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Research Article

AYURVEDIC INTERVENTION IN MIGRAINE *(ARDHAVABHEDAKA)*: A COMPARATIVE CLINICAL STUDY OF *NASYA* AND *DHUMPANA*

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ABSTRACT

Migraine is a recurrent neurological disorder characterized by moderate to severe headache and associated symptoms that may substantially affect daily activities. *Ardhavabhedaka*, described among the *Shirorogas* in Ayurveda, shows considerable clinical similarity with migraine. Ayurvedic management emphasizes *Nidana Parivarjana, Shodhana* and *Shamana* therapies, with *Nasya* being an important therapeutic procedure in *Shiroroga*. **Objective:** The present study was undertaken to evaluate and compare the therapeutic effects of *Nasya* with *Shadbindu Taila* and *Dhumpana* with *Vacha* and *Jyotismati* in patients of *Ardhavabhedaka* (migraine). **Methods:** A two-week randomized comparative clinical study with a parallel-group design was conducted in the Department of Panchakarma, IPGAE & R at SVSP, Kolkata. Sixty patients who completed the study were randomly allocated into two groups of 30 each. Group A received *Nasya* with *Shadbindu Taila,* while Group B received *Dhumpana* with *Vacha* and *Jyotismati* for 14 days. Clinical assessment was performed before and after treatment using *Sangbheda, Toda, Bhrama, Shula* and the modified ICHD-3 Rating Scale. The data were analysed using appropriate statistical methods, including Student's paired t-test. **Results:** Both groups showed statistically significant improvement in the assessed parameters ($p<0.001$). Group A demonstrated 63.33%, 73.24%, 50.69%, 74.44% and 35.02% relief in *Sangbheda, Toda, Bhrama, Shula* and ICHD-3 Rating Scale, respectively, compared with 36.23%, 35.29%, 36.36%, 31.82% and 22.43% in Group B. **Conclusion:** Both *Nasya* with *Shadbindu Taila* and *Dhumpana* with *Vacha* and *Jyotismati* were beneficial in the management of *Ardhavabhedaka*. Within the limitations of the study, greater improvement was observed with *Nasya*.

INTRODUCTION

Migraine is one of the chronic illnesses that is widespread in the population with varying severity. It is a chronic neurological disorder characterized by recurrent moderate to severe headaches often in association with several autonomic nervous system symptoms affecting daily life routine. It is the third most prevalent medical condition in the world, affecting 14.7% of the population annually as per the World Health Organization.[1] It is the most common cause of headache; it afflicts approximately 15% of women and 6% of men worldwide. Its prevalence is the highest during young and middle adulthood and peaks between the ages of 30 and 39, in this period 28.1% of women and 9% of men will suffer from migraine.[2] Migraine makes an individual socially handicapped. It is a common medical condition of the adult population having a significant loss in job productivity in the workplace[3] and causes significant socio-economic impact. Typically, the headache is unilateral (affecting one half of the head) varied in intensity frequency and duration, lasting from 2 to 72 hours commonly accompanied by nausea and vomiting. Some are associated with sensory, motor and mood disturbances.[4] According to modern science also migraine typically presents with self-limited, recurrent severe headache associated with autonomic symptoms. About 15-30% of people with migraine experience migraine with aura and those who have migraine with aura also frequently have migraine without aura. The severity of the pain duration of the headache and frequency of attacks are variable.[5]

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Migraine as a modern clinical correlate of *Ardhavabhedaka* based on the Ayurvedic symptomatology and the clinical features. The lifestyle of the people of the modern era has changed due to rapid urbanization. Due to changed work expectations for a better lifestyle stress and anxiety are causing increased incidence of acute and chronic disorders. *Ardhavabhedaka* is one of the *Shirorogas* which exhibit severe pain in one half of the head and when not treated or poorly treated might lead to complications like destruction of the eyes and ears (*Nayana* and *Sravana Vinasha*) [6].

