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

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Abstract: *Ardhavabhedaka* is a classical Ayurvedic disorder of the head characterized predominantly by severe unilateral headache, with clinical features that may overlap with migraine, particularly when accompanied by nausea, vomiting, photophobia, and phonophobia. A 41-year-old woman presented with a 2-year history of recurrent, severe, left-sided throbbing headache associated with nausea, vomiting, photophobia, phonophobia, and osmophobia. Her relevant medical history included hypertension for 10 years and type 2 diabetes mellitus for 5 years. Clinical examination was largely unremarkable apart from facial pallor; the recorded blood pressure was 130/90 mmHg and oxygen saturation was 94%. Based on the clinical presentation and Ayurvedic assessment, the condition was diagnosed as *Ardhavabhedaka* with migraine-like features. The patient was treated with a multimodal Ayurvedic regimen consisting of *Bala Guduchayadi Taila* administered as *Marsha Nasya* (3 mL in each nostril), along with oral *Pathyadi Kwatha* 25 mL twice daily and *Shirsooladi Vajra Rasa* two units twice daily for 28 days. Following treatment, the case record documented a marked reduction in the frequency and severity of headache episodes, resolution of nausea and vomiting, and substantial reduction in photophobia and phonophobia. No standardized quantitative headache or disability scale was documented in the source record. This case demonstrates an association between a 28-day multimodal Ayurvedic intervention and symptomatic improvement in a patient presenting with *Ardhavabhedaka* and migraine-like features. However, the findings should be interpreted cautiously because of the single-case design, absence of a comparator, lack of standardized quantitative outcome measures, and inability to attribute the observed improvement to any individual component of the treatment regimen. Further systematically documented clinical studies are warranted to evaluate the therapeutic potential and safety of this approach.

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I. INTRODUCTION

Headache disorders are common neurological conditions that can substantially affect daily functioning and quality of life. Migraine is characterized by recurrent attacks of moderate-to-severe headache, frequently accompanied by symptoms such as nausea, vomiting, photophobia, and phonophobia. The International Classification of Headache Disorders, 3rd edition (ICHD-3), provides contemporary diagnostic criteria for migraine.[1] In Ayurveda, headache disorders are described under the broad category of *Shiroroga*. Among these, *Ardhavabhedaka* is characterized by severe, piercing, splitting, or penetrating pain affecting one half of the head. The classical description of *Ardhavabhedaka* in the *Sushruta Samhita* provides an important Ayurvedic correlate for unilateral headache.[2]

Acharya Charaka and other classical authorities have described *Shiroroga* along with therapeutic approaches for disorders involving the region above the clavicle, including *Nasya Karma*.[3–5] *Nasya*, the therapeutic administration of medicated substances through the nasal route, is traditionally regarded as an important therapeutic modality in *Urdhvajatrugata Vikara* (disorders occurring above the clavicle). The clinical overlap between the classical features of *Ardhavabhedaka* and the characteristic manifestations of migraine provides a rationale for exploring Ayurvedic therapeutic approaches in patients presenting with migraine-like headache.

Recent Ayurvedic literature has also investigated the use of *Pathyadi* preparations and *Nasya* in the management of *Ardhavabhedaka* and migraine. A published case report evaluated *Shirsooladi Vajra Rasa* in combination with *Pathyadi Kwatha* in a patient with migraine, with *Pathyadi Kwatha* administered at a dose of 20 mL twice daily, and reported symptomatic improvement after four weeks.[6] In the present case, *Pathyadi Kwatha* was administered at a dose of 25 mL

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twice daily along with *Shirsooladi Vajra Rasa* at two units twice daily, in addition to *Bala Guduchayadi Taila* administered as *Marsha Nasya*. The present case documents the clinical presentation, *Ayurvedic* therapeutic intervention, and observed outcome following this multimodal treatment approach in a patient diagnosed with *Ardhavabhedaka* presenting with migraine-like features.

II. MATERIALS AND METHODS

The present case report included A 41-year-old female, a housewife and resident of Jalandhar, presented with a chief complaint of severe headache of approximately 2 years' duration.

