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A Case Study on the Management of Ardhavabhedaka with Ayurvedic Intervention.

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ABSTRACT

In Ayurveda, Shirah (head) is regarded as the foremost part of the body and is included among the Trimarmas due to its vital role in maintaining sensory, motor, and cognitive functions.Among the various Shirorogas described in the Ayurvedic classics, Ardhavabhedaka is characterized by recurrent episodes of severe unilateral headache associated with marked discomfort and impairment in daily activities.Classical texts describe the involvement of Doshas, predominantly Vata and Kapha, in its pathogenesis.Ardhavabhedaka is a common neurological condition presenting with episodic pain affecting one side of the head, often recurring over prolonged periods. Contemporary symptomatic management frequently provides temporary relief; however, recurrence remains a major concern.Ayurveda offers a holistic approach aimed at correcting the underlying *Dosha* imbalance through *Shamana* and *Shodhana Chikitsa*.The present case study was conducted on a 34-year-old female patient presenting with classical signs and symptoms of Ardhavabhedaka. A treatment protocol consisting of appropriate Shamana and Shodhana therapies along with selected Ayurvedic medications was administered. The patient was assessed before and after the treatment based on clinical manifestations.

Following completion of the therapeutic regimen, significant improvement was observed in the intensity, frequency, and duration of headache episodes, along with enhancement in the overall quality of life. The findings of this case study suggest that Ayurvedic management can be effective in alleviating the symptoms of *Ardhavabhedaka* and may provide sustained relief through correction of the underlying *Dosha* imbalance.

Keywords: *Ardhavabhedaka,Shiroroga, Shirah, Trimarma, Vata-Kapha Dosha, Shamana Chikitsa.*

INTRODUCTION

Ayurveda is a time-tested system of medicine that focuses on maintaining equilibrium among the body, mind, and consciousness to preserve health and prevent disease. Among all body parts, Shirah (head) is regarded as the most important organ[1] and is described as *Uttamanga*, as it serves as the seat of *Prana* and the sensory

faculties.[2]Ayurvedic classics emphasize the significance of *Shirah* because it governs various physical, sensory, and mental functions essential for life.

The ancient *Acharyas* have elaborately described different disorders affecting the head under the category of *Shiroroga*. Headache (*Shirashoola*) is considered the predominant manifestation of these disorders. *Acharya Charaka* has classified *Shiroroga* into five principal types and has additionally described *Ardhavbhedaka, Suryavarta, Anantavata,* and *Shankhaka*.[3] *Acharya Sushruta* has enumerated eleven varieties of *Shiroroga*, among which *Ardhavbhedaka* is considered an important clinical entity.[4]

The term *Ardhavbhedaka* is derived from two words—*Ardha* meaning half and *Bhedaka* meaning piercing, splitting, or severe penetrating pain. Thus, *Ardhavbhedaka* refers to an intense pain affecting one side of the head. *Acharya Chakrapani* has explained it as *Ardhamastaka Vedana,* indicating pain localized to half of the cranial region.[5] Different *Acharyas* have described its doshic involvement differently; *Acharya Charaka* and *Madhavakara* consider it predominantly a *Vata-Kaphaja Vyadhi*, [6] *Acharya Vagbhata* describes it as a Vataja disorder,[7] whereas *Acharya Sushruta* considers it a *Tridoshaja* condition.[8]

Acharya Charaka has described *Ardhavabhedaka* as a condition characterized by intense pain confined to one half of the head, involving the *Greeva, Bhru, Shankha, Karna, Netra* and *Lalata* regions. The pain is described as sharp and penetrating in nature.[9]

According to *Acharya Sushruta, Ardhavabhedaka* manifests with severe *Bhedana* and *Darana Vedana* affecting one side of the head and is often accompanied by *Bhrama*.[10]*Acharya Vagbhatta* has further elaborated the disease by including *Ghata Pradesha* (interpreted as the occipital region by Indu and the parietal region by *Arundatta*) along with all the *Shirogata Sandhis* as sites of pain. He has emphasized the episodic nature of the disease.[11] Management principles described in Ayurveda include both *Shodhana* and *Shamana Chikitsa,* which aim to restore doshic balance and alleviate the symptoms.The present case study highlights the successful management of *Ardhavbhedaka* through Ayurvedic therapeutic interventions. The treatment protocol was planned based on the principles of Ayurveda with the objective of reducing the frequency and severity of symptoms and improving the overall well-being of the patient.

