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# Ayurvedic Management of Migraine (Ardhavabhedaka): A Case Report

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**Abstract**

Migraine is a common, recurrent primary headache disorder characterized by episodic unilateral headache associated with nausea, vomiting, and other neurological symptoms. It affects approximately 15% of women and 6% of men, most commonly during the second to fifth decades of life, and significantly impairs quality of life and daily functioning. Although several pharmacological and non-pharmacological treatment modalities are available, long-term management remains challenging. In *Ayurveda, Ardhavabhedaka*, described under *Shiro Roga*, closely resembles migraine owing to its characteristic unilateral, recurrent headache, with *Vata* or *Vata-Kapha* predominance in its pathogenesis.

**Objective:** To evaluate the clinical outcome of an Ayurvedic treatment protocol in a patient diagnosed with *Ardhavabhedaka* (migraine).

**Methods:** A 47-year-old male presenting with a one-year history of unilateral headache associated with nausea, vomiting, and vertigo was managed with *Laghu Sootshekhar Rasa*, *Narikel Lavana*, and *Godanti Bhasma* (250 mg each, twice daily with *Ghrita*), along with *Pathyadi Kwath* (20 mL twice daily with an equal quantity of water) for 45 days. Clinical parameters including headache severity, frequency, duration, nausea, vomiting, vertigo, aura, and associated symptoms were assessed weekly using a standardized 0–4 ordinal grading scale.

**Results:** Progressive clinical improvement was observed throughout the treatment period. Headache frequency, duration, vomiting, and aura resolved completely by the fifth to sixth week, while headache severity, nausea, and vertigo showed marked reduction, leaving only mild residual symptoms.

**Conclusion:** The present case demonstrates that the Ayurvedic regimen comprising *Laghu Sootshekhar Rasa*[1], *Narikel Lavana, Godanti Bhasma*[2], and *Pathyadi Kwath*[3] was associated with substantial symptomatic improvement in *Ardhavabhedaka*[4]; (migraine). These findings suggest its potential as a safe and effective therapeutic approach, warranting further validation through well-designed controlled clinical studies.

**Keywords**: Migraine; Ardhavabhedaka; Ayurveda; Laghu Sootshekhar Rasa.Narikel Lavana Pathyadi Kwath.

## 1. Introduction

Headache is one of the most common neurological complaints encountered in clinical practice and a leading cause of disability worldwide. It is a major contributor to absenteeism from work and reduced participation in social and personal activities. Headaches may be primary, such as migraine and tension-type headache, or secondary to underlying conditions including brain tumours, subarachnoid

haemorrhage, meningitis, and giant cell arteritis. Among primary headache disorders, migraine is particularly disabling because of its recurrent nature and associated neurological symptoms. Migraine is a benign, recurrent neurovascular disorder characterized by episodic unilateral headache accompanied by nausea, vomiting, photophobia, phonophobia, and, in some patients, aura or other neurological manifestations. According to the World Health Organization, the exact etiology of migraine remains unknown. It affects approximately 15% of women and 6% of men, with the highest prevalence between the second and fifth decades of life, significantly impairing quality of life, work productivity, and social functioning. Common triggering factors include psychological stress, sleep deprivation, hormonal fluctuations, fasting, certain foods and beverages, while adequate sleep and relaxation often provide symptomatic relief.[5]

Current management of migraine includes both non-pharmacological and pharmacological approaches. Non-pharmacological measures involve identification and avoidance of triggers, stress management, relaxation techniques, meditation, and behavioral therapy. Pharmacological treatment consists of abortive agents, such as nonsteroidal anti-inflammatory drugs (NSAIDs), paracetamol, ergot derivatives, and triptans, as well as preventive medications for recurrent attacks. Despite these therapeutic options, long-term management remains challenging because of incomplete symptom control, adverse effects, and frequent recurrences.[6]

In *Ayurveda*, *Ardhavabhedaka* is described under *Shiro Roga* and bears close resemblance to migraine owing to its characteristic unilateral, recurrent headache. *Acharya Sushruta* describes *Ardhavabhedaka* as a *Tridoshaja* disorder, whereas *Acharya Charaka*[7] attributes its pathogenesis predominantly to *Vata* or *Vata-Kapha dosha*. The condition is characterized by severe unilateral pain, often associated with vertigo and episodic exacerbations. The clinical similarities between *Ardhavabhedaka* and migraine, particularly the unilateral distribution and paroxysmal course of pain, support their correlation. Ayurvedic management includes both *Shamana* (palliative) and *Shodhana* (purificatory) therapies, along with procedures such as *Asthapana* and *Anuvasana Basti*, aiming to restore doshic balance and prevent recurrence.

