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RESEARCH ARTICLE

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EFFECT OF AYURVEDIC MEDICINES IN ARDHAVABHEDAKA WITH SPECIAL REFERENCE TO MIGRAINE- A SINGLE CASE STUDY

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ABSTRACT

Migraine is a benign and recurrent syndrome of headache, nausea, vomiting and other symptoms of neurological dysfunctions in varying admixtures. Migraine is one of the most common and misunderstood disease encountered in general medical practice. Patients often self-diagnose and self-medicate, resulting in inadequate treatment. Modern therapies such as analgesics, muscle relaxants, steroids, physiotherapies and even operative procedures are not fulfilling the patients' goal of healthy life. The patients have been seeking various non-conventional modes of therapy for the management of their headaches. Ardhavabhedaka can be scientifically correlated with Migraine due to its cardinal feature 'half sided headache' and also due to its paroxysmal nature. The present case study has been made to assess the efficacy of Shirasuladi bazra Rasa, Visatinduk Vati and Anu Taila nasya in the management of migraine. The patient was treated with the combination of Ayurvedic drugs and advised to follow proper diet & regimen. The patient got satisfactory symptomatic relief of pain within 2 months of treatment. No any harmful effects are found during entire study.

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INTRODUCTION

Migraine is one of the most disabling of neurological disorders characterized by recurring attacks of headache associated with sensitivity to light and sound, nausea, and/or vomiting (American Headache Society, 2019). The World Health Organization (WHO) has identified migraine among the world's top 20 leading causes of disability (Mateen, 2008). Information about headache disorders is insufficient and variable, although migraine was identified to be more common in the rural population, with its prevalence ranging between 1.37% (Das, 1996) and 72% (Saha, 2003). In terms of actual numbers of attacks, combined figures from prevalence and incidence studies suggest 3000 migraine attacks occur every day for each million of the general population (Vijayan, 2010). Migraine is a common disabling condition mostly in adult population and shows female predominance.

Approximately 12% of the adult population of the United States and Western Europe suffer from them. They occur more often in women, with approximately 15–18% and 6% of the respective populations being noted as sufferers (Malik, 2006). A higher prevalence among women may have been related to the hormonal differences between the genders or due to specific psychosocial stressors affecting women. The prevalence of headache peaks in midlife, and is low among adolescents and after the age of 60 years (Lipton *et al.*, 2007). A large percentage of patients do not respond to pharmacological interventions for migraine, develop unacceptable side-effects, or are reluctant to take medications. As a result many patients resort to many complementary and alternative therapies like herbal remedies and vitamin or mineral supplementation (Mauskop, 2008). During the last few decades, plants have been increasingly employed as a herbal remedy for migraine treatment and prophylaxis, (Vogler, 1998) Complimentary and Alternative Medicine (CAM) is often perceived by the public to be more helpful than conventional care for the

treatment of headache. (MacLennan, 1996). In Ayurveda, Migraine can be correlate with Ardhavabhedaka roga is one among the Shirorogas mentioned in Ayurveda. Ardhavabhedak is mainly originated due to imbalance of Vata-Kapha (Agnivesha, 2007) or Tridoshas (Sushruta, 2007). So, an attempt has been made to assess the efficacy of Shirasuladi vazra Rasa, Visatinduk Vati and Anu Taila in the maagement of migraine in this single case study. After 56 days of administration of these medicines, the remarkable improvement was seen in the clinical features of Migraine.

AIM AND OBJECTIVE: To assess the efficacy of Ayurvedic formulations in the management of Migraine

CASE REPORT

A 32 years old female patient visited OPD of CARI, Kolkata with a known case of 10 years history of migraine. She presented with chief complaints of moderate to severe headache followed by nausea almost vomiting associated with photophobia, dizziness, vertigo and sometimes blackout with duration of 5-6 hours per day for 2 days. The pain was often on the right side of her head, occurring once every 15 to 20 days. She had no any past history of diabetes mellitus, anaemia, hypertension, hypothyroidism or any major illness or surgery. There was no significant family history of illness. She was treated with allopathic medications for migraine but had no satisfactory results. On general examination, her blood pressure was 110/68 mm. of Hg., Pulse was 74/minutes and body weight was 58 kg. No significant abnormalities found on systemic examinations.