AIM AND OBJECTIVES

1. To illustrate the clinical features of Ardhavbhedak
2. To evaluate the management of Ardhavbhedak in Ayurveda

MATERIAL AND METHOD

Case Report :

A 35-year-old female patient was admitted to the Kayachikitsa IPD with the chief complaint of severe throbbing pain in the left half of the head since the last 2 years, which had increased in severity during the past 5–6 months. The episodes occurred daily, predominantly during morning and evening hours, with an approximate frequency

of 2–3 attacks per day. The patient also complained of *Manyashoola* (pain and stiffness in the cervical region). Recently, she developed *Karnanada* (tinnitus).

Chief complaint-

The patient presented with left-sided headache characterized by throbbing pain, associated with *Manyashoola* (cervical pain and stiffness).

Medical History:

Past history revealed a history of haemorrhoid surgery and three lower segment caesarean sections (LSCS). There was no history of any previous medical illness.

General physical examination

- Appetite : Normal
- Bowel : Incomplete bowel evacuation
- Blood pressure : 110/70
- Respiratory rate : 20/min
- Temperature : 98°F
- Pallor - Absent
- Icterus - Absent
- Lymphadenopathy - Not Palpable

Ashtavidha Pariksha

- *Nadi - Vatapittaj*
- *Mutra - Samanya*
- *Mala - picchil ,durgadhit asamadhankark (sama)*
- *Jihwa* - coated (whitish)(Sama)
- *Shabd - Samanya*
- *Sparsh - Samshitoshnya*
- *Drik - Samanya*
- *Aakriti - Madhyam*

Systemic examination

- Cardiovascular system - NAD
- Respiratory system - NAD
- Nervous system - NAD

▪ Motor functions - NAD

Source of Data:

Source of Data

The data was collected from the Case Record Form (CRF) of a patient presenting with the clinical features of *Ardhavabhedaka*, selected from the In-patient Department (IPD), Department of Kayachikitsa, Government Ayurvedic College, Nanded.

Study Design:

This study was single-case report.

Prior informed consent was obtained from the patient before initiating the treatment. Clinical assessment was carried out using subjective parameters at baseline and subsequently during each follow-up visit to evaluate the therapeutic outcome.

Samprapti:

Nidana Sevan

(1. Regular consumption of curd and buttermilk, approximately 2–3 times per week.

2. Habit of excessive fasting *(Ati-upavasa*), practiced 2–3 times per week for the past 20 years.

3. Daily intake of pickles.

4. Habit of consuming cold water immediately after exposure to sunlight or after returning from a hot environment.)

5. Stress

⬇

Vata Dosha Prakopa

⬇

Prakupit Vata Dosha alone or in association with *pitta Dosha*

⬇

Resides in *Ardha Shir Pradesh*

⬇

Cause severe pain like *Shastra Arninibha* (churning & Burning) etc in one side of *Manya, Bhru, Shankha, Karna,*

Akshi, Lalat Pradesh

⬇

Ardhavbhedaka

Treatment given

The patient was managed with a combination of *Panchakarma* procedures and *Shamana Chikitsa.*

Treatment Protocol

The patient was managed with a combination of *Panchakarma Chikitsa* and *Shamana Chikitsa.*

1. *Panchakarma Chikitsa*

1. *Bahya Snehana* in the form of *Shiroabhyanga* with *Bala Taila* followed by *Shiropichu* was administered over the *Shirah Pradesh.*

2. *Nasya Karma* was performed with *Ksheeradhooma Nasya.*

3. *Kalyanaka Ghrita Nasya* was administered through *Nasa Marga.*

4. *Churna Pottali Swedana* was carried out over the *Manya* and *shir Pradesh* using *Eranda, Rasna, Devadaru* and *Dashamoola Churna.*

2. *Shamana Chikitsa*

1. Capsule Neurogress was prescribed in a dose of 1-1-2 after food.

2. *Pathyadi Kashaya* was administered in a dose of 20 ml twice daily after food.

3. *Avipattikara Churna* was advised in a dose of 5 gm before food.

