

## ROLE OF ARDHAVABHEDAKAHARA YOGA IN THE MANAGEMENT OF ARDHAVABHEDAKA (MIGRAINE)

Dr. Vijayant Bhardwaj<sup>1\*</sup>, Dr. Satish Sharma<sup>2</sup> and Dr. Viney<sup>3</sup>

<sup>1</sup>Senior Lecturer R.G.G.P.G.A.C. Paprola Kangra H.P.

<sup>2</sup>Reader R.G.G.P.G.A.C. Paprola Kangra H.P.

<sup>3</sup>State Ayurvedic College, Lucknow (U.P.).

Article Received on  
03 July 2017,

Revised on 24 July 2017,  
Accepted on 15 August 2017

DOI: 10.20959/wjpr201710-9342

### \*Corresponding Author

**Dr. Vijayant Bhardwaj**

Senior Lecturer

R.G.G.P.G.A.C. Paprola

Kangra H.P.

### ABSTRACT

Ardhavabhedaka (Migraine) is one of the most crippling disorders, claiming the maximum loss of human working capacity especially women who are the back bone of every family. Erroneous food habits and day by day increasing stress and strain due to changing life style are the important factors behind the increasing incidence of this disorder. In the advanced condition of the disease, it becomes very dreadful, but in the initial stages the drugs like Ardhavabhedakahara Yoga 8 gms. thrice in a day with anupaana of milk for 15 days, is found to be very effective in alleviating the symptoms in helpless victims of

Ardhavabhedaka. The results of the study indicate that almost all patients who has completed the treatment, improved from their signs and symptoms and shows good response by 75% and fair response by 25%.

**KEYWORDS:** Ardhavabhedakahara Yoga, Ardhavabhedaka, Shiroshula.

v/kkZoHksnd ,d Hk;ko; jksx gS ftlls dke vkus okys ogqr ls ?k.Vkas dk uqDiku gksrk gS bls vf/kdrj efgyk;sa T;knk izHkkfor gksrh gS tks gj ifjokj dh jhM- dh gM-Mh gksrh gSa fofHkUu izdkj ds Hkkstu dh vknrsa vkSj jkst jkst o<-rk volkn onyrh thou “kSyh ;s ogqr egRoiw.kZ dkj.k gS bl jksx dsA jksx ds o<us ls lg jksx oM-k Hk;ko; gks tkrk gS ijUrq “kq#vkrh nkSj esa v/kkZoHksnd ;ksx 8 xzke fnu esa rhu okj nw/k ds lKfK 15 fnu ds fy;s nsus ls ogqr dkjxj lkfor gqbZ gS vlgk; v/kkZoHksnd ds y{k.kksa dks nwj djus esaA “kks/k ds ifj.kke ;g n”kkZrs gSa fd lHkh jksfx;ksa us fpdRIK dks iw.kZ fd;k vkSj 75 izfr”kr jksfx;ksa esa ogqr vPNk izHkko vkSj 25 izfr”kr esa lk/kkj.k izHkko jgkA

## INTRODUCTION

Ayurveda the science of life is one of the branches of the Vedas.<sup>[1]</sup> It is regarded as the Upveda of Atharvaveda but, in real it is a stream of knowledge coming down from generations to generation since eternity, parallel to the Vedic literature. That is why its emergence has been said to be from the creator Brahma Himself, prior to the existence of the universe.

All the Shirorogas are similar as far as feeling of sense of pain of varying nature is concerned.<sup>[2]</sup> The intensity and character although differ, according to different doshic involvement and there may be other associating symptoms influenced by predominant or causative doshic factor of all the shirorogas.

Headache is a very common symptom due to which the patients come to a hospital. It varies in intensity, duration as well as associated features in the different suffering individual. The concept of headache has been very well dealt in Ayurveda under the broad heading of Shiro-Roga, which actually means headache of various aetiology, pathology, intensities and consequences.<sup>[3]</sup>

Ardhambhedaka is a such type of Shiro Roga (headache) with hemicranial location and periodic onset, it is well explained among other Shiro Roga in respect to its aetiology, pathology, symptomatology as well as treatment.<sup>[4]</sup> It resembles closely to hemicrania or migraine in present context.

