

Case Report

Multimodal Ayurvedic Management of *Ardhavabhedaka* (Migraine without Aura) - A Case Report

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ABSTRACT:

Background: *Ardhavabhedaka* is a *Shiroroga* (disorder of head), characterized by severe *Sambheda* (piercing), *Toda* (pricking), *Shula* (pain), *Bhrama* (giddiness) on one side of the head. It can be correlated with Migraine. Migraine accounts for 16% of all the primary headaches, it is three times more common in women than in men. WHO ranks Migraine among the World's most disabling medical illnesses. **Clinical findings:** A 40-year-old female working as a teacher presented to the ENT OPD with unilateral headache, heaviness and nausea. Based on clinical features she was diagnosed with *Ardhavabhedaka* (Migraine without aura). VAS and MIDAS scale were 8 and 15 (Grade III) respectively. **Intervention:** Patient was subjected to *Sadyovirechana* with *Trivruth avaleha* followed by *Gudadi nasya* for 7 days and *Viddha Agni Karma* (therapeutic needle piercing and local cauterization) (on 1st and 4th day of *Nasya Karma*) and *Shirashoola Vajra rasa* (1/BD/AF with water for 7 days) was administered orally, along with dietary and lifestyle modifications. **Outcome:** VAS score reduced from 8 at baseline to 0 post treatment. Similarly the MIDAS improved from 15 (Grade III) before treatment to 0 (Grade I) at first follow-up and second follow-up. The patient remained symptom free with no recurrence of migraine attacks during six months of follow-up. **Conclusion:** This case report highlights the potential role of multimodal approach in the management of *Ardhavabhedaka* after *Kaya Shodhana* (body purification), *Viddha karma* and *Agni karma* helped in pain management, nose is considered as gateway of *Shiras*, So the drugs having *Teekshna*, *Ushna* in nature and having *Srotoshodaka* (channel cleansing) property were used in *Nasya karma*. *Shirashoola Vajra rasa* is indicated in all types of *Shiroroga*. Patient experienced relief from symptoms and marked improvement was seen on all parameters. This suggest potential benefit of given treatment and requires validation through further studies.

KEYWORDS: *Ardhavabhedaka*, Case report, *Gudadi nasya*, Headache, MIDAS, Migraine, *Viddha karma*, *Agni karma*.

RECEIVED ON:
13-04-2026

REVISED ON:
21-06-2026; 24-08-2026

ACCEPTED ON:
18-10-2026

Access This Article Online:

Quick Response Code:



Website Link:

<https://jahm.co.in>

DOI Link:

<https://doi.org/10.70066/jahm.v14i9.2743>

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CITE THIS ARTICLE AS

Pratima Patil, Gururaj N, Veerayya Hiremath, Shashikala K, Anita K, Nithin V. Multimodal Ayurvedic Management of *Ardhavabhedaka* (Migraine without Aura) - A Case Report. Journal of Ayurveda and Holistic Medicine (JAHM) 2026; 14(9):129-138.

1. INTRODUCTION

Ardhavabhedaka is characterized by *Ardha Mastaka Vedana* (pain in half side of the head). [1] This disease can be correlated to migraine. It is an episodic headache sickness. Prevalence of migraine is about 6-8% in men and 12-15% in women. In terms of actual numbers of attacks, combined figures from prevalence and incidence studies suggest 3000 migraine attacks occur every day for each million of the general population. According to the International Headache Society (IHS), migraine attacks are recurrent and last 4-72 hours. [2] According to *Sushruta*, *Ardhavabhedaka* is *Tridoshaja* [1] and *Charaka* has told it as *Vataja* or *Vata-kaphaja*. [3] *Vagbhata* has enumerated it as *Vataja Vyadi*. [4] *Ayurveda* emphasizes various treatment modalities for *Shiroroga* including *Ardhavabhedaka* which includes *Nasya*, [5] *Snehana* (Oleation), *Swedana* (fomentation), *Virechana* (purgation), *Dhumapana* (fumigation) and *Sneha bhojana* (unctuous food). Migraine results from the combined effect of unrestful sleep, sympathetic/parasympathetic imbalance and an unstable or depressive mood, all of which contribute to a state of low mental energy, potentially through the exhaustion of hypothalamic homeostatic networks. [6] Typical characteristics of migraine attacks include unilateral location, pulsating quality, moderate or severe pain intensity, aggravation by habitual physical activity and an association with digestive symptoms (e.g., nausea, vomiting) and/or photo and phonophobia. [2] A wide range of medications is available, long-term use of them may cause systemic side effects.