Thus, the patient was treated with a combined approach of Panchakarma and Shamana Chikitsa with the aim of Vatakapha Shamana, Vedanasthapana and alleviation of the symptoms of Ardhavabhedaka.

Criteria for Assessment

Subjective criteria

1. Headache (severity)

2. Headache (Duration)

3. Nausea

4. Vomiting

5. Photophobia

6. Episodes of attack

7. Aura

8. Other symptoms like Giddiness, Lack of sleep, Weakness, Fatigue

Assessment Criteria

1. Severity of Headache

0 – Absent

1 – Pain tolerable

2 – Disturbing routine work

3 – Intolerable pain

2. Duration of Headache

0 – Nil

1 – 2–6 hours/day

2 – 6–12 hours/day

3 – ≥12 hours/day

3. Nausea

0 – None

1 – Loss of appetite without alterations in eating habits

2 – Decreased oral intake without significant weight loss, dehydration or malnutrition

3 – Inadequate oral fluid intake requiring hospitalization or supportive measures

4. Vomiting

0 – None

1 – 1–2 episodes in 24 hours

2 – 3–5 episodes in 24 hours

3 – ≥6 episodes in 24 hours

5. Photophobia

0 – No sensitivity to light

1 – Mild sensitivity to light but tolerable during work

2 – Mild sensitivity to light causing inability to continue work

3 – Unable to tolerate light; requires darkness or complete absence of light

6. Episodes of Attack

0 – No attacks within one month

1 – 1–3 attacks in one month

2 – 4–6 attacks in one month

3 – ≥6 attacks in one month

7. Aura

0 – Nil

1 – Lasting for 5–10 minutes

2 – Lasting for 10–15 minutes

3 – Lasting for more than 15 minutes

8. Associated Symptoms (Giddiness, Lack of Sleep, Weakness and Fatigue)

0 – None

1 – Mild

2 – Moderate

3 – Severe

Results Analysis

Sign /symptoms	Before	After treatment (After 1

	Treatment	month)
Headache (severity of pain)	3	0
Headache (Duration of pain)	2	0
Nausea	1	0
Vomiting	0	0
Photophobia	0	0
Episodes of attack	3	0
Aura	2	0
Other symptoms like vertigo, lack of sleep, weakness, fatigue	2	1

DISCUSSION :

Ardhavabhedaka is considered a *Tridoshaja Vyadhi* with predominance of *Vata Dosha* and associated involvement of *Kapha* or *Pitta.* In the present case, the patient manifested classical features of *Ardhavabhedaka* such as recurrent unilateral throbbing headache accompanied by *Manyashoola* and *Toda-vat Vedana*. The chronicity and nature of pain indicated the predominance of Vata Dosha, while the history of excessive consumption of *Dadhi, Takra* and tea suggested *Pittanubandha,* which might have aggravated the intensity and frequency of the symptoms. Owing to the intake of Vata-Pitta provoking Ahara and Vihara, the vitiated *Doshas* localized in one half of the Shirah and produced severe pain involving the regions supplied by *Manya, Bhru, Shankha, Karna, Akshi* and *Lalata.*

The management of *Ardhavabhedaka* in Ayurveda is based on the principle of Samprapti Vighatana, wherein *Nidana Parivarjana* constitutes the foremost step.[12]Appropriate Pathya-Apathya, regulation of lifestyle and correction of dietary habits play a pivotal role in preventing further *Dosha* vitiation and reducing disease morbidity. Considering the *Urdhvajatrugata* involvement and Vata predominance, *Nasya Karma* was selected as the principal therapeutic intervention.[13]

Nasya is an important *Panchakarma* procedure and is regarded as the most effective modality for diseases affecting the region above the clavicle, as *Nasa* is considered the *Dwara* of *Shirah*. Following administration, the medicine acts through *Shringataka Marma,* the area where the channels related to the eyes, ears, nose, and throat converge.

Thereafter, it spreads throughout the cranial structures and facilitates the elimination of accumulated *Doshas* from the *Shiras*, producing *Shirovirechana*. In addition to its Ayurvedic basis, the rich vascularity and high permeability of the nasal mucosa allow rapid absorption of the administered drugs and provide a route for direct access to the central nervous system through the olfactory and respiratory pathways, thereby producing faster therapeutic responses.

