



Case Study

## COMPLETE AND SUSTAINED RECOVERY IN A CHRONIC RESISTANT CASE OF MIGRAINE (ARDHAVABHEDAKA) THROUGH A AYURVEDIC REGIMEN

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### ABSTRACT

Migraine is a neuro vascular disorder characterized by recurrent attacks of pulsatile headache of varying intensity and is generally accompanied with nausea and vomiting, sensitive to light and sound. It is most common headache that generally afflicts ~15% of women and 6% of men. WHO has ranked migraine as 19<sup>th</sup> among all the diseases worldwide causing disability. *Ardhavabhedaka*, one among *Shirorogas* in Ayurveda, closely correlates with migraine in modern medicine. In allopathic Science many pharmacological strategies like, antidepressants, antiseizure drugs, and BP lowering medications (anti-hypertensive) are commonly used for the quick relief from migraine pain but it adds drowsiness, insomnia and depression too; as a complication. **Case Description:** In this case report a 28-year-old male student suffered from recurrent headache since 2018. In 2020, he was diagnosed with migraine by a neurologist and treated with allopathic medications, including steroids, for three years without lasting benefit. Initially, he experienced short attacks (15–30 min with aura) daily; by May–June 2024, he had undergone two severe attacks per day, each lasting up to 2 hours, significantly disrupting his daily routine. **Intervention & timeline:** From 22 June to 5 July 2024, the patient was managed with a customized Ayurvedic regimen comprising combination of (*Saptamrit Loha*, *Vasa Churna*, *Godanti Churna*, *Rasayan Churna*), *Avipattikar Churna*, and *Pathyadi Kwatha*, along with *Pathya-Apathya* guidance. **Outcome:** After treatment remarkable improvement was seen at Day 7. By Day 14, there was a complete remission of symptoms. No any adverse effect was seen during the treatment and the patient had not reported any recurrence or relapse in the symptoms. **Conclusion & lessons:** This case demonstrates the efficacy of a targeted Ayurvedic regimen in achieving complete and sustained remission in chronic, drug-resistant migraine by addressing the root *Dosha-Dushti* and *Agni* imbalance.

### INTRODUCTION

*Ardhavabhedaka* is described in *Madhava Nidana (Shiroroga Adhyaya)* as a severe, unilateral, paroxysmal headache with nausea, vomiting, and visual disturbance<sup>[1]</sup>. Its resemblance to migraine, as classified by the International Classification of Headache Disorders (ICHD-3, 2018), is well established.<sup>[2]</sup>

Pain is paroxysmal, occurring once in ten days, twelve days, or daily.<sup>[3]</sup> This phenomenon is associated with the series of events such as vasodilatation, secondary extravasation, edema, mast cell degranulation, and cortical spreading depression that is triggered by the release of neuropeptides from the trigeminal innervation in migraine. Modern treatment with triptans, NSAIDs, or steroids often yields transient relief with frequent relapse. Due to the various etiological factors, *Vata* alone or along with *Kapha* affects the head and produces severe unilateral pain in the neck, eyebrow, temples, ear, eye, and forehead. Ayurveda, however, focuses on *Dosha-Pratyanika* therapy, strengthening the nervous system (*Rasayana Chikitsa*) and enforcing *Pathya-Apathya* for sustained

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cure [4]. The present case illustrates rapid and durable remission in a chronic, treatment-resistant patient through a rationally chosen Ayurvedic protocol.

**Case Report**

**Patient Profile**

**History of Present illness:** A 28-year-old male patient was presented to OPD of JIAR, Jammu with complaints of recurrent headache (left side, temporal region) with nausea since 2018. Occasionally the headache was associated with vertigo and restlessness. The patient also suffered from recurrent attacks of severe pain (VAS-08) lasting upto (15 mins to 2 hours). The pain was associated with aura. Aggravating factors of headache were stress, hunger, sunlight, noisy surroundings, and crowds whereas relieving factors were only strong analgesics. The patient was diagnosed with Migraine (*Ardhavabhedaka*).

