaya*⁸. i.e. ‘*Ardha tu moordhna so Ardhavabhedaka*’

Site/location of the pain:

Severe pain in half side of the head, affects particularly in *Manya*, *Bhru*, *Shankha*, *Akshi*, *Lalata*, *Ganda*. It can occur on any *Parshwa* i.e., ‘*Dakshinam Vama Meva Va*’⁹.

According to *Sushruta* i.e., severe tearing and pricking pain in one half of the head associated with giddiness.¹⁰ All the scholars have mentioned that the headache of *Ardhavabhedaka* occurs in one half of the head.

Duration/frequency/periodicity of pain:

Sushruta describes the paroxysmal nature of headache in *Ardhavabhedaka*. The headache comes on every fifteen days / ten days or it may come at any time. *Videha* mentioned that the headache comes at every three, five or fifteen days or ten days or one month.

Upashaya¹¹ The *Upashaya* occurs by *Bandha*, *Upatapa*, *Sweda*, and *Sneha* mentioned in classics.

Anupashaya¹² *Anupashaya* attains during night hours because of *Vata Adhikyata*. The *Laxanas* like *Prakasha Asahishnuta* i.e., exposure to bright light trigger the attack can be considered.

Chikitsa:¹³⁻¹⁹

The management of the *Roga* is mainly based on the principle of *Samprapti Vighatana*. Specific line of treatment is mentioned for *Ardhavabhedaka* in classics. The treatment principles mentioned for the *Ardhavabhedaka* can be grouped under the following headings:

- *Anthaparimarjana Chikitsa* can be given in the form of *Shodhana* or *Shaman-Snehana*, *Vamana*, *Virechana*, *Basti*, *Nasya*.
- *Bahiparimarjana Chikitsa* includes *Lepa*, *Upanaha*, *Dhoopana*, *Swedana* and *Shirobasti*.
- *Shastra Pranidana* includes *Siravedha* and *Agnikarma*.

The treatment principles of *Ardhavabhedaka* in different classics are as follows:

- *Charaka Samhita* describes *Chatuh Sneha Pana*, *Shira* and *Kaya Virechana*, *Nadi Sweda*, *Niruha & Anuvasana Basti*, *Upanaha*, *Shirobasti*, *Dahana* and *Pratishyayavat Chikitsa*¹³.
- *Sushruta* advices to adopt *Nasya*, *Parisheka* measures.¹⁴
- *Vagbhata* describes to adopt *Vataja Shirastapavat Kriya*.¹⁵
- *Acharya Bhela* advices *Kaya Virechana* and *Nasya Karma*.¹⁶
- *Bhavaprakasha* explains many measures such as *Sneha*, *Sweda*, *Virechana*, *Shiro Virechana*, *Dhoopa*, and *Snigdhooshnabhojana*.¹⁷
- *Bhaishajya Ratnavali* mentions general line of treatment for *Shirah-Shoola* i.e. *Svedana*, *Nasya*, *Dhumpana*, *Virechana*, *Lepa*, *Vamana*, *Langhana*, *Shirobasti*, *Raktamokshana*, *Agnikarma*, *Upanaha*, *Purana Ghrita* and *Shashtika Shali*.¹⁸
- *Yogaratanakara*¹⁹ mentions *Snehana*, *Upanaha*, *Svedana*, *Dhumpana*, *Lepa*, *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. *Nasya* has given a prime importance among all *Chikitsas* for *Ardhavabhedaka*. It can be administered in the form of *Swarasa*, *Taila*, *Ghrita* and *Choorna*.

MODERN ASPECT-MIGRAINE²⁰

Migraine is a familial disorder characterized by recurrent attacks of headache widely variable in intensity, frequency and duration. It is a disorder with numerous manifestations that can involve the brain, the eye and the autonomic nervous system.

Migraine is generally an episodic headache with certain associated features, such as sensitivity to light, sound, or movement, and often with nausea or vomiting accompanying the headache.

Migraine is a benign and recurring syndrome of headache associated with other symptoms of neurologic dysfunction in varying admixtures.

Synonyms:

The few synonyms used in previous days to describe migraine headache are as follows.

- Hemicrania
- Sick headache
- Vascular headache
- Bilious headache
- Blind headache
- Heterocrania
- Holocrania
- Hemi cephalgia

Prevalence:

Migraine, the second most common cause of headache, afflicts approximately 15% in female and 6% in male.

About 60% of patients with headaches have tension-type headaches; 35% have migraine headaches and 5% have cluster headaches. A family history of migraine is present in 90% of sufferers. Most studies show a decrease in prevalence in older age groups.²¹

Aetiology of migraine:

Dietary factors:

By looking at the dietary factors mentioned for migraine, it is evident that most of the dietary factors cause precipitation of an attack. They include,

Alcoholic beverages. E.g. red wine.