In the present study, *Kalyanaka Ghrita* [14] *Nasya* followed by *Ksheerdhuma Nasya* was administered with the objective of pacifying the aggravated *Doshas* and breaking the pathogenesis of the disease. *Kalyanaka Ghrita* possesses *Tridoshahara* properties with predominant *Vata-Pittahara* action. It is also attributed with *Rasayana* and *Ojovardhaka* effects, which help in restoring the normal functioning of the body and enhancing overall vitality. Being a lipid-based preparation, it can be effectively absorbed through the nasal mucosa and may exert its influence on higher neurological centres. Thus, administration of *Kalyanaka Ghrita* through the nasal route produces prompt and beneficial effects in disorders involving the head.

Ksheerdhuma Nasya, a *Snigdha* variety of *Nadi Sweda*, is traditionally employed in Vata Vyadhi affecting the region above the neck. [15]Owing to its *Snigdha*, *Brimhana* and *Vatahara* properties, it helps in alleviating the manifestations caused by aggravated *Vata*. The procedure imparts nourishment to the cranial structures and exerts a soothing effect on the nervous system.

The combined administration of *Kalyanaka Ghrita Nasya* and *Ksheerdhuma Nasya* acted on the *Shringataka Marma* and channels of the head, thereby facilitating *Dosha Shamana* and *Samprapti Vighatana.* The *Snigdha, Vata-Pittahara* and *Brimhana* properties of these therapies helped in relieving *Shirashula* and *Toda-vat Vedana* and brought about significant improvement in the patient's clinical condition. Thus, *Nasya Karma* proved to be an effective therapeutic approach in the management of *Ardhavabhedaka* with *Vata* predominance and *Pittanubandha*.

In the present case of *Ardhavabhedaka* with *Vata* predominance and *Pittanubandha, Bala Taila* [16] was employed in the form of *Shiroabhyanga* and Shiropichu with the aim of pacifying the aggravated *Vata Dosha* and alleviating *Shirashula* associated with Toda-vat *Vedana. Bala Taila* is indicated in various *Vata Vikaras* owing to its *Vatahara, Shulaprashamana, Shothahara, Brimhana* and *Balya* properties. These attributes help in providing nourishment to the tissues, reducing pain and restoring normal physiological functions.

Bala [17](Sida cordifolia), the principal ingredient of the formulation, possesses *Madhura Rasa* and *Madhura Vipaka*, which contribute to its *Vatahara* and *Brimhana* actions. It imparts strength and nourishment to the neuromuscular tissues and promotes tissue rejuvenation. Chinnaruha (Tinospora cordifolia) contains several bioactive constituents such as alkaloids, glycosides, flavonoids, steroids and terpenoids, which are reported to exhibit analgesic activity. The pain-relieving effect may partly be attributed to the inhibition of prostaglandin synthesis mediated by flavonoids, thereby helping in the reduction of *Shirashula*.

Rasna [18] (Pluchea lanceolata), described in Ayurveda as a potent *Vata-Shamaka* and *Rasayana* drug, possesses *Vedanasthapana* and *Shothahara* properties. It is traditionally employed in conditions involving pain and disorders of the nervous system. Its analgesic and anti-inflammatory effects contribute to the alleviation of pain and associated discomfort. *Vacha* (Acorus calamus) further enhances the efficacy of the formulation by virtue of its *Kapha-Vatahara* action and its influence on the channels of the head.

Tila Taila, serving as the base of *Bala Taila*, possesses *Sukshma* and *Ashukari Gunas* and acts as a *Yogavahi*, facilitating deeper penetration and effective delivery of the active principles. The local application of *Bala* Taila in the form of *Shiroabhyanga* and *Shiropichu* provides *Snigdhata* and nourishment to the scalp and cranial structures, thereby mitigating the *Ruksha* and *Chala* qualities of aggravated Vata. This contributes to the reduction of *Shirashula* and *Toda-vat Vedana* and promotes a calming effect on the nervous system. Thus, *Bala Taila Shiroabhyanga a*nd *Shiropichu* acted synergistically in achieving *Vata Shamana* and played an important role in the overall management of *Ardhavabhedaka* in the present case.