Due to *Nidana sevana* and stressful work environment there occurs *Tridosha prakopa*. In the multimodal approach of the disease, *Deepana Pachana* increases *Agni* and reduces *Ama*, *Sadyovirechana* is described as detoxifying the body and *Nasya* addresses *dosha* involvement in head region, *Viddha karma* and *Agni karma* provide targeted local intervention for migraine pain and it is cost effective. *Shirashoola Vajra Rasa* helps in subsiding the *Tridosha* of *Ardhavabhedaka*. Patient was advised to follow dietary and lifestyle modification, this multimodal approach helps in

Samprapti Vighatana through both systemic and local therapeutics, showed clinically significant improvement in headache severity, and associated symptoms.

2. CASE REPORT:

A 40-year-old female working as a teacher came to our ENT OPD on 11/12/2025, with symptoms of pain in right half side head, heaviness and nausea in the past 3 days. The nature of pain was moderate to severe associated sometimes with nausea. For above mentioned complaints she came to our hospital.

History of past illness: Patient had repeated history of headache twice or thrice in a month since one year. She consulted a physician and was treated with conventional medications such as NSAIDs/analgesics during acute episodes, which provided temporary relief, no regular prophylactic treatment was given. The patient had no history of previous *Ayurvedic* treatment there was no history of hospitalization or surgical intervention related to headache. No history of Diabetes mellitus, Hypertension and any other systemic illness was found.

Family history- There was no family history of recurrent headache, migraine, neurological disorders or other hereditary disease.

Medical History: Patient had used NSAIDs and got symptomatic relief.

Psycho-social history: Occupational Stress is evident in the workplace.

Clinical findings: General Examination: Pulse: 78bpm, Respiratory rate: 20cpm, Blood pressure: 110/78mmHg
Systemic examination: CNS: Conscious and Oriented, CVS: S1 & S2 heard, no murmurs, RS: NVBS heard, P/A: Soft & nontender.

Dashavidha Pareeksha revealed *Prakriti* (physical constitution) *Manasa prakriti* (mental constitution) was *Satva-tama*, *Sara* (excellence of tissue element) was *Twak sara*, *Samhanana* (compactness of tissue or organs) was *Madhyama*, *Satmya*(homologation) was *Sarva rasa*, *Satva* (psyche) and *Vaya* (age) were *Madhyama*. *Aharashakti* (capacity of ingestion) was examined as *Abhyavarana*

(power of ingestion) and *Jaranashakti* (digestion power) was also found to be *Madhyama*.

Sthanika pareeksha:

EYE, ENT and PNS examination were all normal on 11/12/2025.

Table no. 1: Time line

Date /Year	Event
2024 (Age 39 years)	Initial symptoms appeared- pain in half side of head, nausea and tiredness.
8/12/2025	Appearance of similar symptoms.
11/12/2025	First consultation and diagnosis of Migraine without aura was made (<i>Tridoshaja Ardhavabhedaka</i>) And baseline investigations were done.
12/12/2025-25/12/2025	Treatment started with <i>Amapachana</i> , <i>Sadyovirechana</i> , <i>Nasya</i> , <i>Viddha karma</i> and <i>Agni karma</i> Internally – <i>Shirashoola vajra rasa</i> was given.
16/03/2026	First follow-up- no attack of migraine was observed.
18/06/2026	Second follow-up-no attack of migraine was observed.

