



Case Study

A CLINICAL EFFICACY OF *MARMA CHIKITSA* AND AYURVEDIC INTERVENTION IN MANAGEMENT OF *ARDHAVBHEDAK* (MIGRAINE)

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ABSTRACT

Migraine is a prevalent and disabling neurological disorder characterized by severe, unilateral headaches often accompanied by nausea, light sensitivity, and sound sensitivity. Migraine is estimated to be the second most prevalent brain disorder after anxiety, affecting nearly 41 million adults. In Ayurveda it is correlated with Ardhavabhedaka, one of the Shiroroga out of 11 mentioned by Acharya Sushruta. Ardhavabhedaka is a Tridoshaja Vyadhi. The present case study is subjected to assess the efficacy of Marma Chikitsa and Ayurveda treatment in management of Ardhavbhedak. A 27 years old female patient came to our institute with complaint of experiencing on-and-off frontal headaches, predominantly leftsided, accompanied by nausea and sensitivity to light and sound. Marma Chikitsa, Pathyadi kwath 20ml BD with equal amount of water, and Shadbindu Tail Nasya was given for 21 days. Marma Chikitsa is used for pain management, while Pathyadi Kwath is specifically indicated for Shiroroga in Shrangdhara Samhita and Nasya Karma is considered as the best therapeutic intervention in Shiro Roga by Acharya Charaka. After 21 days of Marma Chikitsa significant improvements were noticed in pain management, while Shadbindu Tail Nasya and Pathyadi kwath also relieve other symptoms, resulting in overall improvement in the patient's condition.

INTRODUCTION

Migraine is an episodic headache disorder characterized by episodes of moderate-to-severe headache, most often unilateral and generally associated with nausea and light and sound sensitivity. These headaches significantly limit daily activities and have a substantial economic and societal burden, affecting patients' quality of life, including work, social interactions, and family life. Episodic migraine (EM) is characterized by <15 days headache per month and chronic migraine (CM) is characterized by \geq 15 days headache per month. As a common disabling brain disorder, it is highly prevalent, affecting 12% of the population, with up to 17% of women and 6% of men experiencing attacks annually. [1,2]



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Migraine affects one in seven people globally^[3] and is currently the leading cause of Years Lived with Disability (YLD) among individuals under 50, with a male-to-female ratio of 1:3.^[4] Additionally, migraines rank as the third most prevalent disorder and the seventh highest specific cause of disability worldwide (GBD 2012).^[5]

In Ayurveda, migraine is correlated with the condition known as *Ardhavabhedaka*, characterized by unilateral headaches. Etiological factors such as excessive consumption of dry substances, exposure to cold, inappropriate sexual activity, holding of natural urges, and excessive exercise are the causes for *Vata* vitiation. Additionally, frequent eating before the previous meal is digested, consuming heavy to digest foods, and drinking excessive cold water contribute to *Kapha* vitiation and the formation of *Ama*. The combined vitiation of *Vata* along with *Kapha* leads to severe unilateral pain affecting the head, neck, eyebrow, temples, ear, eye, and forehead. Pain is acute and similar to a blow from sharp weapons, pricking, or

splitting. In severe cases, it can impair the functions of the eye and ear. $^{\left[6,7\right] }$

The Ayurvedic treatment for *Ardhavabhedaka* includes *Snehapana* (internal oleation), *Svedana* (sudation), *Virechana* (therapeutic purgation), and *Nasya* (nasal instillations), followed by oral intake of *Shaman Aushadhi*.[8] Allopathic treatments offer various medications and strategies for managing migraine symptoms, they often do not provide complete relief and can have side effects that affect patient's quality of life. To avoid the damage caused by them, there is a need for a safe, effective, and simple treatment approach in Ayurveda, which this study aims to explore.

Clinical Presentation

A 27 years old female patient teacher by profession suffered by migraine since 2 years. She consulted in the outpatient department of Pt. Khushilal Sharma Government Ayurveda College, Bhopal (MP). She had no history of any other illness or accidents within the specified period. She reported experiencing on-and-off frontal headaches, predominantly left-sided, accompanied by nausea and sensitivity to light and sound. She suffered recurrent attacks of headache 2-3 times a week, each lasting 1-2 hours. Family history revealed that her mother also suffered from similar complaints. Despite being on allopathic treatment and using analgesics for pain management, her symptoms persisted, which led her to visit the OPD.

History of Past Illness

No history of hypertension, diabetes mellitus or any other serious illness

Surgical history: NAD **Personal History**

- Bowel Normal
- Appetite Normal
- Micturation Normal
- Sleep Disturbed due to pain
- Allergy Nil
- Addiction Tea, Coffee

Physical Examination

Body weight: 58kgHeart Rate: 93/min

Respiration Rate: 21/min

■ Blood pressure: 100/70 mmHg

Treatment

- 1. *Pathyadi Kwath* 20ml BD with equal quantity of water empty stomach.
- 2. *Shadbindu Tail Nasya* 6 drops in each nostril for next 21 days.
- 3. Marma Chikitsa- for 21 days.