Females who are the real makers of the society suffer predominantly with this problem<sup>[5]</sup>, not only a lady but also whole family also suffers by her affliction with this headache.<sup>[6]</sup>

Among the Shirorogas, Ardhambhedaka, type of headache (migraine) is commonly encountered in general practice, that is why every patient with the complaint of headache needs to be excluded for migraine type of headache. The symptoms of the disease cause great distress to affected patient and thus lead to loss of working hours of the nation.<sup>[7]</sup>

Ayurveda has been serving mankind for thousands of years. The very first reference of diseases are found in Vedas. The description of Ardhambhedaka is not available in Vedas by name but on compilation of references, some description of shiroroga is available. Keeping in view its aetiological factors, signs and symptoms an effort has been made to study it in context to migraine.

In Ayurvedic texts Shiroroga is described as Vata kapha predominant Shirogataroga by Acharya Charaka<sup>[8]</sup> and Tridoshajashirogataroga by Acharya Sushruta.<sup>[9]</sup>

Based upon the above available knowledge about in aetiopathogenesis of Ardhavbhedaka, the drug formulation of drug having Vatakaphahar and Tridoshahar properties have been used in the past for this disease. So, keeping this in mind Ardhavbhedakahar yoga<sup>[10]</sup> described in Rastantrasar & Siddhaprayoga Samgraha with Vatakaphahar and Tridoshaharguna has been selected for the present study.

- Some contents of this drug have Vatakapha has properties such as Ustukhudusa, Maricha, Abhrakabhasma.
- Some contents of this drug have Tridoshahar properties such as Dhanyaka, Giloya and Pravalapishti.

The present study “**Role of Ardhavabhedakahar Yoga in the management of Ardhavabhedaka (Migraine)**” has been under taken with the aim and objective of studying the effect of Ardhavabhedakahar Yoga.

#### **AIMS AND OBJECTIVES**

- \* The objective of this study is to see the role of a Ayurvedic compound ardhavabhedakahara yoga Ardhavbhedak (Migrane).
- \* To study the prevalence and concept of Ardhavbhedak in context to migraine.
- \* To study the side effects/toxic effect of the therapy.

#### **MATERIAL AND METHODS**

Clinical study have been carried out in one trial group. Sixteen (16) patients registered from E.N.T., Eye O.P.D. R.G.G.P.G. Ayurvedic College and Hospital Paprola and all have completed trial. Complete description regarding the details of each research case was recorded in the proforma.

The diagnosis was made according to the signs and symptoms mentioned in Ayurvedic as well as modern classics.

#### **CRITERIA OF DIAGNOSIS**

- a) Headache lasting for 2 to 72 hrs. (untreated/unsuccessfully treated).
- b) Headache has at least two of the following characteristics.

- i. Unilateral location
  - ii. Pulsating quality
  - iii. Moderate/Severe intensity
  - iv. Aggravation by walking stairs or similar physical activities
- c) During headache
- i. Nausea/Vomiting
  - ii. Photophobia & Phonophobia.
- d) At least three attacks fulfilling the criteria from a to c.

### ***Inclusion Criteria***

All the patients of both sex, age from 16 to 50 years with typical history of migraine or hemicrania.

- \* Willingness of the patient for the clinical trial.
- \* Episodic pain: once a week/twice week.
- \* Migraine with or without vomiting.
- \* Migraine with or without photophobia.
- \* Intensity - moderate to severe.
- \* Rhythm – continuous /intermittent.
- \* Hemicranial pain.

### ***Exclusion Criteria***

Patient not willing for trial.

- Childhood headaches.
- Headache of ophthalmic origin.
- Menstrual headache.
- Headache due to cervical spondylosis.
- Head injury.
- Headache in the pregnant women.
- Headache due to any other cause.
- Headache due to benign/Malignant organic cause growth.

### ***Dose schedule***

A.H. yoga was given orally in dose of 8 gms tid with anupana of milk for 15 days.

Duration of trial was 15 days and duration of follow up was 15 days also.

