

## “AN AYURVEDIC PERSPECTIVE ON ARDHAVABHEDAKA (MIGRAINE) - A CASE STUDY”

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### ABSTRACT

Migraine is a primary neurovascular disorder characterized by unilateral, pulsating headaches of moderate-to-severe intensity lasting 4–72 hours. Common associated symptoms include nausea, vomiting, photophobia, and phonophobia. The condition is categorized by the presence or absence of an aura—transient neurological symptoms (typically visual) resulting from cortical spreading depolarization and trigeminovascular activation—which may precede or accompany the pain. *Ayurvedic* texts describe a clinical entity comparable to migraine under *Ardhavabhedaka*, categorized as a *Vāta–Pitta* predominant disorder of the head (*Śiroroga*). The condition is understood to arise from persistent dietary and lifestyle incompatibilities (*Mithyā Āhāra–Vihāra*). Contributory factors include the habitual consumption of dry and rough foods (*Rūkṣa dravya*), irregular eating patterns, and

voluntary suppression of physiological urges. In addition, psychophysical stressors, such as excessive physical strain and exposure to cold or moist environments, are recognized as significant triggers that disturb *doshic* equilibrium and culminate in the clinical expression of the disease. The management of *Ardhavabhedaka* primarily focuses on *Shamana Chikitsa* to pacify vitiated *Vata* and *Pitta Doshas*, correct *Agni*, and eliminate *Ama*, thereby effectively

reducing the frequency, intensity, and duration of headache along with associated symptoms such as nausea and irritability. In this single-case study, a patient suffering from migraine for two years was treated predominantly with the internal medications along with *Nasya* for a month. Clinical assessment revealed marked improvement in headache severity, associated symptoms, and overall quality of life. This case highlights the significant role of *Shamana Aushadhi* as the mainstay of treatment in *Ardhavabhedaka*, with *Nasya Karma* serving as an effective adjuvant therapy.

**KEYWORDS:** Migraine, *Ardhavabhedaka*, *Shiroroga*, *Shamana Chikitsa*, *Pathyadi Kwatha*, *Nasya Karma*.

## INTRODUCTION

Migraine is a widely prevalent primary headache condition marked by repeated attacks of predominantly one-sided head pain, frequently accompanied by gastrointestinal discomfort, light sensitivity, and sound intolerance. These episodes substantially interfere with daily functioning and overall quality of life. On a global scale, migraine impacts nearly one-seventh of the adult population, ranking among the most common neurological disorders worldwide.<sup>[1]</sup> According to recent epidemiological estimates, migraine is a leading cause of years lived with disability, particularly among the productive age group. In India, the burden of migraine is considerably high, with community-based studies reporting prevalence ranging from 14% to 25%, and India contributing a substantial proportion of global migraine cases.<sup>[2]</sup>

In *Ayurveda*, migraine can be correlated with *Ardhavabhedaka*, described under *Shiroroga*. Classical texts explain *Ardhavabhedaka* as a condition marked by severe, piercing pain affecting one half of the head, occurring intermittently. The disease is primarily caused by vitiation of *Vata* and *Pitta Doshas*, precipitated by faulty *Ahara* and *Vihara* such as intake of *Ruksha Ahara*, irregular dietary habits, suppression of natural urges (*Vega Dharana*), excessive physical exertion, mental stress, and exposure to cold wind and dew.<sup>[3,4]</sup>

The management of *Ardhavabhedaka* mainly emphasizes *Shamana Chikitsa* aimed at pacifying vitiated *Doshas*, correcting *Agni*, and eliminating *Ama*. Classical formulations such as *Pathyadi Kwatha*, *Shirahshuladi Vajra Rasa*, *Godanti Bhasma*, and *Sutashekhar Rasa* are indicated in *Shiroroga* due to their *Vedanasthapana*, *Vata–Pitta Shamana*, *Deepana–Pachana*, and *Shiro-Balya* properties, and play a significant role in reducing the frequency, intensity, and duration of headache.