In the present case, *Churna Pottali* prepared from *Eranda*[19], *Rasna, Devadaru*[20] and *Dashamoola*[21] was advised over the *Shira* and *Manya Pradesha* with the objective of alleviating Vata predominance and relieving *Shirashula* associated with *Manyashoola*. The ingredients of the formulation possess *Vatahara, Shothahara* and *Vedanasthapana* properties, thereby helping in the pacification of vitiated *Vata* and the reduction of pain and stiffness localized in the cervical and cranial regions.

Eranda is renowned for its *Vatahara* and *Shulaprashamana* actions and is widely employed in *Vatavyadhi*. It helps in relieving pain and facilitates *Vatanulomana*. *Rasna*, being a potent *Vata-Shamaka* and *Rasayana* drug, exhibits analgesic and anti-inflammatory activities and is traditionally indicated in disorders affecting the

nervous and musculoskeletal systems. *Devadaru* possesses *Ushna Virya* and *Kapha-Vatahara* properties, which aid in removing *Srotorodha* and reducing associated pain and heaviness.

Dashamoola, a well-established combination of ten roots, is known for its *Vatahara*, *Shothahara* and *Vedanasthapana* properties. It provides anti-inflammatory and analgesic effects and helps in restoring the normal functioning of the affected structures. The combined action of these drugs contributes to the pacification of aggravated *Vata* and alleviates pain localized in the *Shira* and *Manya Pradesha.*

Application of the *Churna Pottali* over the head and neck region imparts local *Swedana* and promotes improved circulation, thereby facilitating the relaxation of muscles and relieving stiffness. The *Ushna* and *Snigdha* properties of the medicaments counteract the *Ruksha* and *Sheeta Gunas* of vitiated Vata and help in achieving *Srotoshodhana*. Consequently, the therapy provides significant relief in *Shirashula*, *Manyashoola* and *Toda-vat Vedana* and complements other therapeutic measures employed in the management of *Ardhavabhedaka*.

Shamna chikitsa :

Avipattikara Churna [22] is predominantly indicated in *Pitta* disorders and possesses *Deepana*, *Pachana*, *Anulomana* and *Mridu Rechana* properties. Trivrut, the principal ingredient, is endowed with *Katu-Tikta Rasa*, *Laghu* and *Tikshna Guna*, *Ushna Virya* and *Katu Vipaka.* Owing to its *Bhedana*, *Rechana* and *Shothahara* actions, it facilitates *Pitta Virechana* and helps in eliminating accumulated *Doshas*. The mild laxative and *Vatanulomana* actions of *Triphala* further aid in relieving *Vibandha* and promoting regular bowel evacuation.

The formulation as a whole improves *Agni* and prevents the formation of *Ama* by virtue of its *Deepana* and *Pachana* properties. Ingredients such as *Shunthi*, *Maricha* and *Pippali* enhance digestive functions and promote proper gastrointestinal motility, whereas *Lavanga*, *Ela* and *Tamalapatra* exert carminative and antispasmodic effects, thereby reducing abdominal discomfort and facilitating *Vatanulomana*. The predominance of *Khandasharkara* contributes to *Pittashamana* and helps alleviate *Daha* and associated manifestations of aggravated Pitta.

From a contemporary perspective, several constituents of *Avipattikara Churna* have demonstrated anti-secretory, gastroprotective and anti-ulcerogenic activities. Experimental studies have shown that the formulation possesses effects comparable to standard anti-ulcer medications and enhances gastric motility and digestive enzyme activity. These actions help in maintaining normal digestion and preventing the recurrence of gastrointestinal disturbances.

In the present case, the complaint of incomplete bowel evacuation suggested the presence of *Vibandha*, which may have contributed to the aggravation of *Vata Dosha* and subsequently intensified the symptoms of Ardhavabhedaka. By virtue of its *Mridu Rechana* and *Vatanulomana* properties, *Avipattikara Churna* facilitated

proper bowel evacuation, corrected *Agnimandya* and reduced the associated *Pittanubandha*. Thus, the formulation aided in *Dosha Shamana* and played an important role in the overall management of *Ardhavabhedaka* by addressing the underlying gastrointestinal factors responsible for the persistence and aggravation of the disease.