The present case report describes the successful management of *Ardhavabhedaka* (migraine) using an Ayurvedic treatment regimen comprising Laghu Sootshekhar Rasa, Narikel Lavana, *Godanti Bhasma*, and *Pathyadi Kwath*, highlighting its potential therapeutic role in reducing migraine-related symptoms.

## 2. Assessment Criteria

Clinical severity was documented using structured ordinal scales for each of the following parameters, applied at baseline and at weekly intervals over the six-week treatment and observation period.

### 2.1 Severity of headache

0 – No headache
1. Mild headache, noticed only on paying attention
2. Moderate headache, can be ignored at times
3. Severe headache, cannot be ignored but usual activities are possible
4. Excruciating headache, precludes all activity

### 2.2 Frequency of headache episodes (days)

0 – Nil
1 – ≥ 20 days
2 – 15 days

3 – 10 days
4 – ≤ 5 days

**2.3 Duration of headache**

0 – Nil
1 – 1–3 hours/day
2 – 3–6 hours/day
3 – 6–12 hours/day
4 – More than 12 hours/day

**2.4 Nausea**

0 – Nil
1 – Occasional
2 – Moderate, routine work unaffected
3 – Severe, routine work disturbed
4 – Severe, with regurgitation of small amounts of fluid

**2.5 Vomiting**

0 – Nil
1 – Only when headache does not subside
2 – Vomiting 1–2 times
3 – Vomiting 2–3 times
4 – Medication required to control vomiting

**2.6 Vertigo**

0 – Nil
1 – Sensation of giddiness
2 – Sensation of surroundings revolving
3 – Revolving sensation with blackouts
4 – Unconsciousness

**2.7 Aura**

0 – Nil
1 – Lasts 5 minutes
2 – Lasts 15 minutes
3 – Lasts 30 minutes
4 – Lasts 60 minutes

**2.8 Associated symptoms**

0 – Absent
1 – Mild (work possible)
2 – Moderate (work interrupted)
3 – Severe (rest required)
4 – Excruciating (medication required)

## 3. Case Report

A 39-year-old female presented to the outpatient department with complaints of recurrent unilateral headache for the past 8 months. The headache was associated with nausea, occasional vomiting, photophobia, phonophobia, and intermittent episodes of dizziness. Symptoms had gradually increased in

frequency over the preceding three months. There was no history of head injury, hypertension, diabetes mellitus, epilepsy, or other chronic systemic illness. The patient had been taking over-the-counter analgesics intermittently, with only temporary relief. Family history was non-contributory.

**3.1 Clinical Findings**

- Duration of illness: 8 months
- Frequency of attacks: 6–8 episodes per month
- Headache severity: Severe enough to interfere with daily activities
- Duration of each episode: 4–8 hours
- Site: Predominantly left frontotemporal region with occasional side shift
- Character: Throbbing, pulsatile pain
- Nature: Episodic with symptom-free intervals
- Associated symptoms: Nausea, occasional vomiting, photophobia, phonophobia, dizziness, and mild **visual aura before some attacks**
- Symptoms suggestive of raised intracranial pressure: Absent
- Effect on daily activities: Moderate impairment during acute attacks
- Diurnal variation: More frequent during afternoon and evening
- Triggering factors: Emotional stress, prolonged screen exposure, inadequate sleep, fasting, bright light, and loud noise
- Relieving factors: Sleep and rest in a dark, quiet roo
- Past history: Non-significant
- Family history: No similar illness
- Psychosocial factors: Work-related stress
- Previous treatment: Intermittent NSAIDs prescribed locally

**3.2 Physical Examination**

- Body weight: 61 kg
- Pulse rate: 84/min
- Respiratory rate: 18/min
- Blood pressure: 126/82 mmHg
- General and systemic examination: Within normal limits

**3.3 Investigations**

- Routine laboratory investigations were within normal limits:
- Hemoglobin: 12.9 g/dL
- Total leukocyte count: 7,400/mm³
- ESR: 10 mm/hour
- Random blood sugar: 102 mg/dL

Magnetic Resonance Imaging (MRI) of the brain revealed no significant intracranial abnormality, excluding secondary causes of headache.

**3.4 Treatment Protocol**

The patient received the following Ayurvedic treatment for 45 days:

*Laghu Sootshekhar Rasa* 250 mg + *Narikel Lavana*1 g + *Godanti Bhasma* 250 mg, administered twice daily with Ghrita after meals.

*Pathyadi Kwatha*[8] 20 mL twice daily, diluted with an equal quantity of lukewarm water before meals.

## 4. Results

Clinical assessment demonstrated a progressive reduction in the severity and frequency of migraine symptoms throughout the 45-day treatment period. By the end of treatment, headache frequency and duration, vomiting, and aura had completely resolved (score 0). Headache intensity, nausea, vertigo, and associated symptoms showed marked improvement, with only mild residual complaints (score 1). Overall, the patient experienced significant symptomatic relief accompanied by improved daily functioning and quality of life.