*Nasya Karma* is described by *Acharya Charaka* as a beneficial therapy for *Shiroroga*, as *Nasa* is considered the gateway to *Shiras*.<sup>[5]</sup> However, internal medications remain the mainstay of treatment for sustained relief and prevention of recurrence. Hence, the present single-case study was undertaken to evaluate the effect of predominant *Shamana Aushadhi* along with supportive *ksheerbala Taila Nasya* in the management of *Ardhavabhedaka* (migraine).

## CASE REPORT

A 30-year-old female patient attended the *Kayachikitsa* OPD with complaints of recurrent unilateral headache for the past two years. The headache predominantly involved the left temporal region and was episodic, throbbing in nature, and associated with nausea, vomiting, photophobia, and phonophobia. Over the last two years, the frequency increased to one episode every 3–4 days, significantly affecting daily activities. Aggravating factors included stress, hunger, sunlight, and loud noise, while temporary relief was obtained only with modern analgesics.

Based on clinical features and exclusion of secondary causes, the condition was diagnosed as Migraine, which was correlated with *Ardhavabhedaka* (*Vata–Pitta Pradhana Shiroroga*) as per *Ayurveda*. Considering *Samprapti*, treatment emphasizing *Shamana Chikitsa* with supportive *ksheerbala Taila Nasya* was planned.

### Assessment criteria

Headache impact test: - (HIT-6) This questionnaire was designed to help you describe and communicate the way you feel and what you cannot do because of headaches. To complete, please circle one answer for each question.

| S.no. | Severity of Headache Score      | Score |
|-------|---------------------------------|-------|
| 1     | No headache.                    | 0     |
| 2     | Tolerable headache              | 1     |
| 3     | Do not disturb the routine work | 2     |
| 4     | Disturb the routine work        | 3     |
| 5     | Intolerable headache            | 4     |

| S.no. | Nature of headache Score          | Nature of headache Score |
|-------|-----------------------------------|--------------------------|
| 1     | <i>Avedana</i>                    | 0                        |
| 2     | <i>Manda Vedana</i>               | 1                        |
| 3     | <i>Sambheda Toda</i>              | 2                        |
| 4     | <i>Shastra / Vajrapata Vedana</i> | 3                        |

| S.no. | Duration of Headache: Score | Score |
|-------|-----------------------------|-------|
| 1     | No headache                 | 0     |
| 2     | 1 -3 hours                  | 1     |
| 3     | 4-12 hours                  | 2     |
| 4     | 13-24 hours                 | 3     |
| 5     | Over 24 hours / continuous  | 4     |

| S.no. | Nausea  | Score |
|-------|---|-------|
| 1     | Nil   | 0     |
| 2     | Occasionally  | 1     |
| 3     | Moderate, but does not disturb the routine work               | 2     |
| 4     | Severe, disturbing routine work                               | 3     |
| 5     | Severe enough, small amount of fluid regurgitating from mouth | 4     |

| S.no. | Vomiting                                 | Score |
|-------|--|-------|
| 1     | Nil                                      | 0     |
| 2     | Only if headache does not subside        | 1     |
| 3     | Vomiting 1-2 times                       | 2     |
| 4     | Vomiting 2-3 times                       | 3     |
| 5     | Forced to take medicine to stop vomiting | 4     |

| S.no. | Vertigo                                     | Score |
|-------|---|-------|
| 1     | Nil   | 0     |
| 2     | Feeling of giddiness                        | 1     |
| 3     | Patient feels as if everything is revolving | 2     |
| 4     | Revolving signs + black outs                | 3     |
| 5     | Unconscious                                 | 4     |

| S.no. | Aura                          | Score |
|-------|-------------------------------|-------|
| 1     | Nil                           | 0     |
| 2     | Last for 5 minutes            | 1     |
| 3     | Last for 15 minutes           | 2     |
| 4     | Last for 30 minutes           | 3     |
| 5     | Last for more than 60 minutes | 4     |