Modern Medicinal text books clearly state that there is no proper standard treatment for migraine. The acute condition of migraine is dealt with "Over the counter" medicine and a minimum percentage of patients in this category can consult a physician. But the chronic stage of migraine is more prevalent and difficult to treat. In chronic stage of migraine various treatment modules comprises of non-pharmacological treatment such as identification of triggers, medication, relaxation, training, physiotherapy etc. and pharmacotherapy as abortive and preventive therapy aspirin, paracetamol, ibuprofen and diclofenac etc are non-specific abortive therapy, whereas Ergot, 5-HTI receptors agonists are specific abortive therapy. [7]

The Ayurvedic management of *Ardhavabhedaka* is primarily directed towards breaking the disease process by addressing the causative factors, correcting the vitiated *Doshas* and restoring physiological balance. The classical approach emphasizes *Nidana Parivarjana* as the initial step, followed by appropriate *Shodhana* and *Shamana* therapies according to the clinical presentation and *Dosha* predominance. Among the *Shodhana* procedures, *Nasya Karma* holds an important place in the management of *Shiroroga* and various therapeutic measures have been described in the classical texts for *Ardhavabhedaka*. Along with these interventions, appropriate *Pathya-Apathya*, adequate rest and avoidance of dietary and behavioural triggers are important for reducing the recurrence of symptoms. Considering the clinical similarity of *Ardhavabhedaka* with migraine, a comparative clinical study was undertaken to evaluate the therapeutic effects of *Nasya* with *Shadbindu Taila* and *Dhumpana* with *Vacha* and Jyotishmati in patients of *Ardhavabhedaka*. The study was designed to assess and compare the clinical outcomes of these two Ayurvedic therapeutic approaches and to explore their role in the management of migraine.

MATERIALS AND METHODS

Study Design

This was a two-week randomized comparative clinical study with a parallel group design, undertaken to compare the therapeutic effects of two different Ayurvedic therapies administered through the nasal route- *Nasya*[8] with *Shadbindu Taila*[9] and *Dhumpana*[10] with *Vacha*[11] and *Jyotismati*[12]- in the management of migraine. It assessed the effect on clinical sign and symptoms of *Ardhavabhedaka* and the International Classification of Headache Disorders (ICHD- 3)[13] progression rating scale (Modified). The trial was conducted following the guidelines of the Indian Council of Medical Research (ICMR). The approval number of the Ethical Permission was obtained on 29th May, 2024 (SVP/ IEC/ 865/2024, dated 29th May, 2024) with participant recruitment occurring between January 2025 and December 2025.

The study was conducted in the Department of Panchakarma, Institute of Postgraduate Ayurvedic Education and Research at SVSP, Kolkata, India. The estimated sample size was 30 subjects per group (total n=60). The effect size was based on previous experience with clinical trials of this nature at the Institute of Postgraduate Ayurvedic Education and Research at SVSP. Additional subjects were eligible to be registered considering the dropout rate.

Potential participants were screened after being informed and providing informed consent and 65 eligible subjects were enrolled in the study as per inclusion and exclusion criteria. Volunteers were randomized into blocks of four to receive either *Nasya* or *Dhumpana* for 2 weeks. There were two groups: (1) subjects who received *Nasya* with *Shadbindu Taila* and (2) subjects who received *Dhumpana* with *Vacha* and *Jyotismati*. Treatments were given to the subjects for two weeks.

Study Participants

Study participants met the following inclusion criteria: men and women aged 16 to 70 years old suffering from Migraine, with no apparent symptoms of any other disease related to it. We included participants who were fit and willing to undergo the proposed therapeutic intervention, regardless of gender, occupation, or socioeconomic status. Patients below 16 years or above 70 years of age and those presenting with major medical or surgical conditions, such as HIV, CVA, CKD, DNS, HTN, severe heart disease, malignancy, hypothyroidism or uncontrolled type 2 diabetes mellitus were excluded. Patients contraindicated for *Nasya* and *Dhumpana* according to the Ayurvedic classics and those who developed adverse effects during treatment were also excluded. All subjects invited to participate were informed about the study and its procedures and then signed a written informed consent form.