MATERIALS AND METHODS

Treatment plan: Patient was treated on OPD basis. The treatment was planned seeing the state of rogabala (strength of the disease) and aturbala (strength of the patient).The following medicines (Table 1) were administered to the patient for 56 days with follow up every 14 days. The patient was advised as per Ayurvedic fundamental principles to avoid apathya ahara and bihara (unsuitable foods and daily activities) like fast and junk food, beverages, dry fruits and vegetables, cold, spicy and salty food items, day sleep and other sedentary life style etc. she was advised to indulge pathyas like light diet, green vegetables, old rice, barley and aerobic exercises etc.

OBSERVATION AND RESULTS

Significant changes in signs and symptoms were noticed during treatment period. On 14th day (first follow up), the patient reported moderate headache and mild improving nausea (about 20%) and vomiting (about 40%) including photophobia (about 70%). The headache was 7 on a patient self-report numeric pain scale from 0 to 10 (0 indicates no pain where 10 is worst pain). On 2nd follow up (on 28th day), the patient reported moderate headache, 4 out of 10 on this pain scale and improving nausea (about 40%), vomiting (about 70%) but no photophobia. On 3rd follow up (on 42nd day), she felt overall improvement only a mild headache, 3 out of 10 on this pain scale, improving nausea (about 80%) but no vomiting and photophobia. On 4th follow up, there was no attack of migraine. She reported no headache, no nausea or vomiting etc. In overall treatment period patient's vitals and health status were stable. No any adverse effects were found throughout the treatment period. The patient was fully satisfied with Ayurvedic treatment.

DISCUSSION

Migraine may be clinically correlated with Ardhavabhedaka which is explained in Shiroroga (diseases of head) in Ayurveda. The aetiological factors like Ruksha ahara sevan, swimming, awakening at night, excessive day sleeping, excessive alcohol consumption, excessive smoking, mental stress etc. aggravates tridosas and then vitiated dosas lodged in half of the head and then causes headache in this disease. Shirashuladi vajra Rasa is a herbo-mineral classical ayurvedic formulation effective in different types of headaches. Most of the Physicians prescribed this medicine in treating headaches, migraine, tension headache and vascular headache etc. Shirashuladi vajra Rasa and Visatinduk Vati are both having Vata-Shamaka (analgesic) property, it is indicated for Shiroroga and also effective in headache (Kaviraj, 2002). Nasya is mainly indicated in the management of Urdhvajatrugata Vikaras in classics (Paradakara, 2014) The Shirovirechana type of Nasya Karma alleviates the symptoms such as gaurava (heaviness), supti (numbness), stambha (stiffness), and shirashula (headache) to demolish the pathology (Dwivedy, 2014) Anu Taila is a polyherbo-mineral formulation prescribed widely as nasal drop for several conditions such as manya stambha (torticolis), shirahshula (headache), arditā (facial paralysis),

Table 1. Selected medicines for study

Sl. No.	Drug	Dose	Anupan	Root of drug administration
01.	Shirasuladi vazra Rasa	500 mg 2 times daily after breakfast and evening tiffin	honey	oral
02.	Visatinduka Vati	125 mg 2 times after lunch and dinner	water	oral
03.	Anu Taila	2 drop in each nostril 2 times daily	-----	nose

