



Case Report

Holistic management of Ardhavabhedaka (migraine with aura): A case report

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ABSTRACT:

Background: Migraine is one of the most common neurovascular disabling disorders encountered in *Shalakya* practice. It can be defined as a paroxysmal affection with a sudden onset, usually accompanied by a severe, unilateral headache. It is a widespread, chronic, intermittently disabling disorder with or without aura. In *Ayurveda*, Migraine is described as *Ardhavabhedaka*, which is a major health issue among people in the age group 20-50 years. The attack gives warning before it strikes, black spots or a brilliant zigzag line appear before the eyes, has blurring of vision or halos around the light. This type of headache is called headache with aura. **Clinical Findings:** A female patient of 35 years presented with the complaints that she suddenly developed black dots, an urge to loss of vision, and then vision recovered, i.e., on and off vision block associated with recurrent attacks of headache associated with gastric disturbance. She was diagnosed with a case of Migraine with aura and was well managed with the *Ayurvedic* treatment modalities. **Interventions:** The treatment was planned after a thorough analysis of the patient based on *Ayurvedic* principles. Patient was subjected to *Shodhana Chikitsa*, *Kriyakalpa* procedures, *Shamana Chikitsa*, dietary and lifestyle modification. **Outcome:** Significant changes were observed in the patient, with a reduction in symptoms; the MIDAS score decreased from Grade IV (score>21) to Grade I (score 1), and visual acuity improved from 6/60 to 6/6 in the affected eye. **Conclusion:** This case report highlights the successful management of a chronic case with a 3-year history, which experienced significant improvement in migraine with aura symptoms over a period of 6 months with *Ayurvedic* treatment, including 13 days of *Panchakarma* and 90 days of internal medications, *Yoga*, and *Pranayama*.

KEYWORDS: *Ardhavabhedaka*, Case report, Migraine, *Shodhana chikitsa*, *Shamana Chikitsa*

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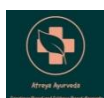
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1. INTRODUCTION

Migraine is a widespread, chronic, intermittently disabling neurological disorder characterized by recurrent headaches with or without aura. The Migraine Research Foundation considers migraine as the 3rd most prevalent and 6th most disabling illness in the world. [3] Patients with migraine are more prone to experience depression, anxiety, sleep disorders, fatigue, and other pain conditions. [1] It has a multifactorial etiology such as genetic, environmental, metabolic, hormonal, and pharmacological factors, [2] and these factors trigger migraine attacks, which vary among individuals. The global incidence increases between 35 and 50 years of age, affecting 25–30% of women and 8% of men, then diminishes as people age. [3] Epidemiological studies estimate that approximately 3000 migraine attacks occur every day for each million of the general population. [4]

Migraine pain is typically unilateral, throbbing or pulsating, and lasts for 4–72 hours. [5] Hormonal changes may also play a major role in the case of migraine, affecting boys more than girls before puberty and becoming 2–3 times more common in women. [6] About 1/3rd of people experience aura, usually visual disturbances preceding the headache. [7] Migraine is believed to be a neurovascular disorder with evidence supporting its mechanism starting within the brain and subsequently affecting blood vessels. [8] Serotonin and estrogen play a vital role in migraine pathophysiology; low serotonin levels constrict cranial blood vessels and massively activate peripheral nerve endings, triggering pain, [9] while estrogen mainly affects females of reproductive age. [10]

In *Ayurveda*, *Ardhavabhedaka*, characterized by “half-sided headache,” corresponds to migraine in scientific terms. *Ayurvedic Samhita* describe it as a *Tridoshaja* with predominance of *Vata* or *Vata-Kapha Dosha*. [11] Aggravated *Vatadi Doshas* result in the vitiation of *Rakta Dhatu* in the *Shiras*, leading to the manifestation of *Ardhavabhedaka*.

Chikitsa Sutra includes *Chatu-sneha*, *Shirovirechana*, *Kaya Shodhana*, *Nadisweda*, *Niruha* and *Anuvasana basti*, *Upanaha*, and *Shirobasti*. [12] The uniqueness of the present study is that the condition involved not only unilateral headache but also prominent visual symptoms like transient blackout and other associated symptoms, which were successfully managed by an *Ayurvedic* treatment protocol. This case report sets an example that *Ayurveda* has an effective and safe management for the condition of Migraine with a visual aura.

2. CASE REPORT:

A 35-year-old female patient who was N/K/C/O-DM/HTN/Hypothyroidism and a sales executive by profession presented with the chief complaint - half-sided headache which was intense and throbbing in nature, transient blackout and then vision recovered, i.e., on and off vision block associated with recurrent attacks of headache, which occurs twice a week since 3 years and is associated with nausea, vomiting. She has consulted many physicians but got very minimal relief/no relief. For the above-mentioned complaints, she was admitted to our hospital and treated successfully.