Diagnostic Assessment: In the present study the patient presented with recurrent unilateral right side headache of moderate to severe intensity associated with nausea and photophobia. There was no history of preceding visual, sensory or speech disturbance. Clinical picture was most consistent with migraine without aura according to International Criteria of Headache Disorder (ICHD-3). [2] Migraine related disability was evaluated using MIDAS (Migraine Disability Assessment) questionnaire which

evaluates headache related disability over the preceding three months by recording days of missed or reduced productivity in work or educational and social activities [7] and pain assessment through VAS (Visual analogue scale). [8]

Patient was diagnosed as Migraine (without aura), *Tridoshaja Ardhavabhedaka* based on signs and symptoms like throbbing type of headache and nausea.

Table no. 2: Differential diagnosis

Differential diagnosis	Inclusion criteria	Exclusion criteria	Diagnostic explanation
Frontal sinusitis of right side	Pain around eyebrows and forehead.	Absence of nasal obstruction/ discharge, no active Sino nasal disease.	Frontal sinusitis can mimic frontal migraine because both may produce forehead pain. The presence of prominent nasal symptoms favors sinusitis.
Cluster headache	Severe unilateral orbital, supra orbital or temporal headache, usually associated with recurrent attack	No ipsilateral lacrimation, conjunctival congestion, nasal blockage/discharge.	Cluster headache is characterized by strictly unilateral severe orbital/ supra orbital pain with prominent ipsilateral cranial autonomic symptoms. The absence of these autonomic features and the presence of nausea favoured migraine rather than cluster headache.
Migraine with aura	Unilateral headache with nausea and history of recurrent headache attacks	No Visual disturbances, sensory changes and speech difficulties. No transient neurological symptoms preceding or accompanying the headache.	Aura consists of fully Typical aura symptoms generally develop and gradually last 5-60 min.

Migraine without aura	Recurrent throbbing, severe intensity with nausea, attacks typically last 4-72 hours.	unilateral severe disturbances, sensory changes and speech difficulties.	Without neurological aura like Visual	The patient presented with recurrent unilateral right side headache of moderate to severe intensity associated with nausea and photophobia. There was no history of preceding visual, sensory or speech disturbance. Clinical picture was most consistent with migraine without aura according to International Criteria of Headache Disorder (ICHD-3).
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Diagnostic challenges: Symptoms of Migraine overlap with other headache disorders and the lack of an objective diagnostic test to confirm the disease make the diagnosis difficult. So, the diagnosis primarily depends on history, clinical and neurological examination.

Therapeutic Intervention:

14 days treatment was given to the patient, detailed treatment timeline is stated in [table number 3](#).

1. *Sadyovirechana with Trivruth avaleha*
2. *Gudadi Nasya-7 days*
3. *Viddha and Agni Karma- 2 sittings*
4. *Shirashoola Vajra rasa tablet (1/BD/AF)-7 days*

Procedure of Nasya:

Purvakarma: Collection of material: *Mahanaraya taila*, *Aushada dravya:* *Guda and Ardraka* (20 grams each), *Haridra, Trikatu churna*, cotton.

Preparation of the patient: Procedure explained to the patient, written consent taken, patient made to lie down in a supine position.

Medicine preparation- Equal quantities of *Guda* and *Nagara* are taken in a *Khalvayantra* and triturate the *Dravya*.

Obtained *Swarasa* is taken in a dropper.

Abhyanga with *Mahanarayana taila* for 15 minutes.

Steam inhalation for 5 minutes.

Pradhana karma: 2 *Bindu* (1 *Bindu* is 0.5 ml [9], total 1 ml) of *Gudadi nasya* were instilled in each nostril.

Paschat karma

Patient made to spit the *Dravya* which came in the throat.

Gargling with hot water.

