

A COMPARATIVE CLINICAL STUDY OF EFFICACY OF RASNADYA GUGGULU AND SHIRASHULADIVAJRA RASA VATI IN THE MANAGEMENT OF ARDHAVABHEDAKA W.S.R. TO MIGRAINE

Dr. Haloli Mahesh Sidramappa^{*1}, Dr. Shivakumar C. Sarvi², Dr. T. V. Halagatti³

^{*1}PG Scholar, ²Professor, ³Assistant Professor

Department of PG Studies in Kayachikitsa, Rajiv Gandhi Education Society's Ayurvedic Medical College, Hospital & PG Research Centre, Ron.

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*Corresponding Author

Dr. Haloli Mahesh Sidramappa

PG Scholar, Department of PG Studies in Kayachikitsa, Rajiv Gandhi Education Society's Ayurvedic Medical College, Hospital & PG Research Centre, Ron.



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ABSTRACT

Background: Ardhavabhedaka, a Vata-pradhana Shiroroga described in Ayurveda, closely resembles migraine and is characterized by recurrent unilateral headache with associated symptoms such as nausea, vomiting, and aura. Conventional treatments provide symptomatic relief but often have adverse effects, highlighting the need for safer Ayurvedic alternatives.

Aim: To evaluate and compare the efficacy of Rasnadyaguggulu and Shirashuladivajra Rasa Vati in the management of Ardhavabhedaka (migraine). **Materials and**

Methods: A prospective comparative clinical study was conducted on 40 patients of Ardhavabhedaka, randomly divided into two groups. Group A received Rasnadyaguggulu 500 mg twice daily with Ushna Jala, and Group B received Shirashuladivajra Rasa Vati 1 g twice daily with honey for 30 days. Assessment was done using headache severity, frequency, duration, associated symptoms, and MIDAS score. Statistical analysis was performed using paired and unpaired t-tests.

Results: Both groups showed significant improvement. Rasnadyaguggulu showed greater improvement in headache severity (62.96%), duration (55.66%), vomiting (78.12%) and MIDAS score (63.63%), while Shirashuladivajra Rasa Vati showed marked reduction in headache frequency (88.8%). Overall improvement was higher in Group A (54.22%) than

Group B (45.72%). **Conclusion:** Both formulations are effective in Ardhavabhedaka, but Rasnadyaguggulu showed comparatively better clinical efficacy in reducing headache severity, duration and associated symptoms.

KEYWORDS: Ardhavabhedaka, Migraine, Rasnadyaguggulu, Shirashuladivajra Rasa Vati, Ayurveda.

INTRODUCTION

Ardhavabhedaka is one of the important diseases described under Urdhwajatrugata Rogas, which mainly affect the organs situated above the clavicle such as the head, nose, ears, eyes and throat.^[1] The term Ardhavabhedaka is composed of two words – *Ardha* meaning half and *Bhedaka* meaning piercing, splitting or bursting type of pain. Thus, Ardhavabhedaka literally denotes a severe piercing or splitting pain affecting one half of the head. Acharya Chakrapani, the commentator of Charaka Samhita, has explained Ardhavabhedaka as “Ardha Mastaka Vedana”, meaning pain localized to one side of the head.^[2]

According to Acharya Charaka, Ardhavabhedaka is primarily considered a Vata-Kaphaja Vyadhi, while Acharya Vagbhata has described it under Vataja Shiroroga.^[3] Acharya Sushruta has explained it as a Tridoshaja Vyadhi, though predominance of Vata is evident in the manifestation of symptoms.^[4] The vitiated doshas, particularly Vata, affect the channels of the head (*Shirasa Srotas*) leading to severe pricking, tearing, and splitting type of pain. Classical texts describe that the pain usually occurs in one half of the head and may involve regions such as the temple, eyebrow, eye and ear. The attack may last for several hours or even days and often occurs periodically after intervals of 3, 8, 15 days or one month, without any obvious cause. If neglected, it may become chronic and difficult to manage.

From the clinical perspective, the symptomatology of Ardhavabhedaka closely resembles Migraine described in modern medicine.^[5] Migraine is a chronic neurological disorder characterized by recurrent episodes of unilateral throbbing headache often accompanied by nausea, vomiting, photophobia, phonophobia and occasionally aura. These attacks may last from a few hours to several days and are frequently aggravated by stress, irregular sleep, dietary factors and environmental stimuli. Migraine is considered one of the most disabling neurological disorders affecting daily activities and quality of life.

Epidemiologically, migraine is a common health problem worldwide. According to the World Health Organization (WHO), migraine is the third most prevalent disease globally, affecting nearly 14.7% of the population.^[6] It is more common in women than in men, with a ratio of approximately 3:2, and often affects individuals during their most productive years. The exact pathogenesis of migraine is complex and involves neurovascular mechanisms, trigeminovascular system activation, neurotransmitter imbalance and cortical spreading depression.