Family history: Nothing specific

Clinical Findings:

On general examination, the patient was afebrile, BP was 120/80mmHg, Pulse 77/min, sleep was disturbed, and she had stress. On examination, there was frontal sinus tenderness and stiffness of the neck on the left side was noted. On oral cavity examination *Jivha Liptata* was seen. *Dashavidha Pariksha* revealed *Pitta Prakruti*, *Ahara Shakti* was *Avara*, *Vyayama Shakti*, and *Jarana Shakti* were *Madhyama*.

Investigation:

Routine hematological and urine investigation, as well as a CT scan of the brain, were carried out, and findings were not of any pathological significance.

The objective parameter, i.e., visual acuity was assessed.

Table 1: Timeline

Date/Year	Event
2021 (Age 32 years)	Initial symptoms appeared – Black spot, gradual loss of vision and recovery of vision within a few seconds to half an hour, followed by headache.
April 2023 (Age 35 years)	First clinical consultation and diagnosis of Migraine with aura (<i>Tridoshaja Ardhavabhedaka</i>)
April 2023	Baseline investigations – Hematological and Routine Urine test, CT scan of the brain, Visual Acuity test
April 2023	Treatment initiated with <i>Amapachana</i>
June 2023	First Follow-up – No attack of migraine
August 2023	Second Follow-up – No attack of migraine

Diagnostic Assessment:

Diagnosis depends on medical history and the exclusion of other causes of headache attacks. The diagnostic assessment, i.e., Migraine-related disability, was evaluated using the MIDAS (Migraine Disability Assessment) questionnaire ([Table no 2](#)), also based on the history of the patient and the presence of symptoms like headache, nausea, vomiting, blurred vision and loss of vision in the patient. ([Table no 3](#))

Therapeutic Interventions:

Comprehensive treatment of 13 days. Detailed treatment timeline, IP- based and oral spanned for 90 days is stated in [Table 4](#). Therapeutic *yoga, pranayama* and eye exercise were advised after the treatment period.

Table no 4: Differential Diagnosis

Differential Diagnosis	Inclusion	Exclusion
<i>Vata-Kaphaja</i> (<i>Ardhavabhedaka</i>) (Migraine without aura)	Half-sided headache, mild to severe and throbbing or pulsating in nature, nausea, and vomiting.	Doesn't precede neurological aura
<i>Tridoshaja Ardhavabhedaka</i> (Migraine with aura)	Half-sided headache, intense and throbbing in nature, nausea, vomiting, blurred vision, blind spots, and temporary loss of vision.	

Table No. 2: Migraine Disability Assessment Score [13]

MIDAS Score	Disability Grade
0-5	Grade 1- Little or no disability
6-10	Grade 2 – Mild disability
11-20	Grade 3- Moderate disability
21 or >21	Grade 4- Severe disability

Table No. 3: *Dosha* assessment based on *Lakshanas*.

<i>Lakshana</i>	Involvement of <i>Dosha</i>
Headache –Throbbing in nature	Probable involved dosha is <i>Vata</i>
Nausea	Probable involved dosha is <i>Kapha</i>
Vomiting	Probable involved dosha is <i>Pitta</i>
Hence, based on these clinical features and associated <i>doshas</i> it can be considered as a <i>Tridoshaja</i> involved <i>Ardhavabhedaka</i>	

Table No. 5: Comprehensive Treatment Protocol Administered

Date	Internal Medication	Procedures	<i>Kriyakalpa</i>	Notes
30/04/2023 – 02/05/2023	<i>Chitrakadi Vati</i> 2BD B/F	-	-	<i>Amapachana</i>
03/05/2023	-	<i>Sadyo Virechana</i> with <i>Gandharvahastadi taila</i> 60ml with 100ml of <i>Ksheera</i>		Patient had 6 Vegas
04/05/2023	Tab. <i>Shilajatwadi Vati</i> 1 OD A/F	<i>Pratimarsha Nasya</i> with <i>Ksheerabala taila</i> 2 drops in each nostril		Assessment of signs and symptoms