Haridra and *Trikatu varti dhoomapana* 3 times in each nostril.

Procedure of Viddha Karma and Agni Karma:

Purva karma: Collection of material: 26 gauge ½ inch dispo van hypodermic needle (26 ½needle), *Rajata shalaka* (7 cm long, 2mm thick tip), cotton, betadine solution, candle, and needle holding forceps.

Preparation of patient: *Viddha karma* and *Agni karma* was done after *Nasya karma*.

Procedure was explained to the patient

Patient was made to sit on a knee height chair

Site of *Viddha karma* and *Agni karma* was wiped with betadine solution

Pradhana karma: Site for *Viddha karma:*

Apanga site: An imaginary line was drawn from tragus of right ear to outer cantus of right eye and a distance of 10 mm from outer cantus was marked on the imaginary line for *Viddha karma*.

Nasasameepa site: Junction of Upper lateral cartilage and lower lateral cartilage at alar grove of right nostril was marked for 2nd site of *Viddha karma*.

With 26 ½ needle, 15 mm deep prick was made on right side at *Apanga* and *Nasasameepa*.

Agni karma: Highest tender point was elicited and marked on temporal region, *Rajata shalaka* was held with needle holding forceps and indirect heat was passed onto it by heating the other end of *Shalaka* with candle, when patient felt heat sensation *Shalaka* was removed ([figure no 2](#)).

Paschat karma: The *Viddha karma* point was wiped with cotton swab and *Go-Grita* was applied on *Agni karma* point.

Observation: No irritation or giddiness was observed after the treatment.

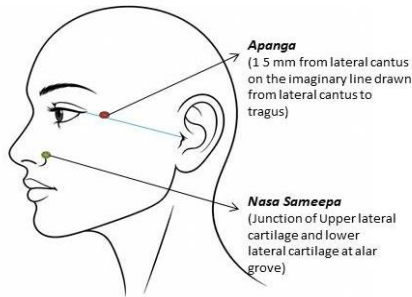


Fig 1.1: Sites of Viddha karma



Fig 1.2: Viddha karma at Apanga



Fig 1.3: Viddha karma at Nasasameepa



Figure no.1: Viddha karma with 26 and ½ needle

Figure no. 2: Agni karma with Rajata shalaka

Table no. 3: Intervention with detailed description from 12/12/2025-25/12/2025.

Sl.No	Date	Intervention	Medicine	Description
1	12/12/2025-14/12/2025	Deepana – pachana	Agnitundi vati 1/BD/BF internally with water (Dhutpapeshwara F260400020).	Amapachana
2	15/12/2025	Sadyo Virechana (therapeutic purgation)	Trivruth Avaleha 60 gram with a 50 ml of milk (Vaidyaratnam 25C2773).	Clinical monitoring of patient before and after Virechana therapy was done.10 bouts of purgation were observed, following the administration of the Trivruth avaleha. The adequacy of Virechana was assessed with reference to the classical features of Samyak virechana lakshana like Vatanulomana, Kapha pitta anila anuloma and laghutwa were observed by the patient. Patient was advised to take sip by sip warm water to maintain the hydration status and vitals were monitored throughout the Virechana therapy to know the general status of the patient.
3	16/12/2025-18/12/2025	Samsarjana krama	-	Gruel (1 day), Khichadi (1 day), Normal food (1 day)
4	19/12/2025-25/12/2025	Gudadi Nasya	Abhyanga (therapeutic massage) with Mahanarayana taila (Aryavaidya pharmacy T040/05), steam inhalation followed by instillation 2 Bindu of Gudadi nasya in each nostril [10] and gargling with Ushna jala, Dhoomapana with Haridra, Trikatu varti and advised to follow Pathya And Shirashoola vajra rasa tablet 1/BD/AF with water (Dhootapapeshwara F260400128)	Pathya-Apathya Advised Ahara - Patient was advised to Avoid Atisheeta, Madhura, Atikatu, Lavana, Kshara pradhana ahara, and advised to take Ushna jala internally. Vihara Patient was advised to follow Brahmacharya, avoid Ratrijagarana, Vata Atapa sevana, diwaswapna, Manasika klesha and Vishada.
5	19/12/2025 and 22/12/2025 (2 sittings)	Viddha karma with 26 ½ needle, Agni karma with Rajata shalaka (OPD basis)	-	Application of Go-Grita over Agni karma point.