**History of Past Illness**

- **2018-2019:** Daily migraine attacks (15-30 min, with aura).
- **2020:** Diagnosed as Migraine at AIIMS Bilaspur by Neurologist.
- **2020-2023:** Received steroids, triptans and NSAIDs-based allopathic therapy; partial and temporary relief.
- **May-June 2024:** Two severe attacks daily (2 hours each, VAS-08) with nausea and photophobia; significant impairment of daily routine.

**Past History:** No HTN, DM, epilepsy, or systemic disease.

**Personal History:** Irregular diet, disturbed sleep, high academic stress, and history of excessive consumption of tea/coffee.

**Table 1: Assessment of Pain: (Based on Socrates)**

SN	Assessment	Symptoms
1.	Site	Left temporal region
2.	Onset	Chronic
3.	Character	Throbbing pain
4.	Radiation	No radiate
5.	Associated Symptoms	Nausea, vomiting
6.	Timing/duration	8 years
7.	Exacerbation	Increased with exposure to light, and sound
8.	Severity	Severe (VAS-08)

**Ayurvedic Assessment**

- **Dosha:** Vata-Pitta Pradhana (dominant)
- **Dushya:** Rasa, Rakta, Majja
- **Srotas:** Manovaha, Rasavaha, Raktavaha
- **Diagnosis (Ayurvedic):** *Ardhavabhedaka*
- **Diagnosis (Modern):** Migraine

**Investigations:** CBC, LFT, KFT, RBS, Thyroid Profile - normal. MRI Brain - normal; no space-occupying lesion.

**Examination: General Examination**

- Pulse - 78bpm
- BP. - 110/80 mm of Hg
- Temp - 98.6°F
- RR - 16/min.
- Pain - Left temporal region
- Pallor - Absent
- Icterus - Absent
- Clubbing - Absent
- Cyanosis - Absent
- Oedema - Absent

Ophthalmic exam - Normal vision and fundus.

Examination of the ear: External inspection

Auricle and ear canal: No signs of infection, inflammation, trauma, and any discharge.

Otoscopy

- Ear canal: No obstruction
- Tympanic membrane: No signs of infection (e.g., redness, bulging), perforation, or fluid behind it (e.g., otitis media).

Hearing Tests

- Weber Test: No conductive or sensorineural hearing loss.
- Rinne Test: Negative Rinne test

Balance Tests

- Romberg Test: Negative Romberg test
- Dix-Hallpike Maneuver: Negative

Hence, secondary causes were excluded, confirming primary migraine (*Ardhavabhedaka*).

**Table 2: Therapeutic Intervention (22 June – 5 July 2024)**

Formulation	Dose & Time	Duration	Primary Action (Rationale)
<i>Saptamrit Loha + Vasa Churna + Godanti Churna + Rasayan Churna</i>	500 mg + 2 gm + 250 mg + 1 mg BD with lukewarm water, AF.	14 days	<i>Pitta-Shamana, Rasayana</i> , specifically benefits <i>Netra</i> (eye) and <i>Shiras</i> (head) + anti-inflammatory, clears <i>Srotas, Raktapitta Shamaka</i> + natural antacid, <i>Pitta-Shamaka</i> (stabilizer), cooling action + <i>Rasayana, Ojas-varadhaka</i> , neuro-tonic
<i>Avipattikar Churna</i>	1 TSF (Approx. 3 g) Afternoon	14 days	<i>Ama-Pacana, Virechaka, Agni-Dipana</i>
<i>Pathyadi Kwatha</i>	20 ml BD (diluted with warm water)	14 days	Classical for <i>Shiroroga</i> , potent <i>Vata-Pitta Shamana</i>

**Pathya:** Light warm diet, fresh fruits, cow's ghee, adequate sleep (7–8 hours), regular *Pranayama* and meditation.

**Apathya:** Avoid spicy/oily foods, curds, late nights, mental stress, and excess tea/coffee.

#### Assessment

- Subjective criteria pain will be assessed using the VAS Scale before and after the treatment.<sup>[5]</sup>
- Disability will be assessed using the MIDAS questionnaire, before, after the treatment and follow-up.<sup>[6]</sup>

**Table 3: Effect of therapy on symptoms of Migraine**

SN	Symptoms	BT	AT
1.	Intensity of headache (VAS)	8	0
2.	Nausea	8	0
3.	Vomiting	7	0
4.	Photophobia	9	1
5.	Phonophobia	7	1
6.	Sleep disturbed due to pain	9	0
7.	Vertigo	3	0
8.	Fatigue	6	1
9.	Irritability	8	1

The MIDAS (Migraine Disability Assessment) questionnaire used to measure the impact of headaches on your life. The information on this questionnaire is also helpful for primary care provider to determine the level of pain and disability caused by headaches and to find the best treatment.