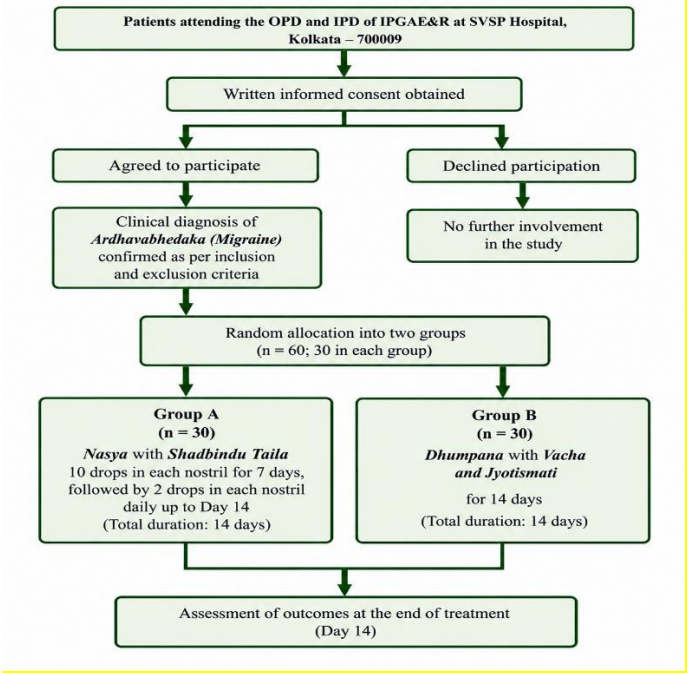


Figure 1: Schematic Representation of the Study Procedure

Study Products

The study products comprised two Ayurvedic preparations administered through different therapeutic procedures. For Group A– *Shadbindu Taila* was used for *Nasya Karma*. For Group B– a *Dhumavarti* prepared using *Vacha* and *Jyotismati* was employed for *Dhumpana*. The trial drugs were collected from the Apothecary (Pharmacy) Department of IPGAE&R at SVSP Hospital, Kolkata. Both the oil and *Dhumavarti* were prepared according to the methods described in the Ayurvedic *Samhitas* and the *Paka* and *Murchana* of the drugs were supervised by the college pharmacy. The selection of these preparations was based on their classical Ayurvedic properties and their proposed relevance to the management of *Ardhavabhedaka* (migraine). *Shadbindu Taila* was selected for *Nasya Karma*, while *Vacha* and *Jyotismati* were used in combination for *Dhumpana* as described in the classical therapeutic approach.

Study outcome and Data collection

The outcomes were assessed through changes in the assessment parameters before and after treatment in patients with migraine *(Ardhavabhedaka).* The outcomes comprised assessment parameters including *Sangbheda* (cutting type of pain), *Toda* (throbbing pain), *Bhrama* (delusion) and *Shula* (severe pain), along with the ICHD-3 Rating Scale (Modified) for assessing the clinical severity of migraine. Patients were enrolled through simple randomized sampling and a separate case record was prepared for documenting demographic details, clinical features, treatment schedule and assessment observations. The patients were divided into two groups of 30 each; Group A received *Nasya* with *Shadbindu Taila* and Group B received *Dhumpana* with *Vacha* and *Jyotismati*. Group A received 10 drops of *Shadbindu Taila* in each nostril for 7 consecutive days, followed by 2 drops in each nostril daily up to day 14, while Group B received *Dhumpana* with *Vacha* and *Jyotismati* for 14 days. The assessment of the parameters was carried out before initiation of treatment and after completion of the intervention. The collected data were subsequently organized and subjected to appropriate statistical analysis, with the changes observed before and after treatment being used to assess the therapeutic response of the respective interventions.

Statistical Analysis

It was a randomized, comparative, clinical study consisting of two groups, viz. Group A and Group B. Each group comprised 30 patients. Group A was treated with *Nasya* with *Shadbindu Taila*, while Group B was treated with *Dhumpana* using *Vacha* and *Jyotismati*. Student's paired t-test was applied in both groups to assess the efficacy of the respective therapeutic interventions by comparing the assessment parameters before and after treatment.