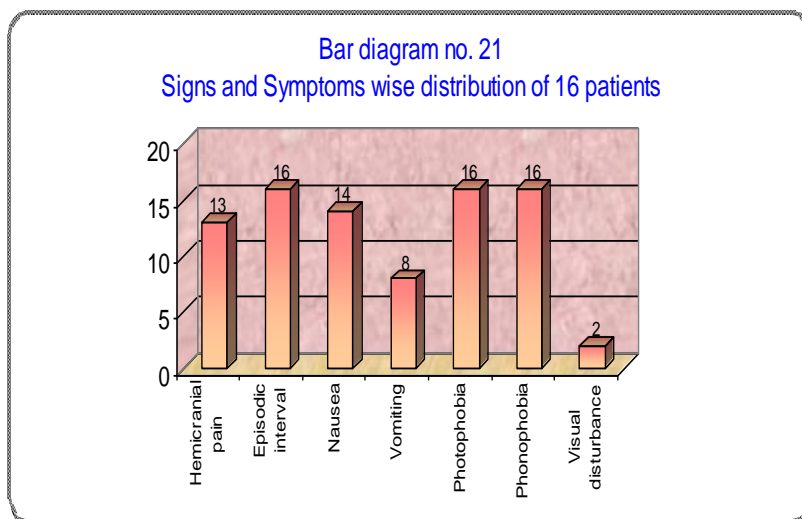
### *Criteria of Assessment (purely subjective)*

The improvement in patients was assessed on the basis of relief in the signs and symptoms of the disease. For this purpose main signs and symptoms were given score according to their severity.

## OBSERVATION AND RESULTS

Sign and symptoms wise distribution of 16 patients.

Sign and Symptoms	No. of patients	%age
Hemicranial pain	13	91.25
Episodic character	16	100
Nausea	14	87.50
Vomiting	8	50
Photophobia	16	100
Phonophobia	16	100
Visual disturbance	2	12.50



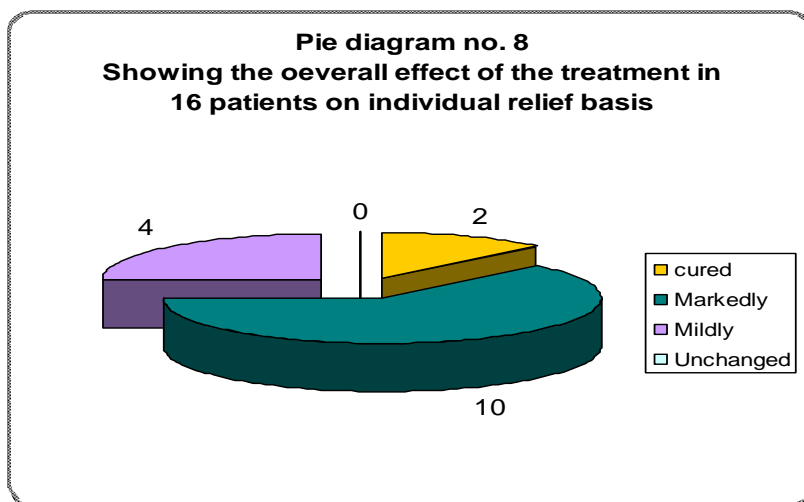
## EFFECT OF ARDHA VBHEDAKAHARA YOGA ON ARDHABAVBHEDAKA

Sign and Symptoms	Mean score		MD	% of relief	S.D.±	S.E.±	t	p
	BT	AT						
Intensity of pain	2.75	1.00	1.75	63.63	0.57	0.14	12.4	<.001
Episodic character	2.68	1.06	1.62	60.44	0.50	0.12	13.5	<.001
Nausea	2.43	0.68	1.75	72.01	0.67	0.16	10.93	<.001
Vomiting	1.12	0.75	0.37	33.03	0.51	0.13	03.32	<0.01

<b>Photophobia</b>	2.25	0.50	1.75	77.77	0.51	0.12	13.54	<.001
<b>Phonophobia</b>	2.12	0.75	1.37	64.62	0.51	0.13	11.00	<.001
<b>Visual disturbance</b>	0.25	0.00	0.25	100	0	0	0	>0.05

### OVERALL RESULTS OF TREATMENT ON ARDHAVBHEDAKA

Cured		Markedly improved		Mildly improved		Unchanged	Total
No.	%	No.	%	No.	%		
2	12.5	10	62.5	4	25	0	16



### OBSERVATIONS ON LABORATORY PARAMETERS

The investigations Hb gm %, TLC, DLC, ESR, and Blood sugar (fasting) were carried out before and after the treatment but there was no significant change in these parameters were observed.