**Table 1: Weekly clinical scores before and during treatment**

| Sign & Symptom | B.T. | 1st Week | 2nd Week | 3rd Week | 4th Week | 5th Week | 6th Week |
|---|---|---|---|---|---|---|---|
| Severity of headache | 4 | 3 | 2 | 2 | 1 | 1 | 1 |
| Frequency of headache | 2 | 2 | 2 | 2 | 1 | 0 | 0 |
| Duration of headache | 4 | 3 | 3 | 2 | 1 | 1 | 0 |
| Vomiting | 2 | 2 | 2 | 1 | 1 | 0 | 0 |
| Nausea | 2 | 2 | 2 | 2 | 1 | 1 | 1 |
| Vertigo | 3 | 3 | 2 | 2 | 1 | 1 | 1 |
| Aura | 3 | 3 | 2 | 2 | 1 | 0 | 0 |
| Associated symptoms | 2 | 1 | 1 | 1 | 1 | 0 | 0 |

## 5. Discussion

The clinical presentation of this patient was consistent with *Ardhavabhedaka*, a disorder predominantly involving *Vata Dosha* with the involvement of *Kapha* and *Pitta*. A detailed assessment of the patient's dietary habits, lifestyle, and psychological stress suggested aggravation of *Vata*, which plays a central role in the pathogenesis of recurrent unilateral headache. Irregular eating habits, mental stress, inadequate sleep, excessive physical exertion, and suppression of natural urges are well-recognized factors responsible for *Vata Prakopa*. Impaired digestive fire (*Mandagni)* resulting from these factors promotes the formation of *Ama*, leading to obstruction of bodily channels (*Srotorodha*) and subsequent vitiation of the *Doshas*.

According to Ayurvedic classics, *Ardhavabhedak*a has been described as a *Tridoshaja* disorder by *Acharya Sushruta*[9], while *Acharya Charaka*[10] emphasizes the predominance of *Vata* or *Vata-Kapha*. The unilateral, throbbing nature of pain, episodic attacks, nausea, vomiting, and vertigo observed in this patient correlate closely with the classical description of the disease. Vitiation of *Rasa* and *Rakta Dhatu*, along with dysfunction of *Rasavaha* and *Raktavaha Srotas*, may further contribute to impaired circulation and manifestation of migraine symptoms. The upward movement *(Urdhvagati*) of aggravated *Vata* is considered an important factor responsible for the localization of pathology in the head region

### 5.1 Probable Mode of Action of the Formulations

*Laghu Sootshekhar Rasa*[10] is a classical herbo-mineral formulation indicated in disorders associated with

aggravated *Vata* and *Pitta*. Owing to its *Sheeta Virya* and *Madhura Vipaka*, it is believed to alleviate headache, reduce burning sensations, improve digestion, and provide neuroprotective benefits. *Narikel Lavana*, prepared from *Cocos nucifera* and *Saindhava Lavana*, possesses alkalizing and digestive properties. It helps pacify *Vata* and *Pitta*, improves gastrointestinal function, and may reduce gastric irritation, thereby minimizing nausea commonly associated with migraine attacks. *Godanti Bhasma*[11], a purified preparation of gypsum, is traditionally indicated in disorders involving *Pitta* predominance, particularly headache and febrile conditions. Its cooling properties help alleviate pain and burning sensations while contributing to overall symptomatic relief.

*Pathyadi Kwatha* is a classical Ayurvedic decoction extensively used in the management of different types of headache. Its ingredients, including *Haritaki, Amalaki, Vibhitaki, Haridra, Nimba,* and *Guduchi*, possess digestive, anti-inflammatory, antioxidant, and immunomodulatory properties. By improving Agni, reducing oxidative stress, and pacifying aggravated *Doshas*, the formulation may help decrease the frequency and intensity of migraine attacks.

The combined therapeutic approach appears to have acted through correction of *Agni*, elimination of *Ama*, pacification of *Vata-Pitta*, and restoration of normal physiological function, which may explain the progressive clinical improvement observed during the treatment period.

## 6. Conclusion

The present case demonstrates encouraging clinical improvement in *Ardhavabhedaka* (migraine) following treatment with *Laghu Sootshekhar Rasa*, *Narikel Lavana*, *Godanti Bhasma*, and *Pathyadi Kwatha*. A marked reduction was observed in headache severity, frequency, duration, and associated symptoms over a 45-day treatment period without any reported adverse effects. Although the findings are limited to a single case, they suggest that this Ayurvedic treatment protocol may be a safe and effective therapeutic option for migraine. Further well-designed randomized controlled clinical studies with larger sample sizes are warranted to establish its efficacy and safety.

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