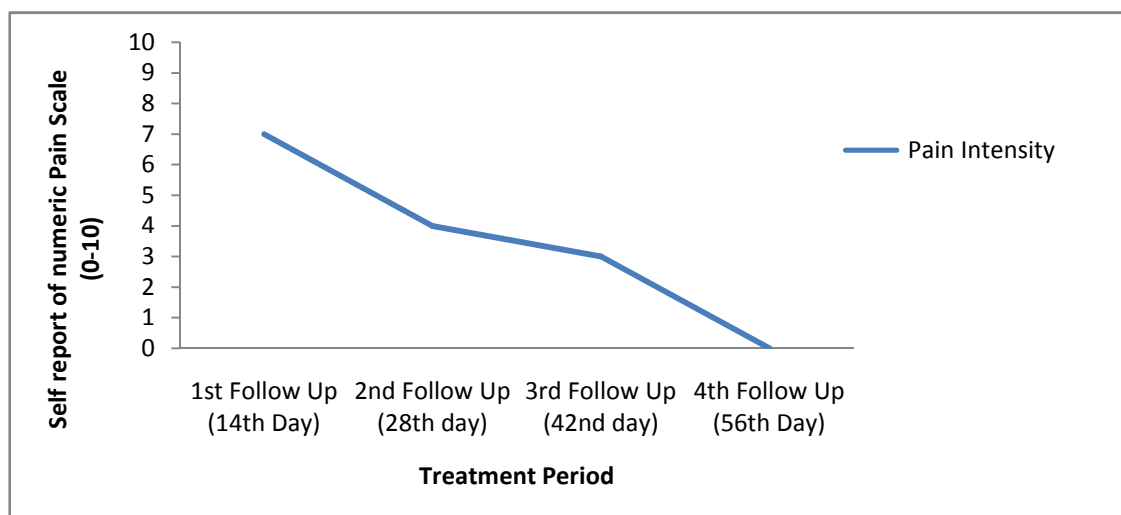


Chart 1: Result of Pain Intensity

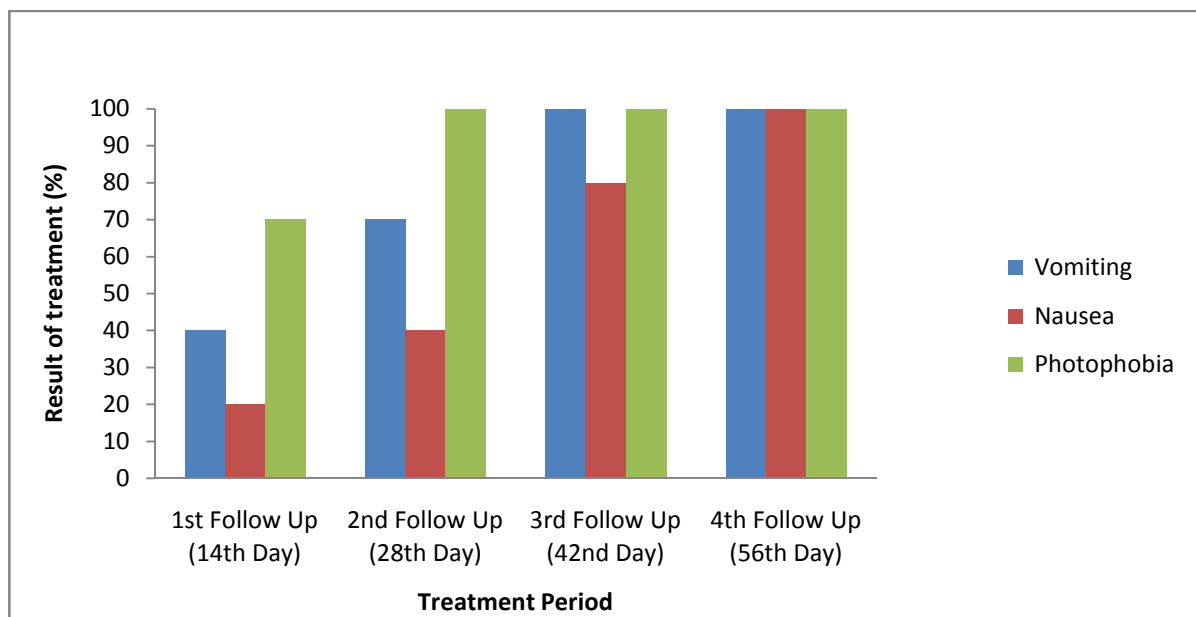


Chart 2. Result of Nausea, vomiting and Photophobia

hanu sangraha (lock jaw), ardhavabhedaka (migraine), peenasa (chronic coryza), shirakampa (head tremor) etc (Ashtang Hridaya, 2010) Its regular application reduces the severity and frequency of migraine. As explained above medications breaks the pathogenesis and becomes helpful in reducing the migraine symptoms.

CONCLUSION

The present case study signifies the effective role of Ayurvedic medicine in the treatment of Migraine. Ayurveda believes sodhana (cleansing) and samana (pacifying) therapy to neutralise the tridoshas from the roots of the disease which brings healing the body and mind. This study helps to achieve complete treatment as well as control of migraine to the patient. In this case study Shirasuladi vakra Rasa, Visatinduka Vati was given orally as samana therapy and Anu Taila given as nasal drop (nasya) for shodhana purpose. This effective treatment can make significant gains of the patient in symptoms within short period. It is only a single case study. Multiple clinical trials should be conducted to establish this treatment as general treatment for Migraine.

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