RESULT

Ardhavabhedaka (migraine), with particular emphasis on changes in the assessment parameters from the Ayurvedic perspective and the ICHD-3 Rating Scale (Modified) from the contemporary clinical perspective. The findings demonstrated improvement in the assessed parameters following treatment. *Sangbheda* showed 63.33% relief in Group A, which received *Nasya* with *Shadbindu Taila,* compared with 35.29% in Group B, which received *Dhumpana* with *Vacha* and *Jyotismati*. Similarly, *Toda* showed 73.24% relief in Group A compared with 35.29% in Group B, while *Bhrama* showed 50.69% relief in Group A compared with 36.36% in Group B. *Shula* showed 74.44% relief in Group A compared with 31.82% in Group B. The ICHD-3 Rating Scale (Modified) showed 35.02% relief in Group A compared with 22.43% in Group B. The within group changes in the subjective parameters were statistically highly significant ($p<0.001$), indicating that both interventions produced meaningful changes in the clinical manifestations of *Ardhavabhedaka* during the treatment period.

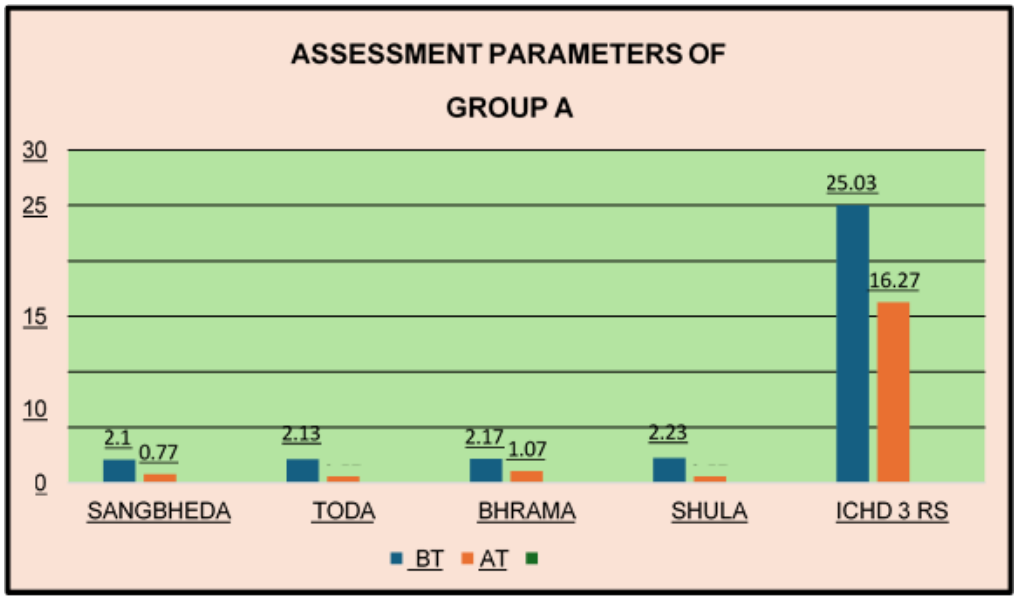
The overall clinical response further supports the beneficial effect of both interventions. In Group A, 19 patients (63.34%) demonstrated mild improvement, 10 patients (33.33%) showed moderate improvement and 1 patient (3.33%) achieved marked improvement, with no patient falling into the insignificant-improvement or complete-remission categories. In Group B, 27 patients (90%) showed mild improvement and 3 patients (10%) showed moderate improvement, while no patient achieved marked improvement, complete remission or insignificant

improvement. Considering all 60 patients together, 46 patients (76.66%) showed mild improvement, 13 patients (21.67%) showed moderate improvement and 1 patient (1.67%) showed marked improvement, with no cases of complete remission or insignificant improvement. These findings indicate that both Ayurvedic interventions were associated with improvement in the clinical features of *Ardhavabhedaka*, with the overall response distributed predominantly within the mild and moderate improvement categories.