Table 1. Sociodemographic and Clinical Profile of the Patient

Parameter	Details
Age	41 years
Sex	Female
Occupation	Housewife
Residence	Jalandhar
Chief complaint	Severe headache,Nausea
Duration of illness	Approximately 2 years
Ayurvedic diagnosis	*Ardhavabhedaka*

The patient was apparently asymptomatic until approximately 2 years prior to presentation, when she developed recurrent episodes of throbbing headache. The headache was predominantly localized to the left side of the head and occurred as frequent episodes. Bright light and loud sounds were reported as aggravating factors, whereas rest provided relief. The headache was associated with nausea, vomiting, photophobia, phonophobia, and osmophobia. No specific diurnal or seasonal variation was documented in the case record.[17] The patient's past medical history was significant for hypertension of 10 years' duration. There was no documented history of myopia, hyperopia, or trauma to the skull. Her dietary pattern was vegetarian. Appetite was reported as normal, with three meals per day. Bowel and bladder habits were normal. Sleep was described as sound with medication use for the preceding 5–10 years.[17]

Table 2. Clinical History

Clinical parameter	Observation
Duration of headache	Approximately 2 years
Character of pain	Throbbing
Site	Left side of the head
Frequency	Recurrent/frequent episodes
Aggravating factors	Bright light, loud sound
Relieving factor	Rest
Nausea	Present
Vomiting	Present
Photophobia	Present
Phonophobia	Present
Osmophobia	Present
Diurnal variation	Not documented
Seasonal variation	Absent/not reported
Hypertension	Present for 10 years
Type 2 diabetes mellitus	No history documented
Myopia/hyperopia	No history documented
Skull trauma	No history documented
Diet	Vegetarian
Appetite	Normal; three meals/day
Bowel habit	Normal
Urinary habit	Normal
Sleep	Reported as sound with medication use

On clinical examination, the patient was calm, conscious, cooperative, and well oriented to time, place, and person. General physical examination revealed facial pallor. There was no evidence of icterus, cyanosis, clubbing, lymphadenopathy, dehydration, or pedal edema. The recorded vital parameters were blood pressure 130/90 mmHg, pulse rate 89 beats/min, respiratory rate 20 breaths/min, body temperature 98.7°F, and peripheral oxygen saturation (SpO_2) 94%. Cardiovascular and respiratory examinations were recorded as essentially normal. A positive straight-leg-raising (SLR) test was also documented in the source case record.[17]

Table 3. General Physical and Systemic Examination

Examination parameter	Finding
General condition	Calm, conscious and well oriented
Pallor	Present over face- mild to moderate
Icterus	Absent
Cyanosis	Absent
Clubbing	Absent
Lymphadenopathy	Absent
Hydration	Adequate
Pedal edema	Absent
Blood pressure	130/90 mmHg
Pulse rate	89/min, regular
Respiratory rate	20/min
Temperature	98.7°F
SpO_2	98%
Cardiovascular examination	Essentially normal
Respiratory examination	Bilateral clear; normal vesicular breath sounds
SLR test	Positive

Based on the clinical history and symptom profile documented in the case record, the condition was diagnosed as migraine/*Ardhavabhedaka*. The recurrent unilateral headache associated with nausea, vomiting, photophobia, and phonophobia demonstrates substantial clinical overlap with the

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symptom complex of migraine.[1] From the Ayurvedic perspective, the predominant unilateral headache corresponds with the classical description of *Ardhavabhedaka*, which is included among the disorders of *Shiroroga*.[2]

The case was therefore assessed as *Ardhavabhedaka* presenting with migraine-like clinical features and was managed using an Ayurvedic therapeutic protocol directed toward *Shiroroga*. The treatment incorporated *Nasya* therapy together with oral Ayurvedic medicines.