In contemporary medical practice, the management of migraine mainly includes avoidance of triggering factors, use of analgesics, non-steroidal anti-inflammatory drugs (NSAIDs), ergot derivatives and triptans.^[7] Although these drugs provide symptomatic relief, their long-term use is associated with several limitations such as drug dependence, medication overuse headache, relapse of symptoms, gastrointestinal disturbances and other adverse effects. Moreover, the efficacy of commonly used oral agents is reported to be only 50–70%, and not all patients respond adequately to these therapies.^[8] Hence, there is a growing need to explore safer and more effective treatment modalities.

Ayurveda offers a comprehensive approach for the management of Shirorogas, focusing on the correction of Dosha imbalance, improvement of Agni, removal of Ama and strengthening of the nervous system. Various herbal and herbo-mineral formulations described in classical texts are indicated in Vata-dominant disorders and headache conditions. Among them, Rasnadyaguggulu and Shirashuladivajra Rasa Vati are well-known formulations indicated in Vata-Kaphaja disorders and Shirashula.

Rasnadyaguggulu is described in Yogaratnakara under Vatavyadhi Chikitsa and also mentioned in Ayurveda Sara Sangraha in the Guggulu Prakarana.^[9,10] It contains ingredients such as Rasna, Guggulu and other Vata-Kapha-shamaka drugs which possess anti-inflammatory, analgesic and Vata-hara properties, making it useful in disorders involving pain and inflammation.

Similarly, Shirashuladivajra Rasa Vati, described in Bhaishajya Ratnavali under Shiroroga Adhikara, is a classical herbo-mineral formulation specifically indicated in different types of headache including Shirashula and Ardhavabhedaka.^[11] The formulation is believed to act through Tridosha-shamana, analgesic action and enhancement of neurological stability.

Considering the similarities between Ardhavabhedaka and migraine, and the therapeutic potential of these classical formulations, it becomes important to evaluate their clinical effectiveness through systematic study. Therefore, the present research work was undertaken to assess and compare the efficacy of Rasnadyaguggulu and Shirashuladivajra Rasa Vati in the management of Ardhavabhedaka with special reference to migraine.

AIM

To evaluate and compare the clinical efficacy of Rasnadyaguggulu and Shirashuladivajra Rasa Vati in the management of Ardhavabhedaka (Migraine).

OBJECTIVES

1. To assess the therapeutic effect of Shirashuladivajra Rasa Vati in patients of Ardhavabhedaka.
2. To assess the therapeutic effect of Rasnadyaguggulu in patients of Ardhavabhedaka.
3. To compare the clinical efficacy of both formulations in the management of Ardhavabhedaka.

DRUG REVIEW

1. Rasnadyaguggulu

Rasnadyaguggulu is a classical Ayurvedic formulation mainly indicated in Vata-dominant disorders such as Sandhigata Vata, Amavata, Gridhrasi and musculoskeletal pain. It contains ingredients like Rasna, Guduchi, Erandamoola, Devadaru, Shunthi, Triphala and Shuddha Guggulu, which possess Vata-Kapha shamaka, anti-inflammatory and analgesic properties. The formulation helps in reducing pain, inflammation and clearing obstructed channels (Srotoshodhana). These properties make it beneficial in conditions involving pain and inflammation, including Ardhavabhedaka.

2. Shirashuladivajra Rasa Vati

Shirashuladivajra Rasa Vati is a classical herbo-mineral formulation described for the management of Shirashula and Ardhavabhedaka. It contains ingredients such as Shuddha Parada, Gandhaka, Loha Bhasma, Tamra Bhasma, Guggulu, Triphala, Yashtimadhu, Gokshura, Vidanga, Pippali, Shunthi and Dashamoola. The formulation exhibits Tridosha-shamaka, analgesic, anti-inflammatory and Srotoshodhana actions, helping in relieving headache, improving circulation and reducing associated symptoms of migraine.

MATERIALS AND METHODS

Study Design

A prospective comparative clinical study was conducted to evaluate the efficacy of Rasnadyaguggulu and Shirashuladivajra Rasa Vati in the management of Ardhavabhedaka (Migraine).

Sample Size

A total of 40 patients diagnosed with Ardhavabhedaka were selected and divided into two groups of 20 patients each.

Source of Data

Patients were selected from the Kayachikitsa OPD and IPD of R.G.E.S. Ayurvedic Medical College and Hospital, Ron, after fulfilling inclusion and exclusion criteria.

Inclusion Criteria

- Patients aged 18–60 years of either sex
- Patients presenting with clinical features of Ardhavabhedaka
- Patients willing to participate in the study.