The present case study includes stimulation of 7 *Marma Sthana* that is *Vidhura, Apanga, Avarta, Sthapani, Simanta, Shrangataka* and *Adhipati*. These will be stimulated for 15 – 18 times on an average in single sitting.

Table 1: Marma Chikitsa Procedure

S.no.	Marma Sthana	Stimulation time	Sittings of Marma Chikitsa	Total time period
1	Vidhura	0.8 sec.	Two time per day	21days
2	Apanga	0.8 sec.	Two time per day	21days
3	Avarta	0.8 sec.	Two time per day	21days
4	Sthapani	0.8 sec.	Two time per day	21days
5	Simanta	0.8 sec.	Two time per day	21 days
6	Shrangataka	0.8 sec.	Two time per day	21days
7	Adhipati	0.8 sec.	Two time per day	21 days

- A steady and moderate pressure will be applied slowly and gently.
- Pressure will be increased gradually depending upon patient strength.

Assessment Criteria

Subjective Criteria

- 1. Severity of headache
- 2. Frequency of headache
- 3. Duration of headache
- 4. Nausea
- 5. Photophobia
- 6. Phonophobia

Severity of Headache

S.no.	Criteria	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

Frequency of Headache

S.no.	Criteria	Score
1	Nil	0
2	Once in 30 days	1
3	Once in 15 days	2
4	Once in 5 days	3
5	Once in 3 days	4

Duration of Headache

S.no.	Criteria	Score
1	No headache	0
2	1-3 hours	1
3	4-12hours	2
4	13-24hours	3
5	Over 24hours/ continuous	4

Nausea

S.no.	Criteria	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

Photophobia

S.no.	Criteria	Score
1	No photophobia	0
2	Photophobia only during mild exposure to light	1
3	Photophobia only during exposure to light	2
4	Continuous photophobia throughout the day	3
5	Continuous photophobia throughout the day and night	4

6. Phonophobia

S.no	Criteria	Score
1	Nil	0
2	Mild (dose not interfere with usual activities)	1
3	Moderate (inhibits, but does not prevent usual activities)	2
4	Sever (sometime prevent all activities)	3
5	Very severe (unbearable)	4

RESULT

Table 2: Result: Before and After Treatment

S.No.	Parameter	Before Treatment	After treatment
1.	Severity of headache	3	0
2.	Frequency of headache	3	1
3.	Duration of headache	1	0
4.	Nausea	1	0
5.	Photophobia	2	1
6.	Phonophobia	1	0

DISCUSSION

Present case study demonstrates the efficacy of Ayurveda treatment and Marma Chikitsa management of *Ardhavabhedaka*. In present case study Shirah-Shoola (headache) was taken as chief complaint. Along with headache there were associated complaints like nausea, phonophobia and photophobia. As per Ayurveda, 'pain cannot occur without involvement of Vata Dosha.[9] According to Ayurveda, the main etiological factor for Ardhavabhedaka is vitiated Vata. As pain is the major symptom of migraine which affects the person's day to day activities, so pain management is major target. In the present case study, Marma Chikitsa has shown better results in managing pain. The Marma are vital points on the body which when applied sufficient pressure in the scientific manner help to remove blocks in the *Srotas.* It corrects the movement of *Vata Dosha* in the body. As *Marmas* are the seats of *Prana*, since *Prana* is connected to Vata Dosha, hence Marma Chikitsa can be especially useful in treating the Vata disorders. Stimulation of the Marma Sthana can balance the Vata *Dosha*, resulting in the pain management in diseases like Ardhavabhedaka.[10]

Pathyadi Kwath is a multidrug combination specifically indicated for Shiroroga in Shrangdhara Samhita.[11] It is a decoction of Haritaki, Amalaki, Vibhitaki, Haridra, Neem and Guduchi. It has been used for the treatment of various types of headache. It contains *Dravya* which are Vata-Kapha Dosha Shamaka and Ushna Virya (hot potency).[12] The ingredients of *Pathyadi Kwath* exhibit anti-oxidant, anti-inflammatory properties, and are neuroprotective.[13] Additionally, Pathya (Terminalia chebula Retz.) has analgesic properties.[14] The combination of herbs in Pathyadi Kwath reduce the frequency and intensity of migraine. The antiinflammatory, analgesic, and calming properties of the herbs help in balancing the Doshas (body energies), particularly *Vata* and *Pitta*, which are often implicated in migraine pathology.