3. RESULTS:

Patient demonstrated significant reduction in symptoms following treatment. The VAS score decreased from 8 before treatment to 0 after treatment, first and second follow-up. Indicating complete relief from pain. The MIDAS scores decreased from 15 (Grade III) at baseline to 0 (Grade I) at first and second follow-up assessment. Further no

Table no. 4: Follow-up and outcome

Sl. no	Particulars	Before treatment 11/12/2025	During treatment 19/12/2025	After treatment 25/12/2025	First Follow-up 16/03/2026	Second Follow-up 18/06/2026
1	VAS scale score	8	4	0	0	0
2	MIDAS scale score	15	-	-	0	0

Adherence: Adherence to the prescribed medicines was assessed through regular pill counts, maintenance of patient's diary, clinical enquiries during follow-up visits and confirmation of completion of the planned therapeutic procedure by IP admission during the treatment period.

Tolerability: Tolerability was evaluated through clinical monitoring and patient's enquiry regarding discomfort or adverse effects following medication administration and during therapeutic procedure. The patient experienced mild burning sensation following administration of *Gudadi Nasya* which was reported to be tolerable. Fear related to *Viddha Agni karma* was addressed through appropriate patient counselling.

Adverse and Unanticipated Events: No adverse events were reported following the administration of medications or the performance of therapeutic procedures during the treatment protocol.

4. DISCUSSION:

In the present case, patient presented with right side headache with nausea, occurring approximately two to three times per month for one year. The timeline of clinical presentation, treatment and follow-up is depicted in [table no 1](#). The diagnosis was made clinically as migraine without aura ([table no 2](#)). The treatment was planned according to the *Ayurvedic* understanding of the disease and patients clinical presentation. The *Agnitundi vati* was administered

recurrence of symptoms was noted during the six months of follow-up ([Table no 4](#)).

Follow-Up and Outcome: *Ardhavabhedaka* corresponded to migraine. Management was oriented to *Sadyovirechana*, *Srotoshodhana* and pain management. VAS and MIDAS scores are depicted in ([Table no 4](#)).

before the therapeutic intervention, which restores *Agni* and reduces *Ama* in the body.

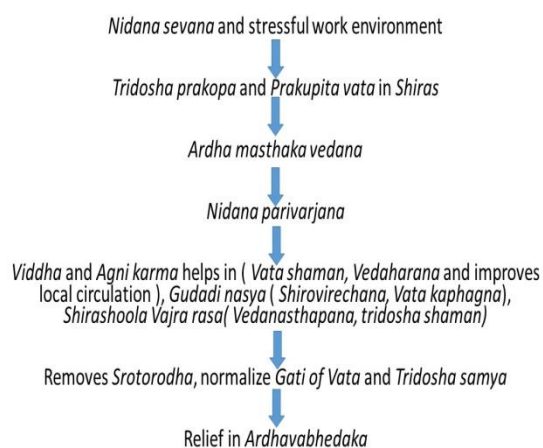
Trivruth Avaleha which acts as *Sukha Virechaka* (bio-purificatory procedure) was administered, it removes toxins and aid in better absorption of oral medications, owing to improved metabolic status of the patient. In the previous study on *Ardhavabhedaka* reported the use of *Sadyovirechana* with *Gandharvahastadi Eranda Taila*, highlighting the importance of gut purification and elimination of vitiated *Doshas* from the *Kosta*. [11]