Table 1: Effects of Assessment Parameters in Group A (n=30, Df=29)

S.No.	Parameters	Mean Score		MD	SD (±)	SE (±)	"t" value	% of relief	Significance (p)
		BT	AT						
1.	*Sangbheda*	2.10	0.77	1.33	±0.88	±0.16	8.26	63.33	<0.001
2.	*Toda*	2.13	0.57	1.56	±0.72	±0.13	11.79	73.24	<0.001
3.	*Bhrama*	2.17	1.07	1.10	±0.76	±0.14	7.94	50.69	<0.001
4.	*Shula*	2.23	0.57	1.66	±0.66	±0.12	13.81	74.44	<0.001
5.	ICHD 3 RS	25.03	16.27	8.77	±1.22	±0.22	39.27	35.02	<0.001

The above table shows that the assessment parameters of *Ardhavabhedak* (Migraine) in Group A was statistically highly significant i.e., p <0.001.

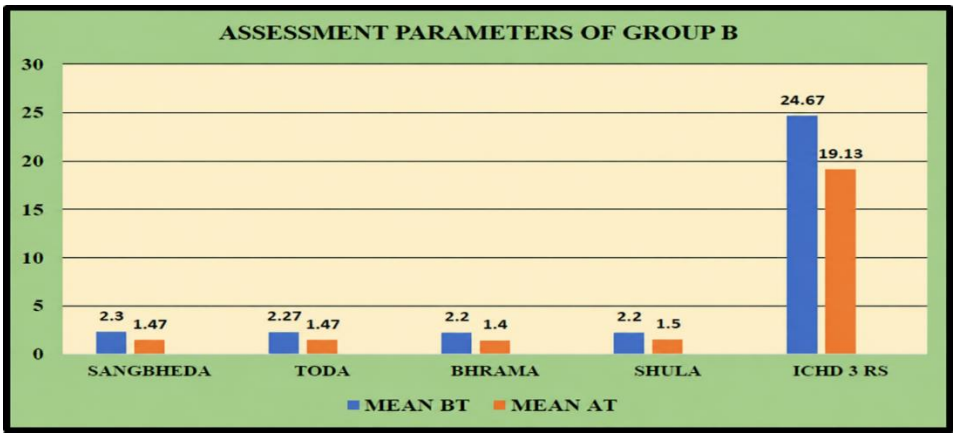


Graph 1: Effect of treatment on Assessment parameters of group A

Table 2: Effects of Assessment Parameters in Group B (n=30, Df=29)

S.No.	Parameters	Mean Score		MD	SD (±)	SE (±)	"t" value	% of relief	Significance (p)
		BT	AT						
1.	*Sangbheda*	2.30	1.47	0.83	±0.379	±0.069	12.042	36.23	<0.001
2.	*Toda*	2.27	1.47	0.80	±0.407	±0.074	10.770	35.29	<0.001
3.	*Bhrama*	2.20	1.40	0.80	±0.407	±0.074	10.770	36.36	<0.001
4.	*Shula*	2.20	1.50	0.70	±0.466	±0.085	8.235	31.82	<0.001
5.	ICHD 3 RS	24.67	19.13	5.53	±0.681	±0.124	44.475	22.43	<0.001

The above table shows that the assessment parameters of *Ardhavabhedaka* (migraine) in Group B was statistically significant i.e. p<0.001.



Graph 2: Effect of treatment on Assessment parameters of group B

Table 3: Effects on Assessment Parameters between the Groups (n = 60, Df = 58)