- Foods that contain caffeine (e.g., coffee, chocolate), monosodium glutamate (MSG; found in Chinese food), and nitrates.
- Glare, contrasting patterns.
- Food containing tyramines like- aged cheese, sour cream, yogurt, and yeast, dried & smoked fish pickle.
- Chocolate, dairy products, fatty foods.
- Citrus fruits, tomatoes, pine apple, potato onion, nuts, beans & others.
- Medications (over-the-counter and prescription)

All these agents cause release & secondary depletion of peripheral catecholamines, especially tyramines, which causes release of noradrenaline.

Environmental factors:

The environmental factors which are known to trigger migraine are:

- Environmental factors (e.g., weather, altitude, time zone changes)
- Hunger and fasting, change in sleep patterns (excess or lack of sleep).
- Bright light, flickering light sources, fluorescent lighting, air pollution, exertion Perfumes strong odours. All these induces significant increase in corticosterone levels in serum.
- Fumes from industrial complexes passive cigarette smoking, traveling and weather changes. These cause activation of sympathetic nervous system

- **Triggering factors of migraine:**

The brain of the migraineur is particularly sensitive to environmental and sensory stimuli; migraine-prone patients do not habituate easily to sensory stimuli. This sensitivity is amplified in females during the menstrual cycle. Headache can be initiated or amplified by various triggers, including glare, bright lights, sounds, or other afferent stimulation; hunger; excess stress; physical exertion; stormy weather or barometric pressure changes; hormonal fluctuations during menses; lack of or excess sleep; and alcohol or other chemical stimulation. Knowledge of a patient's susceptibility to specific triggers can be useful in management strategies involving life style adjustments.

Physiology of pain:

Pain is universally understood as a signal of disease, it is the most common symptom that brings a patient to a physician's attention. The function of pain sensory system is to protect the body and maintain homeostasis. It does this by detecting, localizing and identifying the tissue damaging processes.

Central Pathways for Head Pain

- The laminated pain fibres of trigeminal nerve descend in the spinal tract of trigeminal nerve to second cervical segment and are accompanied by pain fibres from facial nerve (nervous intermedius), glosso-pharyngeal and vagus nerve.
- The upper segments of the spinal cord form an important centre for relay of head pain, as the spinal tract and nucleus of the trigeminal nerve penetrates that region and upper cervical nerves with the trigeminal neurons in the spinal nucleus. This permits the referral pain from the upper neck to the head and vice-versa.

Prodromal Symptoms of Migraine:

- One in ten Migraineur's have classical Migraine in which some / all attacks are preceded by aura symptoms may last from a few minutes to an hour or more.
- The commonest is the visual aura, classically a black and white zig zag (fortification) in part of the field of vision.
- Other auras include complex disturbances of function such as, shimmering loss of vision /Scintillating scotoma/hemianopia field defects
- Aphasia/ sensory motor dysfunction of part of the body.

Treatment:

Patients should understand that migraine is an inherited tendency to headache; that migraine can be modified and controlled by lifestyle adjustments and medications, but it cannot be eradicated; and that, except in some occasions in women on oral oestrogens or contraceptives, migraine is not associated with serious or life- threatening illnesses.

Treatment of migraine can be divided into:

1. Non-pharmacologic approach
 2. Pharmacologic approach
- **The Migraine Disability Assessment Test:**

The MIDAS (Migraine Disability Assessment) questionnaire was put together to help measure the impact of headaches have on life. The information on this questionnaire is also helpful for primary care provider to determine the level of pain and disability caused by headaches and to find the best treatment.

DISCUSSION-

Ayurveda emphasizes various treatment modalities of *Ardhavabhedaka* which includes both *Shodhana* and *Shamana*. *Ardhavabhedaka* is best treated with *Ghrita*, *Taila* and *Majja*, *Shiro Virechana*, *Kaya Virechana*, *Nadisveda*, *Niruha* and *Anuvasana*, *Basti*, *Upanaha* and *Shiro-basti*. *Vagbhata* has considered beneficial effect of *Nasya* as *Ghanonnata Skandha* and *Griva*: Hence, the procedure *Nasyakarma* is indicated to uproot this deep-seated disease.

Nasyakarma is a procedure in *Panchakarma* that is applied in diseases especially pertaining to the *Urdhvajatrugata*. In *Ashtanga Sangraha* it is said as “*Nasa Hi Shiraso Dwaram*”.

CONCLUSION-

The disease *Ardhavabhedaka* can be clinically compared with Migraine, owing to similarity in pathology, symptomatology and clinical presentation.

Even though a lot of research on the condition with different treatment modalities has been undergoing in bio-medical world, considerable number of world population is suffering from this disease without satisfactory relief. This arise the need to explore an effective line of management for this disorder. *Ayurveda* emphasizes various treatment modalities for *Ardhavabhedaka* which includes both *Shamana* and *Shodhana*. *Acharya* 's have said *Nasya* to be effective in the management of *Ardhavabhedaka*.

The burden of migraine is recognized by the W.H.O., which lists it among the top underlying causes that are largely unknown but what is known is that trigeminal nerve plays a central role in relaying nociceptive information from the “pain- sensitive” intracranial /extra cranial blood vessels to the central nervous system (CNS), this pathway is referred to as “The trigeminal system”.

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