Exclusion Criteria

- Age below 18 or above 60 years
- Headache due to disorders of eye, ear, nose, throat or teeth
- Patients with systemic diseases such as TB, HIV, uncontrolled DM or HTN
- Headache due to refractive errors or glaucoma
- Pregnant and lactating women.

Intervention

- Group A: Rasnadyaguggulu 500 mg, twice daily after food with Ushna Jala for 30 days.
- Group B: Shirashuladivajra Rasa Vati 1 g, twice daily after food with Honey for 30 days.

Follow-up

Patients were assessed on Day 1, Day 15 and Day 30.

Assessment Criteria

Assessment was based on subjective parameters such as severity, frequency and duration of headache, nausea, vomiting, aura, and Migraine Disability Assessment Test (MIDAS).

Statistical Analysis

Results were analyzed using paired t-test and ANOVA to determine the significance of treatment effects.

OBSERVATIONS

In the present study 40 patients of Ardhavabhedaka were selected and divided into two groups of 20 patients each. Demographic analysis showed that maximum patients belonged to the age group of 50–60 years (65%). Female patients were more affected compared to males. Most patients were married, had irregular dietary habits, and constipation as bowel habit. Majority of patients had Heena Satva and Vata-Kapha or Vata-Pitta dominant Prakruti. House-wives and working individuals were commonly affected, suggesting the role of stress, irregular diet and lifestyle factors in the occurrence of Ardhavabhedaka.

RESULTS

Both treatment groups showed statistically significant improvement in the symptoms of Ardhavabhedaka.

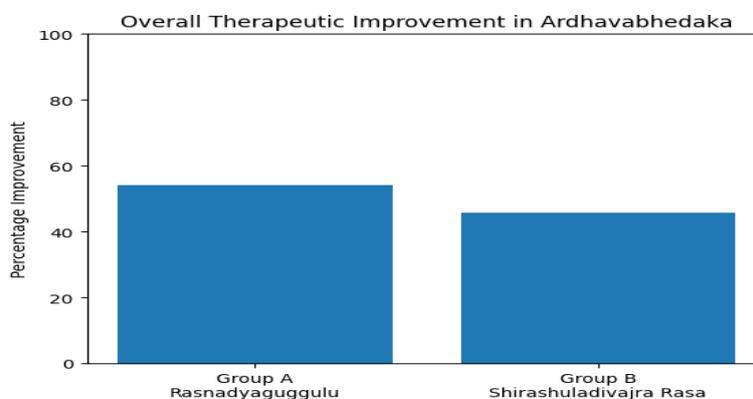
Group A (Rasnadyaguggulu)

- Severity of headache – 62.96% improvement
- Frequency of headache – 70% improvement
- Duration of headache – 55.66% improvement
- Vomiting – 78.12% improvement
- Aura – 50% improvement
- MIDAS score – 63.63% improvement

Group B (Shirashuladivajra Rasa Vati)

- Severity of headache – 42.3% improvement
- Frequency of headache – 88.8% improvement
- Duration of headache – 42.1% improvement
- Vomiting – 55.55% improvement
- Aura – 35% improvement
- MIDAS score – 55.55% improvement

Overall comparison revealed that Group A showed better improvement (54.22%) compared to Group B (45.72%), indicating that Rasnadyaguggulu was more effective than Shirashuladivajra Rasa Vati in the management of Ardhavabhedaka.



DISCUSSION

The present study entitled “A Comparative Clinical Study of Efficacy Of Rasnadyaguggulu And Shirashuladivajra Rasa Vati In The Management Of Ardhavabhedaka W.S.R. To Migraine” was carried out on 40 patients assigned into two Groups viz., Group A & Group B respectively. Patients in Group A were administered with Rasnadya guggulu whereas patients in Group B were administered with Shirashuladi vajra rasa.

Science is the only media to observe and analyze the all kinds of events in the universe. The systematic arrangement of facts and events, ascertained by observations and interpretation makes the facts a part of the science.

Discussions on the study are made under the following headings

1. Discussion on disease
2. Discussion on Clinical study
3. Probable mode of action of Rasnadya Guggulu
4. Probable mode of action of Shirashuladi vajra rasa

DISCUSSION ON DISEASE

Ardhavabhedaka is described under Shiro Roga in major Ayurvedic treatises. The nomenclature itself indicates the cardinal feature—severe, splitting pain localized to one half of the head. Acharya Sushruta describes Ardhavabhedaka as a condition characterized by Bhedana and Toda type of Vedana, occurring episodically and capable of becoming chronic if

not treated appropriately. The disease is predominantly Vataja, with frequent association of Pitta Dosha, which modifies the clinical presentation and severity.

The primary Dosha involved is Vata, owing to its Ruksha, Laghu, Sheeta and Chala Gunas, which are responsible for pain generation. Pitta Anubandha explains associated features such as Daha, Bhrama, Trushna and irritability, whereas Kapha association may contribute to Gaurava and Staimitya in some patients.