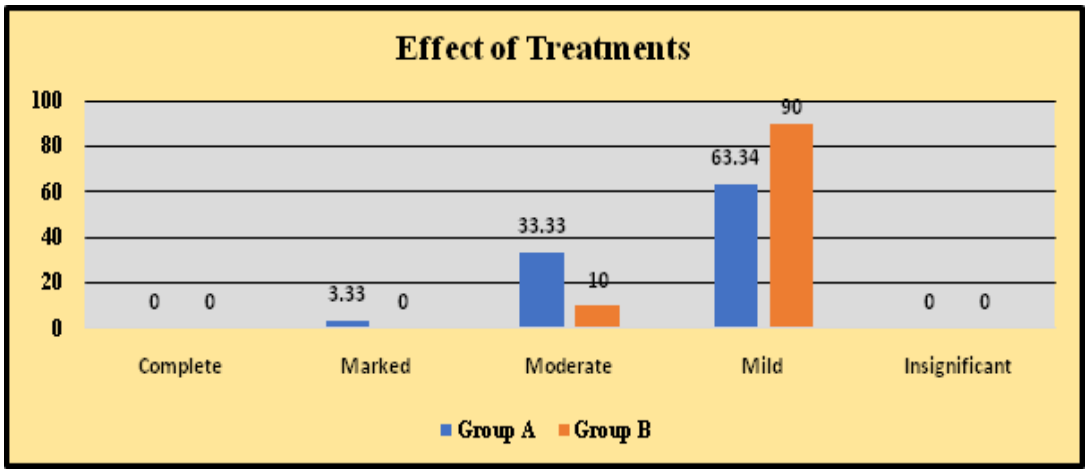
S.No.	Parameters	Mean	S.D (Pooled) (±)	SE (±)	't' value	Significance (p)
1.	*Sangbheda*	0.50	±0.68	±0.17	2.88	<0.005
2	*Toda*	0.76	±0.58	±0.15	5.08	<0.001
3	*Bhrama*	0.30	±0.61	±0.16	1.91	>0.005
4.	*Shula*	0.96	±0.57	±0.15	6.56	<0.001
5.	ICHD 3 RS	3.24	±1.00	±0.26	12.57	<0.001

The above table shows that the assessment parameters of *Ardhavabhedak* (migraine) in comparison of both the groups, the p values are *Sangbheda* p<0.05, *Toda* p<0.001, *Bhrama* p>0.05, *Shula* p<0.001, ICHD 3 RS p<0.001.

Table 4: Overall effects of Treatments in 60 patients

Overall effect	Group A (30 patients)		Group B (30 patients)		Total (60 patients)	
	No. of Patients	Percentage of Patients	No. of Patients	Percentage of Patients	No. of Patients	Percentage of Patients
Complete remission (100% relief)	0	0%	0	0%	0	0%
Marked improvement (<100% - ≥75% relief)	1	3.33%	0	0%	1	1.67%
Moderate improvement (<75% - ≥50% relief)	10	33.33%	3	10%	13	21.67%
Mild improvement (<50% - ≥25% relief)	19	63.34%	27	90%	46	76.66%
Insignificant improvement (<25% - relief)	0	0%	0	0%	0	0%

Graph 3: Overall effect of treatment on comparison between groups



DISCUSSION

In the present clinical trial, 65 patients were enrolled from the OPD of IPGAE & R at SVSP Hospital, Kolkata, after screening according to the predefined inclusion and exclusion criteria. The patients were randomly allocated into two groups: Group A and Group B. Group A initially consisted of 32 patients, of whom 2 discontinued the treatment due to a shortage of time, while Group B consisted of 33 patients, of whom 3 discontinued due to personal reasons. Thus, 60 patients, 30 in each group, completed the study and were included in the final analysis. The subjective assessment included *Sangbheda, Toda, Bhrama* and *Shula*, along with the modified ICHD-3 Rating Scale. Significant improvement was observed in all parameters in both groups ($p<0.001$). Group A showed 63.33%, 73.24%, 50.69%, 74.44% and 35.02% relief in *Sangbheda, Toda, Bhrama, Shula* and ICHD-3 Rating Scale, respectively, while Group B showed 36.23%, 35.29%, 36.36%, 31.82% and 22.43% relief, respectively. The probable mode of action of the mentioned drugs on *Agni, Shariika dosha, Manashika dosha* and to break the *Samprapti* (disease manifestation) are to be discussed. Properties of the ingredients of *Shadbindu Tailam* are basically *Vata-kaphashamaka; Shatavari* and *Yashtimadhu* are mild *Pittashamaka*, while *Jeevanti* and *Saindhava* are *Tridoshshamaka* in action. *Eranda* has *Vata-kapha shamak* property, which overcomes the disease. Its *Rasa* and *Agnideepak* action help to mitigate *Agnimandya*. *Sunthi* and *Tagara* have *Shothahara* and *Vedanahara*, controls the pain in migraine. *Jeevanti* is a potent *Rasayana* that helps to rejuvenate the nerves involved. *Shatavari* has *Shothahara, Vedanahara* and *Rasayana* properties and helps in relieving the disease. *Vidanga* and *Sunthi* both have *Vedanahara* and Krimighna actions, supporting the diminishing of headache and infections. *Saindhava* possesses *Vatahara* as well as *Chedana* property, which liquefies the *Kapha* engulfed in the head. *Tila Taila* is the best for alleviating vitiated *Vata dosha* as it possesses *Ushna, Tiksna, Vyavayi gunas*. It is also the best form of medicine to go through the minute channels to open any obstruction and nourish the sinuses and cavities. In the other group the drugs like *Vacha* and *Jyotismati* were used through the *Dhumpana* method; both have the property of *Vatakapha shaman* and *Tridosaghna*.