### Treatment

|   | Shamana Aushadh          | Matra     | Kala                    |
|---|--------------------------|-----------|-------------------------|
| 1 | Pathyadi Kwatha          | 20 ml     | Twice a day after meal  |
| 2 | Shirahshuladi Vajra Rasa | 250 mg    | Twice a day after meal  |
| 3 | Godanti Bhasma           | 250 mg    | Twice a day after meal  |
| 4 | Sutashekhar Rasa         | 250 mg    | Twice a day before meal |
| 5 | Ksheerbala taila         | 4-4 drops | Once in morning         |

## RESULT

| S. No. | Symptoms                    | Before Treatment | After Treatment | % Relief    |
|--------|-----------------------------|------------------|-----------------|-------------|
| 1      | <b>Severity of Headache</b> | 4                | 2               | <b>50%</b>  |
| 2      | <b>Nature of Headache</b>   | 4                | 2               | <b>50%</b>  |
| 3      | <b>Duration of Headache</b> | 4                | 2               | <b>50%</b>  |
| 4      | <b>Nausea</b>               | 4                | 2               | <b>50%</b>  |
| 5      | <b>Vomiting</b>             | 4                | 1               | <b>75%</b>  |
| 6      | <b>Vertigo</b>              | 3                | 0               | <b>100%</b> |
| 7      | <b>Aura</b>                 | 4                | 0               | <b>100%</b> |

## DISCUSSION

*Ardhavabhedaka* is a *Vata–Pitta Pradhana Shiroroga* characterized by recurrent, unilateral headache. In the present case, unilateral throbbing pain with nausea, photophobia, phonophobia, irritability, and aggravation by stress and sunlight indicates *Vata–Pitta Dushti*. Chronicity of symptoms suggests *Agni Mandya* and *Ama* formation, leading to recurrent *Shirahshula*.

The probable mode of action of *Nasya Karma* can be understood through its multidimensional impact on the central neurovascular system, bridging traditional *Ayurvedic* concepts with modern pharmacokinetics. Unlike systemic administration, the nasal route provides a unique pathway for rapid drug delivery, ostensibly by modulating the blood–brain barrier to facilitate the entry of active principles into brain tissues. This therapeutic effect appears to be mediated through a cascade of mechanisms: principally, the pharmacodynamics action at the neurovascular junction grants direct access to intracranial circulation, while simultaneous stimulation of the hypothalamic–pituitary axis suggests a regulatory role in neuro-endocrine homeostasis. Furthermore, the procedure's efficacy is likely enhanced by the anatomical positioning—specifically the head-low posture—which optimizes drug retention in the nasopharynx for maximal absorption. Collectively, these pathways indicate that *Nasya* operates not only by local absorption but by triggering systemic neuro-psychological responses via higher neural centers. *Ksheerbala Taila* in *Ardhavabhedaka* may be attributed to its action on aggravated *Vāta* in the cranial region (*Śiro-dhātus*), thereby reducing pain and neurological hypersensitivity. Pharmacodynamically, the ingredients of *Ksheerbala Taila* possess *Laghu*, *Snigdha*, and *Guru guṇas*, *Madhura* and *Tikta rasa*, *Śīta vīrya*, and *Madhura vipāka*, which collectively pacify *Vāta* and *Pitta dosas*.

The *Anulomana* action of *Pathyadi Kwatha* helps regulate the upward movement (*Ūrdhvagati*) of aggravated *Vāta* and *Pitta* *doṣas*, thereby facilitating their downward normalization and assisting in the relief of constipation. The predominance of *Tikta rasa* contributes to pacification of *Pitta doṣa* and correction of *Rakta duṣṭi*. Its *Dīpana* and *Pācana* properties enhance digestive fire, promote the metabolism of *Āma*, and help balance *Kapha doṣa*. Furthermore, *Pathyadi Kwatha* contains medicinal herbs such as *Guduchi* (*Tinospora cordifolia*), *Nimba* (*Azadirachta indica*), and *Haridrā* (*Curcuma longa*), which possess *Rakta-prasādaka* activity. These drugs may aid in restoring the physiological integrity of vitiated *Rakta dhātu*, thereby supporting its normal functional capacity.