Abhyanga with *Mahanarayana taila* pacifies the *Vata* and acts as *Srotoshodaka* [12], softens the body and eliminates the accumulated *Mala*. *Nadi Swedana* relieves the stiffness, heaviness and coldness of the body and produce sweating. By the process of *Snehana* and *Swedana* the blood vessels of skin become dilated and local circulation of blood will be increased. The medicine applied locally is also absorbed by the skin and exerts its effects locally. [13]

Viddha karma (acupuncture) was performed at the selected site as mentioned in the classic. *Viddha karma* was done at *Apanga* and *Nasa sameepa* [14] with 26 and 1/2 needle 1.5 mm deep prick was made ([Figure no 1](#)). Modern research supports this mechanism. The study titled "Use of Complementary and Alternative Medicine in Patients with Migraine" reports that the insertion of acupuncture needles stimulates A-delta and C nerve fibers. This stimulation

activates neural pathways in the brain, promoting the release of endogenous opioid peptides, such as dynorphins, endorphins, and enkephalins. These neuropeptides may contribute to the analgesic effects of acupuncture by modulating pain perception. [15]

In *Agni karma Chikitsa*, *Shalaka dahanopakarana* was used which is made up of *Rajata* (Silver) and *Tamra* (Copper). Site of *Agnikarma* in *Shiroroga* is *Shankha* [16] (affected temporal area of face) most tender point was elicited and marked on the temporal region in *Bindu akruti* (in the form of dot) ([Figure no 2](#)). In a pilot study on Migraine evaluated the efficacy of *Agnikarma* combined with *Pathyadi* decoction. Where study quoted *Agni* has *Ushna Guna*, it gets transferred to *Twak* (skin) by *Agnikarma*. *Ushna Guna* normalizes *Vata* and *Kapha*. [17] The thermotherapy reduces acute pain by inhibiting pain signals. Hence, *Agnikarma* over the temporal area, which is a site of the sensory nerves of the trigeminal nerve, it inhibits the pain pathway of the nerve leading to reduction in pain. [18] The presumed effect of given treatment is depicted in ([Flow chart no 1](#))



Flow chart 1: Mode of action of given treatment.

In the present study, a *Rajata shalaka* was used for *Agni karma*. *Rajata* possesses *Snigda*, *Lekhana* properties and acts as *Vatakapahara*. [19] Silver exhibits highest thermal and electrical conductivity among all metals. [20] *Rajata shalaka* was prepared by alloying 95% *Rajata* with 5% of *Tamra*. The addition of *Tamra* enhances the hardness,

increases tensile strength and resists bending, making the *shalaka* suitable for performing *Agni karma* ([Figure no 3](#)).



Figure no.3: Rajata Shalaka

Gudadi Nasya [21] was another major component of the present treatment. “*Nasa hi Shiraso Dwaram*”, instillation of medicines through *nose* reaches *Shringataka marma* and *Shiras*. Modern researches establish the relationship between brain and nose. Nasal or olfactory mucosa is the only passage that directly links brain & outer environment. From nose medicine gets absorbed via three pathways - nasal mucosa, vascular pathway and neural pathway. [22] The component of *Gudadi nasya* are *Guda* and *Ardra*. *Ardra* possesses qualities like *Katu rasa*, *Madhura vipaka*, *Ruksha tikshna guna*, *Ushna virya* act as *Kapha vatashamaka*. [23] *Guda* has *Madhura rasa* and *Vipaka*, *Alpa ushna guna*, *Ushna virya* has *Vatapittagna* property and act as *Balya* and *Raktashodhaka*. [24] *Gudadi nasya* helps in *Srotoshodhana* and *Doshaharana*.

Shirashoola Vajra rasa [25] was administered internally during the treatment period. The formulation contains *Shuddha Parada*, *Shuddha Gandhaka*, *Loha bhasma*, *Guggulu*, *Triphala*, *Yashtimadhu*, *Vidanga*, *Shunthi*, *Gokshura*, *Dashamoola*. It acts as *Tridoshagna* and traditionally indicated in *Shiroroga*.

