ANU TAIL NASYA AND SHIRAH SHOOLADI VAJRA RASA IN THE MANAGEMENT OF ARDHAVABHEDAK ROGA (COMMON MIGRAINE) - A CASE STUDY

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ABSTRACT
Ardhavabhedak roga is one among the Shirorogas as described by our Acharyas. It is described by Acharya Charaka in Siddhisthana, Acharya Sushruta in Uttaratantra, Acharya Vagbhata in Uttaratantra, Acharya Vijay Rakshita in Madhava Nidana, Acharya Sharangadhara in Sharangdhara Samhita Pratham Khanda, Acharya Bhavamishra in Bhavaprakasha and Acharya Narayan Shekhara in Yogaratnakara. Migraines are more common in women than in men. It affects nearly 15% population of the world. Chronic migraines occur in approximately 2% population of the world. Migraines most commonly start between 15-24 years of age. It is our simple effort to treat migraine with principle of Ayurveda. Aims and objectives: To assess efficacy of Anutail Nasya and Shirah Shooladi Vajra Rasa in the management of Ardhavabhedaka roga (common migraine). Methodology: In this study, a patient fulfilling the diagnostic and inclusion criteria of Ardhavabhedaka roga (common migraine) was selected and Anutail Nasya and Shirah Shooladi Vajra Rasa were given for forty five days. The efficacy of the drug was analyzed in terms of the relief produced in the signs and symptoms before and after treatment.

KEYWORDS: Anu tail, Nasya, Shirah Shooladi Vajra Rasa, Ardhavabhedak and migraine.
INTRODUCTION
Ardhavabhedak roga is one among the Shirorogas as described by our Acharyas. It is described by Acharya Charaka in Siddhisthana, Acharya Sushruta in Uttaratantra, Acharya Vagbhata in Uttaratantra, Acharya Vijay Rakshita in Madhava Nidana, Acharya Sharangadhar in Sharangdhara Samhita Pratham Khanda, Acharya Bhavamishra in Bhavaprakasha and Acharya Narayan Shekhara in Yogaratnakara. Migraines are more common in women than in men. It affects nearly 15% population of the world. Chronic migraines occur in approximately 2% population of the world. Migraines most commonly start between 15-24 years of age. During adolescence migranes are most common among women and this persists for their whole life span. It is our simple effort to treat migraine with principle of Ayurveda.

CASE REPORT
A 24- year-old female with presenting features of Ardhavabhedak roga (common migraine) on IHS diagnostic criteria for migraine have came at Gurukul Campus, College OPD, Haridwar with registration no. 1052/2017. Patient was suffering from severe headache, vertigo, nausea from 1 and ½ year. The headache was on left half of the head.

History of Present illness
The patient was well on one and half year ago. After birth of first child she got headache. Then she taken medicine from local doctor and got relieved. But the pain recurs again and again. The intensity of pain is also in increasing manner. She does not have any relief with pain killers. Then she came to hospital OPD of Gurukul Campus, UAU, Haridwar for Ayurvedic treatment.

History of Past illness- There is no remarkable complaint.

Surgical history- There was history of surgical delivery, now no complaint.

Family history- There is no any history of severe disease.

Personal history- The Sharira prakriti of patient was vata-pittaja and she had a Madhyam kostha (on the basis of bowel habit), madhyam bala (physical strength) with madhyam satva (physiological strength). BP- 116/74 mm of Hg, Pulse rate- 78/ minut, Respiratory rate- 16/ minut, Mutra- normal, Mala- constipation, Sparsh- samanya, Agni- samanya. Patient was having headache, vomiting, vertigo and temporary blindness.
MATERIAL AND METHOD

Materials
IHS diagnostic criteria for migraine
a. Idiopathic, recurrent headache (=>5 attacks)
b. 4-72 hours duration
c. Pain characteristics (2/4)-
Unilateral location
Pulsating quality
Moderate to severe intensity
Aggravation by routine physical activity
d. During attack- (1/2)-
Nausea and/ or vomiting
Photophobia and phonophobia
e. At least one of the following
No secondary cause for headache
Secondary cause suggested but ruled out by investigations
Secondary cause present but migraine does not occur for the first time in close temporal relation to the disorder.

Assessment of severity of pain on a 10 point visual analog scale used every 15th day for the evaluation of the severity of pain.

<table>
<thead>
<tr>
<th>definition</th>
<th>No pain</th>
<th>Mild pain</th>
<th>Moderate pain</th>
<th>Severe pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>score</td>
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Plan of Treatment
1. **Anu Tail**- It was prepared as per Charaka samhita (manufacturer Baidyanath).
2. **Shirahshooladi Vajra rasa**- It was prepared as per *Bhaishjya ratnawali* (manufacturer Baidyanath). The patient was advised to take Shirahshooladi Vajra rasa 2 tablets thrice daily orally with water. Anu tail nasya was given ½ hour before meal 6 drops in each nostril. Assessment of disease was done on 15th day, 30th day & 45th day.

Investigations- Haemogram, Blood sugar level, X-ray PNS was investigated. No other abnormality was diagnosed. TLC- 6500, neutrophils- 65, eosinophils- 04, lymphocytes-26,
monocytes-05, basophils- 00 were found. Blood sugar random was 109mg/dl. X-ray PNS was normal.

**OBSERVATIONS**

*Follow up finding after fifteen days-* After routine physical activity headache of left half moderate pain, no nausea, no vomiting, no photophobia or phonophobia.

*Follow up finding after thirty days-* After routine physical activity headache of left half mild pain, no nausea, no vomiting, no photophobia or phonophobia.

*Follow up finding after forty five days-* After routine physical activity headache of left half no pain, no nausea, no vomiting, no photophobia or phonophobia.

**DISCUSSION**

Ardhavabhedak is a Tridoshaj vyadhi. Drugs used for Ardhavabhedak was also Tridosha shamak. Drugs used for Nasya karma was also acting on Tridosha. Nasya karma was used for the treatment purpose on the principle *Nasa hi sirso dwaram.* Many of treatises and text books praise these two drugs for the treatment of Ardhavabhedhak. In modern the cause of disease is unknown and the drugs used are pain killers. It is commonly seen that the efficacy of the pain killer reduced after long term use. It also causes gastritis, anorexia and hyperacidity. So this Ayurvedic treatment is very effective in Ardhavabhedak treatment.

**CONCLUSION**

Ardhavabhedak vyadhi is very common in population. It is a Tridoshaja vyadhi. So its recurrence is also common. In modern it is compared with common migraine which has no proper treatment. The Ayurvedic treatment of this disease is very effective and has no side effect. Only the patient feels irritation in throat for some time after nasal drop. The drug has a good response on the Ardhavabhedak.

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