Pathyadi Kwatha[23] is predominantly composed of drugs possessing *Tikta* and *Kashaya Rasa*, *Madhura Vipaka, Ushna Virya* and *Laghu-Ruksha Guna.* The predominance of *Tikta* and *Kashaya Rasa* imparts *Pittashamaka* action and helps in pacifying the associated *Pitta Dosha.* In addition, the *Katu* and *Tikta Rasa* of the formulation exhibit *Deepana* and *Pachana* properties, thereby improving Agni and facilitating *Amapachana*. By correcting the impaired metabolic processes, the formulation helps in preventing further *Dosha* aggravation.

The *Ushna Virya* of *Pathyadi Kwatha* promotes *Srotoshodhana* and *Kledashoshana,* thereby aiding in the elimination of accumulated morbid *Doshas*. Simultaneously, it helps in balancing the associated *Kapha Dosha* without producing excessive *Pitta* aggravation. Furthermore, the predominance of *Laghu* and *Ruksha Gunas* contributes to the absorption of excessive *Kleda* and the reduction of *Kapha*-related pathology. Thus, *Pathyadi Kwatha* acts at multiple levels by correcting *Agnimandya*, promoting *Amapachana*, facilitating *Dosha Shamana* and ultimately interrupting the pathogenesis of *Ardhavabhedaka*.

Considering the *Vata* predominance with *Pittanubandha* in the present case, *Pathyadi Kwatha* proved beneficial in alleviating *Shirashula* and associated symptoms by restoring *Dosha* equilibrium and contributing to the overall management of *Ardhavabhedaka*.

Nurogress tablet comprises purified *Hingula*, purified *Vatsanabha*, purified *Tankana*, purified *Gairika, Abhraka Bhasma, Shankha Bhasma, Mukta Shukti Bhasma, Kapardika Bhasma, Yavani, Tamra Bhasma, Yashtimadhu, Amalaki, Vacha, Nagakeshara*, Amruta Satva (Guduchi Satva), *Pushkarmula* and *Godanti Bhasma.*

Among these ingredients, *Hingula, Vatsanabha* and *Trikatu* exhibit *Vata-Kapha* alleviating properties. *Amalaki* possesses *Laghu* and *Ruksha guna*, *Madhura vipaka* and is particularly known for its *Pitta*-pacifying action. Yashtimadhu, characterized by *Guru* and *Snigdha guna, Madhura rasa* and *vipaka*, along with *Sheeta virya*, helps in pacifying *Vata* and *Pitta*. *Guduchi Satva* is regarded as *Tridoshaghna* in action. *Gairika*, owing to its *Madhura* and *Kashaya rasa* and *Sheeta virya*, predominantly alleviates *Pitta*. *Nagakeshara* is considered *Kapha-Pitta shamaka. Vacha*, having *Laghu, Ruksha* and *Tikshna guna, Tikta* and *Katu* rasa, *Katu vipaka* and *Ushna virya*, exerts *Vata-Kapha hara* action. *Abhraka Bhasma*, characterized by *Madhura rasa* and *Sheeta virya,* is considered *Tridoshaghna* and *Deepana* in nature. *Shankha Bhasma* possesses *Laghu guna* and *Sheeta virya,* whereas *Kapardika Bhasma* is characterized by *Katu* and *Tikta* rasa, *Guru guna* and *Ushna virya.*

Thus, considering the collective pharmacodynamic properties of its constituents, Nurogress tablet exhibits *Tridosha-shamaka* action and is therefore beneficial in the management of *Ardhavabhedaka*.

Conclusion :

The present case of *Ardhavabhedaka* with *Vata-Pitta* predominant features was managed successfully with an integrated approach of *Panchakarma Chikitsa* and *Shamana Chikitsa. Bahya Snehana, Shiropichu, Nasya Karma* and *Churna Pottali Swedana* were employed to achieve *Dosha Shamana* and alleviate the local symptoms. Shamana Aushadhis such as Capsule Neurogress, *Pathyadi Kashaya* and *Avipattikara Churna* were administered to support the overall management.

The combined therapeutic approach showed improvement in the clinical features of *Ardhavabhedaka*, particularly in headache, associated symptoms and overall severity of symptoms. Thus, the present case suggests that a properly planned combination of *Panchakarma* and *Shamana Chikitsa* may be beneficial in the management of *Ardhavabhedaka.*

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