### DISCUSSION

Headache is an almost universal human experience. For some, it is an occasional, episodic, nuisance symptom, for others it may be a manifestation of a disabling chronic disease or the first manifestation of a life threatening condition. In Ayurveda, headache has been considered as a unique entity under the broad caption of shiroroga described by all ancient scholars. Charaka has described five types of Shirahshoola<sup>[11]</sup>, ten types by Vagbhatta<sup>[12]</sup> and Sharangadhara<sup>[13]</sup> has described 11 types of Shirahshoola. The variants are Vataja, Pittaja, Kaphaja, Sannipataja, Raktaja, Krimija, Kshayaja, Suryavarta, Ardhavabhedaka, Shankhaka and Anantvata.<sup>[14]</sup> Among these Ardhavabheda is found to be the most common complaint after Vatika Shirahshoola. The disease Ardhavabhedaka is characterized by paroxysmal and unilateral headache, which may be severe in nature. All the three doshas are involved in the pathogenesis of the Ardhavabhedaka with the predominance of Vata or Vatakapha. The

disease may not be fatal but if not managed properly then it may damage eyesight or hearing. Based on critical studies it has been found that Ardhavabhedaka, as similar entity to migraine which is represented below.

Characterstics	Ardhavabhedaka	Migraine
1. Location	v/ksZrqew/uZ%	Unilateral or bilateral
2. Frequency	i{kkn~ n'kkgkn~ vdLekn~	Intermittent
3. Duration		2 – 72 hrs.
4. Pain	f"kJtkyLQqj.k] eUFkuor] "kL=vjf.kfuHke~	Throbbing
5. Severity	rhozkavfrosnue~	Moderate to severe
6. Associate symptoms	Hkze] âYykl	Nausea, vomiting, Dizziness
7. Migranous accompaniments	u;uaJzo.ka ok fouk"~k;sr	Visual and auditory effects

The classical variety accounts for 25 percent of migraine cases.<sup>[15]</sup>

The Ayurvedic system of medicine offers wide areas for research work in different disciplines. Our plan of study to carry out a systematized standard clinical work itself justifies our aim and objectives. This is true that in selection of scientific and research oriented work regarding 'Ardhavbhedaka' is not sufficient but it has been tried here to compile the literature about the said disease and approach has been made to study the clinical entity 'Ardhavbhedaka' and its management on scientific basis.

Shirorogas are described by Acharya Sushruta in Sushruta Samhita. He has first time described the diseases of head in full details but he has not mentioned the aetiology of Shirorogas<sup>16</sup>. Whereas Acharya Charaka<sup>17</sup> has given the aetiology of shiroroga like suppression of urges, indigestion, day sleeping, night vigil, intoxication etc.

The review of the literature reveals that Ardhavbhedaka (migraine) still needs a safe, cost effective remedy in its treatment. Ardhavbhedakahara yoga has been selected owing to the easily available and non controversial drug contents on the basis of their Ayurvedic pharmacotherapeutic properties and indications in this problem. Rastantrasaraevum siddha prayogasangraha, a authentic classic of 20th century and its formulations are in practice of thousands of vaidhyas. The formulation was prepared as per the standard principles and methods of Ayurvedic pharmaceutics.