**Table 4: The Migraine Disability Assessment Test**

Question (From last 3 months)	Days (Score) BT	Days (Score) At Follow-up
1. Lost days from work	10	2
2. Lost productivity days at work or school	10	2
3. Lost household workdays	5	0
4. Lost productivity days at home	5	0
5. Lost social days	5	0
	Total: 35 (Severe disability)	Total: 4 (Minimal or infrequent disability)

**Table 5: Total (Questions 1-5)**

Midas Grade	Definition	Midas Score
I	Little or No Disability	0-5
II	Mild Disability	6-10
III	Moderate Disability	11-20
IV	Severe Disability	21+

**Follow-up and Outcomes**

Day	Observation
Day 7 (29 June 2024)	Pain intensity reduced (VAS 5/10); 1 mild attack; sleep and bowels improved.
Day 14 (5 July 2024)	Complete relief (VAS 0/10); no aura or nausea; resumed normal activities.
Follow-up (15 Sep 2025)	No recurrence during peak trigger months; maintained <i>Pathya</i> ; no adverse effects reported.

**DISCUSSION**

This patient, suffering for six years, was refractory to modern therapy including steroids. The Ayurvedic formulations acted synergistically to correct the *Samprapti Vighatana* (breaking the pathogenesis) of *Vata-Pitta prakopa* in the head region (*Shiras*).

The regimen focused on:

**1. Vata-Pitta Shaman:** *Pathyadi Kwatha* and *Godanti Bhasma* reduced the severity of the paroxysmal pain and associated heat (*Pitta*). *Godanti Bhasma* is said to work by neutralizing excess *Pitta* and reducing inflammation. Ingredient, gypsum, suggests potential roles in calcium regulation and its impact on nerve function and inflammation.<sup>[7]</sup> The *Sheeta Veerya* of *Vasa* pacifies aggravated *Pitta*, the primary *Dosha* involved in migraine.<sup>[8]</sup>

**2. Agni Correction:** *Avipattikar Churna* and *Pathyadi Kwatha* ensured proper digestion and elimination of vitiated *Pitta* and *Ama*, which are key factors in neurological *Dosha Dushti*. Considering *pitta* predominance in *Ardhavabhedaka tikta kashaya* and *Madhur Vipaka* of *Pathyadi kwath* will be best *Pittashamaka dravya*. *Katu* and *Tikta rasa* of *Pathyadi kwath* have *Deepana, Pachana karma* that helps to improve metabolism by the property of *Amapachana*. *Usna veerya* of *Pathyadi kwath* act as *Strotoshodhaka* and *Kledashoshaka*.<sup>[9]</sup>

*Avipattikar choorna* is also known for its capacity to increase digestive fire and neutralizing gastric acid.<sup>[10]</sup>

**3. Tissue Strengthening:** *Saptamrit Loha* and *Rasayan Churna* provided neuro-tonic (*Majja Dhatu*) and anti-oxidant support. *Rasayana Churna* (*Guduchi, Gokshur, Amalaki*) nourishes all the tissues, causes better blood circulation normalizes

the functioning of the organs, reduces stress levels, and minimizes headache attacks.<sup>[11,12]</sup>

The therapy harmonized *Vata* and *Pitta*, stabilized *Agni*, and strengthened the nervous tissue. The sustained remission for over a year without pharmacological dependency demonstrates Ayurveda's potential in chronic neurological pain management.

**CONCLUSION**

A chronic, case of drug-resistant migraine (*Ardhavabhedaka*) responded completely within 14 days of a Ayurvedic therapy and remained asymptomatic for over one year. This suggests that rationally chosen Ayurvedic regimens can offer safe, effective, and durable solutions for the management of chronic neurological pain without causing any adverse effect. Additional research is needed to validate these outcomes and refine treatment approaches for wider use.

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