The *Samprapti vighatan* occurs by the virtue of these drugs and their appropriate actions. According to the Ayurvedic texts, *Nasa* is the gateway of the brain, which interrelates with the sensory and motor nerves through *Shringataka Marma* and spreads to the *Murdha, Netra, Shrotra, Kantha* and *Siramukha* etc. to eliminate the vitiated *Doshas*. The inhaled drugs used in *Nasya* stay in the upper airway. Access to the distal airways depends on particle size. Intermediate particles (1 to 4 micrometers.) reach the distal airways and are absorbed through the olfactory neurons, supporting cells and capillary bed and into the cerebrospinal fluid and plasma. Some of the drugs that are capable of crossing the blood brain barrier follow the systemic pathway to reach the brain. Some drugs are transported by nasal veins to the facial veins, which can enter the cavernous venous sinus of the brain. The pathway therefore increases the transportation of drugs into the ophthalmic and other veins of the brain. This results in better stimulation of the nerve endings and proper circulation with nourishment of the brain.

On the other hand, *Vacha* and *Jyotismati* are also used by *Dhumpana karma* as both have *Vatakaphahara* activity. It is an integral part of Ayurvedic *Dinacharya*. This type of treatment primarily helps in the prevention of *Vata* and *Kapha* associated disorders *(Urdhvajatrugata rogas).* It involves two components; viz. inhalation *(Aakshepa),* exhalation *(Visarga).* During the process of *Dhumpan* when administered, the drug releases its volatile substances inside the nasal canal. This causes vasodilatation and stimulation of nearby nerves. This also stimulates the endocrine system. It also acts as a Mucolytic agent if it reaches to the lungs.

CONCLUSION

The present randomised comparative clinical study demonstrated that both *Nasya* with *Shadbindu Taila* and *Dhumpana* with *Vacha* and *Jyotismati* produced significant improvement in the clinical features of *Ardhavabhedaka* (migraine). Significant improvement was observed in all the subjective parameters, namely *Sangbheda, Toda, Bhrama* and *Shula*, as well as in the modified ICHD-3 Rating Scale ($p<0.001$). Group A showed a greater percentage of relief across the assessed subjective parameters compared with Group B. Overall, 46 patients (76.66%) showed mild improvement, 13 patients (21.67%) showed moderate improvement and 1 patient (1.67%) showed marked improvement, with no cases of complete remission or insignificant improvement. The findings suggest that both interventions were beneficial in the management of *Ardhavabhedaka*, with their therapeutic effects possibly mediated through *Vata-Kapha Shamaka, Vedanahara, Shothahara* and *Rasayana* properties and subsequent *Samprapti Vighatana*. Within the limitations of the present study, *Nasya* with *Shadbindu Taila* demonstrated a greater percentage of improvement in the assessed clinical parameters than *Dhumpana* with *Vacha* and *Jyotismati*. Thus, both *Nasya* and *Dhumpana* may be considered useful Ayurvedic therapeutic approaches in the management of *Ardhavabhedaka* correlated with migraine.

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