Limitations: The single-case design limits generalizability. The synergistic effect of the multiple interventions makes it impossible to attribute the outcome to any single therapy. Larger studies are warranted to substantiate these results.

Strengths: The primary strength is the comprehensive application of *Shodhana* (purification) and *Shamana* (pacification) therapies, which effectively prevented recurrence of the disease, a marked improvement over the patient's history of frequent relapses with allopathic treatment.

5. CONCLUSION:

Migraine is one of the most common neurovascular disorders characterized by unilateral headache with nausea etc. and recurrent attacks. The economic and social burden of migraine is substantial, and it affects patient's quality of life. In this case study a 40-years- old female working as a teacher came to our OPD with half side throbbing type of pain and nausea occurring twice or thrice in a month for 1 year. This article emphasizes the importance of *Ayurvedic* treatment protocol for 14 days which was planned on vitiated *Dosha* comprising *Deepana- Pachana, Sadyovirecana* followed by *Gudadi nasya, Viddha, Agni karma and Shirashoola vajra rasa internally* along with strict adherence to *Pathya and avoidance of Apathya*. This comprehensive therapeutic approach was aimed at subsiding the *Tridosha* involvement and thereby alleviating the clinical manifestation of the disease. The VAS score decreased from 8 before treatment to 0 after treatment and MIDAS scores decreased from 15(Grade III) at baseline to 0 (Grade I) at the first follow-up and VAS score 0 and MIDAS 0 (Grade I) at second follow-up assessment ([Table no 4](#)). Patient showed no recurrence of headache during six months of follow-up. No adverse event was reported throughout the treatment and follow-up indicating that the protocol was safe and well tolerated by the patient. The follow-up findings, including the recorded VAS and MIDAS scores and the reported absence of recurrence, provide preliminary clinical observation regarding outcome of this combined approach. As this was a single case study involving multiple interventions, further large-scale studies have to be done to establish the effectiveness of the treatment.

Key Message: *Ayurvedic* intervention *Deepana and Pachana, Sadyovirechana, Nasya, Viddha Agni karma*, along with systemic therapies offers a multimodal *Ayurvedic* treatment protocol in the management of the disease in an effective way. Further controlled studies are required to establish its efficacy.

Abbreviations:

OPD- Out patient department; IP- In-patient

NVBS- Normal Vesicular Breath Sounds

bpm- beats per minute; cpm- cycles per minute

A/f-after food; VAS-Visual analogue scale

MIDAS-Migraine disability assessment scale

NSAIDS-Non steroidal Anti-inflammatory Drugs.

Declaration of Patient Consent – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

Patient's Perspective: I was worried about repeated episodes of headache, as it was disturbing my routine activities. After *Ayurvedic* treatment within few days' I was able to appreciate reduction in episode and time duration of headache, nausea. I was satisfied with *Ayurvedic* treatment.

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Conceptualization and clinical management: PP, GN

Data collection and literature search: PP

Writing – original draft preparation: PP

Reviewing & editing: GN, NV

Approval of final manuscript: All authors

Data Availability Statement: The data supporting the findings of this report are available from the corresponding author upon reasonable request, subject to patient confidentiality and applicable ethical requirements.

Ethical Statement: Written informed consent was obtained from the patient for publication of the clinical information and accompanying

images. The requirement for Institutional Ethics Committee approval was waived in accordance with the applicable institutional policy.

Declaration of Generative AI: The authors declare this manuscript was written without the use of generative artificial intelligence tools. All the content, including text generation, data analysis and references was developed and reviewed by the author without assistance from AI technologies.

Conflict of Interest – The authors declare no conflicts of interest.

Source of Support – The authors declare no source of support.

Additional Information: Authors can order reprints (print copies) of their articles by visiting: <https://www.akinik.com/products/2281/journal-of-ayurveda-and-holistic-medicine-jahm>

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