Table 5. Diagnostic Assessment

Symptoms	Assessment
Presenting syndrome	Recurrent unilateral headache with gastrointestinal and sensory symptoms
Modern clinical correlation	Migraine-like headache
Ayurvedic disease classification	*Shiroroga*
Ayurvedic diagnosis	*Ardhavabhedaka*
Key supporting features	Unilateral headache, throbbing character, nausea, vomiting, photophobia and phonophobia
Therapeutic approach	*Nasya* with oral Ayurvedic medicines

The patient was treated with a multimodal Ayurvedic regimen. *Bala Guduchayadi Taila* was administered by *Marsha Nasya* at a dose of 3 mL in each nostril. In addition, oral *Pathyadi Kwatha* was administered at 25 mL twice daily, along with *Shirsooladi Vajra Rasa* at two units twice daily and khandasama churna 2g bd. The treatment was continued for 28 days.

Table 6. Therapeutic Intervention

Medicine/therapy	Dose	Route	Duration
Bala Guduchayadi Taila	3 mL in each nostril (6 bindu total as recorded)	Marsha Nasya	28 days
Pathyadi Kwatha	25 mL twice daily (BD)	Oral	28 days
Shirsooladi Vajra Rasa	2 units twice daily (BD); unit strength not stated in source	Oral	28 days
Khandasama	2 gm bd	oral	28 days

Mild Abhyanga with Tila Taila was performed over the head and face followed by Paanitapa Swedana over the head, neck and face as Purva Karma. For Pradhana Karma, the patient was placed supine on the Nasya table with slight extension/lowering of the head; the eyes were covered with cotton gauze, the tip of the nose was elevated, and lukewarm medicated oil was instilled into the nostrils. After administration, the patient was advised to avoid laughing, anger, sadness and sneezing. The Marsha Nasya dose as 6 bindu, calculated as 3 mL, and states that 3 mL was administered in each nostril.[17]

III. RESULT

Following completion of the 28-day Ayurvedic treatment protocol, the patient reported an overall improvement in headache-related symptoms. The frequency and severity of the recurrent headache episodes were markedly reduced compared with the pretreatment clinical status. The associated symptoms of nausea and vomiting were reported to have resolved, while photophobia and phonophobia showed substantial improvement. The clinical response was assessed by comparing the documented pretreatment symptom profile with the patient's status after 28 days of intervention.

Table 7 . Ayurvedic Symptom-Based Clinical Assessment

Clinical feature	Pretreatment	Post-treatment	Outcome
Ardhavabhedaka / unilateral headache	Present	Markedly reduced	Improved
Ruja (headache/pain)	Severe	Markedly reduced	Improved
Chardi (vomiting)	Present	Absent	Resolved
Hrillasa (nausea)	Present	Absent	Resolved
Prakashaasahyata / photophobia	Present	Significantly reduced	Improved
Shabda-asahyata / phonophobia	Present	Significantly reduced	Improved
Gandha-asahyata / osmophobia	Present	Better than beford	Improved

IV. CONCLUSION

The clinical presentation demonstrated substantial overlap with migraine, characterized by recurrent unilateral throbbing headache associated with nausea, vomiting, photophobia, and phonophobia.[1] From the Ayurvedic perspective, the diagnosis of *Ardhavabhedaka* was supported by the characteristic unilateral and severe nature of the headache described in the classical texts.[2],[5] The source clinical record explicitly documented the diagnosis as migraine/*Ardhavabhedaka*.[17]

The therapeutic regimen comprised *Bala Guduchayadi Taila* administered as *Marsha Nasya*, along with oral *Pathyadi*

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Kwatha 25 mL twice daily, *Shirashoola/Shirsooladi Vajra Rasa* two units twice daily, and *Khandasama Churna* 2 g twice daily. This multimodal approach is consistent with the Ayurvedic therapeutic framework for *Shiroroga*, in which both local therapies such as *Nasya* and systemic oral formulations may be employed according to the clinical presentation and presumed *Dosha* involvement. The use of *Pathyadi Kwatha* and *Shirsooladi Vajra Rasa* in patients presenting with migraine-like headache has also been described in published Ayurvedic case literature. Since it is a single case history, further controlled clinical studies with standardized treatment protocols and validated outcome measures are required to determine the individual and combined therapeutic effects of these interventions.

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