## REFERENCES

1. Ambikadatt Shastri, Sushruta Samhita of Sushruta with Ayurveda Tatva Sandipika Hindi Commentary, Sutrasthana, Reprint edition; 2015, chapter 1 versus 6, Varanasi: Chaukhambha Sanskrit Sansthana, 2015; 6.
2. Ambikadatt Shastri, Sushruta Samhita of Sushruta with Ayurveda Tatva Sandipika Hindi Commentary, Uttartantra, Reprint Edition, 2011 chapter 25 versus 3, Varanasi: Chaukhambha Sanskrit Sansthana, 2011; 159.
3. Ambikadatt Shastri, Sushruta Samhita of Sushruta with Ayurveda Tatva Sandipika Hindi Commentary, Uttartantra, Reprint Edition, 2011 chapter 25 versus 3, Varanasi: Chaukhambha Sanskrit Sansthana, 2011; 159.
4. Pt. Kashinath Shastri and Dr. Gorakha Nath Chaturvedi, Charaka Samhita of Charaka with Vidyotini Hindi Commentary, Sidhdhasthana, Reprint edition; 2013 chapter 9 versus 74-78 Varanasi: Chaukhambha Bharati Academy, 2013; 1068.
5. Lipton RB, Stewart WF. Migraine in the United States: A review of epidemiology and health care use. *Neurology*, 1993; 43: 6-10.
6. Goadsby PJ, Oelson J. Diagnosis and management of migraine. *British Medical Journal*, 1996; 312: 1279-83.
7. [http://www.who.int/mediacentre/factsheets/fs\\_277/en](http://www.who.int/mediacentre/factsheets/fs_277/en) and cephalalgia, an international journal of headache the international classification of headache disorders, Blackwell Publishers, Vol. 24, supplement second edition, 2004.
8. Pt. Kashinath Shastri and Dr. Gorakha Nath Chaturvedi, Charaka Samhita of Charaka with Vidyotini Hindi Commentary, Sidhdhasthana, Reprint edition; 2013 chapter 9, versus 74-75, Varanasi: Chaukhambha Bharati Academy, 2013; 1068.
9. Ambikadatt Shastri, Sushruta Samhita of Sushruta with Ayurveda Tatva Sandipika Hindi Commentary, Reprint Edition, 2011 chapter 25 versus 15, Varanasi: Chaukhambha Sanskrit Sansthana, 2011; 165.
10. Atrideva Gupta, Ashtanga Hridaya of Vagbhata with Vidyotini Hindi Commentary, Uttartantra, Reprint Edition, 2015 chapter 24 versus 9, Varanasi: Chaukhambha Prakashan, 2015; 730.
11. Pt. Kashinath Shastri and Dr. Gorakha Nath Chaturvedi, Charaka Samhita of Charaka with Vidyotini Hindi Commentary, Sutrasthana, Reprint edition; 2009 chapter 17 versus 6 Varanasi: Chaukhambha Bharati Academy, 2009; 330.
12. Atrideva Gupta, Ashtanga Hridaya of Vagbhata with Vidyotini Hindi Commentary, Uttartantra, Reprint Edition, 2015 chapter 23 versus 20, Varanasi: Chaukhambha Prakashan, 2015; 727.



13. Shree Radhakrishana Parashar, Sharangadhara Samhita Of Sharangadhara With Krishana Namak Hindi Bhasha Commentary, Roga Garna Prakarana, Reprint Edition, 1984 Chapter 7 Versus 149-150, Nagapur: Shree Vaidhyanatha Ayurved Bhavan Limited, 1984; 160.
14. Ambikadatt Shastri, Sushruta Samhita of Sushruta with Ayurveda Tatva Sandipika Hindi Commentary, Uttartantra, Reprint Edition, 2011 chapter 25 versus 3-4, Varanasi: Chaukhambha Sanskrit Sansthana, 2011; 159.
15. Goadsby PJ, Oelson J. Diagnosis and management of migraine. *British Medical Journal*. 1996; 312: 1279-83.
16. Ambikadatt Shastri, Sushruta Samhita of Sushruta with Ayurveda Tatva Sandipika Hindi Commentary, Uttartantra, Reprint Edition, 2011 chapter 25 versus 15, Varanasi: Chaukhambha Sanskrit Sansthana, 2011; 166.
17. Pt. Kashinath Shastri and Dr. Gorakha Nath Chaturvedi, Charaka Samhita of Charaka with Vidyotini Hindi Commentary, Sidhhisthana, Reprint edition; 2013 chapter 9, versus 74-75, Varanasi: Chaukhambha Bharati Academy, 2013; 1068.