Ingredients of *Shadbindu Taila* are directly acting on the causative factors of *Ardhavabhedaka* that is *Vata* and *Kapha Dosha*. Since *Nasa* is considered as a gateway to *Shira*, administering the drug through the

nostrils allows it to reach *Sringaataka*, a *Sira Marma* by *Nasa Srota* and spreads in the *Murdha*. The drugs used in the preparation have *Kapha Vata Nashaka* and *Srotoshodhaka* properties. *Nasya Karma* effectively relieves patients suffering from migraines.

CONCLUSION

These results suggest that the integrative approach of *Marma Chikitsa*, *Pathyadi Kwath*, and *Shadbindu Tail Nasya* not only reduces the primary symptoms of migraine but also significantly improves the patient's overall quality of life by reducing associated discomforts. The primary focus on *Marma Chikitsa* for pain management has demonstrated significant effectiveness in reducing headache severity, while the combined therapies also relieve other symptoms, resulting in overall improvement in the patient's condition.

REFERENCES

- 1. Lipton RB, Stewart WF, Diamond S, Diamond ML, Reed M. Prevalence and burden of migraine in the United States: data from the American Migraine Study II. Headache. 2001 Jul-Aug; 41(7): 646-57.
- 2. Vetvik KG, MacGregor EA. Sex differences in the epidemiology, clinical features, and pathophysiology of migraine. Lancet Neurol. 2017 Jan; 16(1): 76-87. [PubMed] [Reference list]
- 3. Gormley P, Anttila V, Winsvold BS, Palta P, Esko T, Pers TH, et al. Meta-analysis of 375,000 individuals identifies 38 susceptibility loci for migraine. Nat Genet. 2016; 48: 856–66.
- 4. Martelletti P, Schwedt TJ, Lanteri-Minet M, Quintana R, Carboni V, Diener H-C, et al. My migraine voice survey: A global study of disease burden among individuals with migraine for whom preventive treatments have failed. J Headache Pain. 2018; 19 doi: 10.1186/s10194-018-0946-z.
- 5. Kanakhara B, Chaudhari V. A pilot study on clinical efficacy of Agnikarma and Pathyadi decoction (an Ayurvedic formulation) in the management of Ardhavabhedaka (migraine)
- 6. Trikamji VY, Charaka C. Varanasi: Chaukhambha Surbharati Prakashan; 2013. Ayurveda Dipika

- Commentary, Charaka Samhitha. Vol. Siddhisthana 9/74.
- 7. Vd.Paradkar HS, A, Vagbhata. AstangaHridaya, Sarvangasundara commentary. Vol. Uttarasthana 23/7. Varanasi: Chaukhambha Surbharati Prakashan; 2014.
- 8. Soman A, Venkatram S, Chikkanna U, Ramakrishna KK, Bhargav H, Mailankody P, Varambally S. Ayurveda for management of migraine: A narrative review of clinical evidence. J Family Med Prim Care. 2022 Aug; 11(8): 4228-4235. doi: 10.4103/jfmpc.jfmpc_2109_21. Epub 2022 Aug 30. PMID: 36352975; PMCID: PMC9638656.
- 9. Singhal GD, editor. Sushruta Samhita of Acharya Sushruta with English translation, Sutra Sthan, Reprint Edition. Ch. 17, Ver. 7. Delhi: Chaukhambha Sanskrit Pratishthan; 2015. p. 160. [Google Scholar] [Ref list]
- 10. Frawley D, Ranade S, Lele A. Ayurveda and marma therapy. Delhi, India: Chaukhamba Sanskrit Pratishthan; 2015.
- 11. Singhal GD, editor. Sushruta Samhita of Acharya Sushruta with English translation, Sutra Sthan,

- Reprint Edition. Ch. 17, Ver. 7. Delhi: Chaukhambha Sanskrit Pratishthan; 2015. p. 160. [Google Scholar] [Ref list]
- 12. Kanakhara B, Chaudhari V. A pilot study on clinical efficacy of Agnikarma and Pathyadi decoction (an Ayurvedic formulation) in the management of Ardhavabhedaka (migraine). Ayu. 2018 Jan-Mar; 39(1): 56-61. doi: 10.4103/ayu.AYU_84_17. PMID: 30595636; PMCID: PMC6287398.
- 13. Vasudha MS, Manjunath NK, Nagendra HR. Changes in MIDAS, perceived stress, frontalis muscle activity and non-steroidal anti-inflammatory drugs usage in patients with migraine headache without aura following ayurveda and yoga compared to controls: An open labeled non-randomized study. Ann Neurosci. 2018; 25: 250–60
- 14. Pokuri VK, Kumar CU, Pingali U. A randomized, double-blind, placebo-controlled, cross-over study to evaluate analgesic activity of Terminalia chebula in healthy human volunteers using a mechanical pain model. J Anaesthesiol Clin Pharmacol. 2016; 32: 329–32.

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