*Sūtasekhara Rasa* is a classical herbo-mineral formulation indicated in disorders involving aggravated *Pitta* with associated *Vāta* imbalance, particularly in conditions presenting with *śirośūla*, *dāha*, and gastric disturbances. The formulation contains ingredients such as *Śaṅkha bhasma*, *Svarṇa gairika*, *Śunṭhī*, and *Nāgavellī svarasa* (*Piper betle*), which collectively contribute to its *Vāta–Pitta sāmaka* action. Pharmacodynamically, *Sūtasekhara Rasa* exhibits *Kāṣāya* and *Madhura rasa*, *Snigdha* and *Viśada guṇa*, *Śīta vīrya*, and *Madhura vipāka*, which help pacify aggravated *Pitta doṣa* and alleviate burning sensations. Additionally, *Sūtasekhara Rasa* supports the regulation of *Agni vyāpāra* by correcting *Agnimāndya* without provoking *Pitta*, thereby addressing an important underlying factor in *Pitta*-dominant headache disorders. The adjunct use of *Svarṇamākṣika bhasma* enhances its therapeutic efficacy in *śirośūla* by supporting metabolic and tissue-level functions. Furthermore, *Godantī bhasma* contributes through its documented antipyretic, anti-inflammatory, and analgesic properties, which may explain the observed reduction in pain intensity and associated inflammatory symptoms.

*Śirośūlādi Vajra Rasa* is a classical herbo-mineral formulation traditionally indicated in headache disorders associated with *Vāta–Pitta doṣa* imbalance. Its therapeutic utility in *śirośūla* may be attributed to its ability to modulate aggravated *Vāta* responsible for pain while simultaneously regulating *Pitta*-induced inflammatory and burning symptoms. The formulation is particularly useful in recurrent and chronic presentations where neurovascular involvement is prominent.

From an Ayurvedic pharmacodynamic perspective, the constituent drugs of *Śirośūlādi Vajra Rasa* possess properties that facilitate *Vāta anulomana* and *Pitta śamana*, thereby restoring normal physiological movement and function of *doṣas* in the cranial region. The formulation

supports improved circulation and reduction of neuro-inflammatory responses, which may explain its analgesic effect. When employed as part of a combined *rasauṣadhi* protocol, *Śirośūlādi Vajra Rasa* contributes to sustained pain relief and functional stabilization in headache disorders such as *śirośūla* and *Ardhavabhedaka*.

## CONCLUSION

This single-case study highlights the effectiveness of predominant *Shamana Aushadhi* in the management of *Ardhavabhedaka* (migraine). Significant improvement in IHT6 scores indicates reduction in pain severity, attack frequency, and disability. Supportive *Nasya Karma* acted as an adjuvant, while internal medicines remained the mainstay of treatment. Further studies with larger sample sizes are recommended to validate these findings.

## REFERENCES

1. Headache Classification Committee of the International Headache Society. The International Classification of Headache Disorders, 3rd edition. *Cephalgia*, 2018; 38(1): 1–211.
2. Steiner TJ, Stovner LJ, Vos T. Global prevalence and burden of migraine and tension-type headache. *J Headache Pain*. 2015; 16: 78.
3. Sharma RK, Dash B, editors. *Charaka Samhita of Agnivesha*. Sutrasthana; Maharoga Adhyaya. Reprint ed. Varanasi: Chaukhamba Sanskrit Series Office; 2014.
4. Murthy KRS, editor. *Ashtanga Hridaya of Vagbhata*. Uttara Sthana; Shiroroga Nidana. Reprint ed. Varanasi: Chaukhamba Krishnadas Academy; 2012.
5. Sharma RK, Dash B, editors. *Charaka Samhita of Agnivesha*. Siddhi Sthana. Reprint ed. Varanasi: Chaukhamba Sanskrit Series Office; 2014.
6. Ratnesh Kumar Shukla, AyushiChandil, Ritu, Shraddha Sharma, Rajesh Meshram. Clinical insights and Ayurvedic management for Hemiplegic Migraine w.s.r. to Ardhavabhedaka - A CaseReport. *J Ayurveda Integr., Med., Sci.*, 2024; 7: 339-345.