The chief Dushyas involved include Rasa and Rakta Dhatu, along with Sira, Snayu and Kandara of the Shiras. The involvement of Rakta Dhatu especially explains the recurrent and throbbing nature of pain.

Common Nidanas such as Atishrama, Vega-dharana, Divasvapna, Ratrijagarana, exposure to Sheeta and Vata, excessive intake of Ruksha and Tikta Ahara, and psychological stress lead to Vata Prakopa. These factors disturb the normal Gati of Vata, resulting in its Sthana Samshraya in the Shiras. Repeated exposure to these Nidanas explains the chronic and relapsing nature of Ardhavabhedaka.

The Samprapti of Ardhavabhedaka can be understood as Vata Pradhana Tridoshaja Samprapti. Aggravated Vata, either independently or along with Pitta, localizes in one half of the head due to Khavaigunya in the Shira Pradesha. The obstruction of normal Vata Gati and associated Rakta Dushti results in severe unilateral pain. In chronic cases, repeated Dosha Prakopa leads to Dhatu Kshaya, making the disease Yapya.

Clinically, Ardhavabhedaka manifests as unilateral headache of severe intensity, often episodic. Associated symptoms like nausea, vomiting, photophobia, phonophobia and vertigo may be present depending on Dosha association. Variability in symptom pattern observed among patients supports the Ayurvedic concept of Dosha Anubandha and justifies individualized treatment protocols.

According to classical references, Ardhavabhedaka is Krichra Sadhya in its early stage and Yapya when it becomes chronic or recurrent. Delay in treatment, continued Nidana Sevana, and improper management contribute to chronicity. This classical view aligns with the clinical observation that migraine is a relapsing disorder requiring long-term management.

Ardhavabhedaka shows close resemblance to migraine as described in contemporary medicine, particularly in terms of unilateral pain, episodic nature, associated gastrointestinal and sensory symptoms, and known triggers. However, Ayurveda provides a broader framework by considering dietary, lifestyle, psychological and constitutional factors, thus offering a holistic understanding beyond symptomatic relief.

The line of management emphasizes Vata-Pitta Shamana through Shodhana and Samanya Chikitsa. Nasya Karma is considered the treatment of choice due to its direct action on Shiro Roga. Basti Chikitsa plays a crucial role in controlling Vata at its root, while Ghrita preparations and Rasayana therapy help prevent recurrence. Pathya-Apathya and Nidana Parivarjana are indispensable components of management.

CONCLUSION

The present study entitled “A Comparative Clinical Study of Efficacy of Rasnadyaguggulu and Shirashuladivajra Rasa Vati in the Management of Ardhavabhedaka w.s.r. to Migraine” was conducted to evaluate and compare the therapeutic efficacy of two classical Ayurvedic formulations in patients suffering from Ardhavabhedaka. A total of 40 patients fulfilling the diagnostic and inclusion criteria were selected and randomly divided into two groups, with Group A treated using Rasnadyaguggulu and Group B treated using Shirashuladivajra Rasa Vati.

Demographic observations indicated that Ardhavabhedaka was more commonly seen in individuals aged 50–60 years, females, married individuals, and those with irregular dietary habits, constipated bowel habits, Heena Satva and Vata-dominant Prakruti. These findings support the classical Ayurvedic concept that Vata Prakopa along with improper Ahara-Vihara and psychological stress plays an important role in the development of Ardhavabhedaka.

In Group A, patients treated with Rasnadyaguggulu showed statistically significant improvement in symptoms such as severity of headache, duration of headache, vomiting, aura and MIDAS score, along with significant reduction in the frequency of headache. The drug demonstrated sustained clinical improvement and effectively relieved the symptoms of Ardhavabhedaka.

In Group B, patients treated with Shirashuladivajra Rasa Vati also showed statistically significant improvement in severity and frequency of headache, duration, nausea, vomiting,

aura and MIDAS score. The formulation showed noticeable relief in headache frequency and associated symptoms.

Intergroup comparison revealed that both groups were effective in the management of Ardhavabhedaka. However, Rasnadyaguggulu showed comparatively better improvement in severity of headache, duration of headache and vomiting. The overall percentage of improvement was higher in Group A (54.22%) than in Group B (45.72%).

Thus, it can be concluded that both Rasnadyaguggulu and Shirashuladivajra Rasa Vati are effective in the management of Ardhavabhedaka, but Rasnadyaguggulu demonstrated comparatively superior and sustained therapeutic efficacy. The formulation acts through Vata-Kapha Shamana, Shothahara, Vedanasthapana and Rasayana actions, thereby addressing the underlying pathogenesis of the disease.

Hence, Rasnadyaguggulu can be considered a safe and effective Ayurvedic formulation for the management of Ardhavabhedaka (Migraine) and may be recommended for wider clinical application in Ayurvedic practice.

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