05/05/2023			<i>Pratimarsha Nasya with Ksheerabala Taila</i> 2 drops in each nostril		
06/05/2023			1. <i>Pratimarsha Nasya with Ksheerabala taila</i> 1 Bindu in each nostril 2. <i>Anuvasana Basti with Dhanwantaram taila</i> - 60ml		
07/05/2023- 09/05/2023	Tab. <i>Shilajatwadi Vati</i> [Baidhyanath Pharmacy] 1 OD A/F <i>Laghusutshakar vati</i> with gold [SDM pharmacy] 1 OD A/F <i>Triphala Guggulu</i> [KLE Pharmacy] 1 TID		1. <i>Pratimarsha Nasya with Ksheerabala taila</i> 2 drops in each nostril 2. <i>Balaguduchyadi Niruha Basti</i> (Morning) 3. <i>Anuvasana Basti with Dhanwantaram taila</i> - 60ml (Evening)	1. <i>Ksheeraseka</i> 2. <i>Bidalaka with Amalaki Churna + Guduchi Churna + Gairika Churna + Ghritakumari</i>	
10/05/2023			1. <i>Pratimarsha Nasya with Ksheerabala taila</i> 2 drops in each nostril 2. <i>Anuvasana Basti with Dhanwantaram taila</i> - 60ml		Continued same
11/05/2023 - 12/05/2023			-	1. <i>Tarpana</i> with <i>Jeevantyadi Ghrita</i> 2. <i>Bidalaka with Amalaki churna + Guduchi Churna + Gairika Churna + Ghritakumari</i>	
12/05/2023	1. Capsule Helin for steam twice a day 2. <i>Triphala guggulu</i> 1 BD (A/F) 3. <i>Sutashekara Vati</i> 1 OD (A/F) 4. Tab. <i>Shilajatwadi Vati</i> 1 OD(A/F)	-	-	-	On Post Discharge medication

3. FOLLOW UP AND OUTCOME:

Table No 6: Visual acuity and MIDAS score assessment

	Visual Acuity		MIDAS	
	Right Eye	Left Eye	Score	Grade
Before Treatment	6/60	6/6	More than 21	IV
After Treatment	6/6	6/6	01	I

After discharge, the patient was advised to visit once a month. Symptomatic improvement was noted after IPD management.

Adherence: Medication records, daily treatment logs, and telephonic follow-up verifying consistent medication intake were used to check adherence.

Tolerance: Tolerance was assessed based on clinical monitoring and reported outcomes for any adverse drug reactions during treatment and follow-up; none of this was noted during the whole period.

Table no 7: Follow up observations

1 st Follow-up	After the 30 th day, the patient came for follow-up, and there was no attack of migraine during this period. So, she was advised to continue the same medications and Vyayama & Pranayama.
2 nd Follow-up	After two months from the date of 1 st follow-up, a patient came with no attacks of migraine and no blurred vision, and vision was 6/6 in both eyes, and was asked to continue the same medication, but the patient didn't come for 3 rd follow-up. After 3 months, she called and said that she didn't have the previously mentioned symptoms.

3. RESULTS:

Significant changes in signs and symptoms were noticed before and after treatment within short course duration of 13 days. On the 1st day, the patient had a severe headache with blurred vision; on the 8th day, there was a reduction in headache duration. On the 12th day, she had no headache and felt happy. On the 1st and 2nd follow-ups, there was no attack of migraine during the course of duration and on the 2nd follow-up, there was no blurred vision. After 3 months, when she called, there were no complaints.

4. DISCUSSION:

A visual migraine aura is a transient disturbance in vision, usually appearing as blind spots, bright shimmering spots or zigzags that occurs before or during a headache and lasts for 10-30 minutes. Usually, it affects both eyes and acts as a warning sign for a headache. Stress, bright light, improper food habits and sleep patterns, hormonal variations may lead to alterations in the brain activity, particularly in how the brain processes and reacts to sensory inputs, and in turn leads to increased excitability and a diminished capacity to adapt to repeated stimuli, especially in the visual areas. As per classical literature, all the *Tridoshas* are involved in the pathogenesis of *Ardhavabhedaka* with the predominance of

Vata or *Vatakapha* [14] and if *Ardhavabhedaka* is left untreated or poorly managed, it can lead to severe complications, including vision impairment, eye damage, and hearing loss. Based on the *Samprapti*, the treatment plan (*Samprapti Vighatameva Chikitsa*) was planned, for vitiated *kapha dosha*, *Ama – Pachana* and *Deepana* are required, for vitiated *Pitta Dosha Madhura-Sita- Madhura Dravyas* like *Sutashekhara Vati* is recommended, for vitiated *Vata Dosha Basti* and *Nasya* can be planned.

Shodhana and *Shamana*, both treatment therapy, were administered to the patient. According to *Acharya Vagbhata*, "*Roga Sarveapi Mandagni*" *Mandagni* is the cause of all diseases; it causes the formation of *Ama*. So, for *Amapachana*, ([Table no. 5](#)) *Chitrakadi Vati* was given. *Chitraka* has both *Deepana* and *Pachana* properties, lightness, evacuation of stool, hunger and thirst were observed. After *Amapachan*, *Sadhyovirechana* with *Gandharvahastadi Eranda Taila* detoxifies the body and removes the vitiated *dosha* from the *Koshta*, does *Vatanulomana*, *Vatakapha hara*. [15]

Pratimarsha Nasya is a *Shamana* and *Brimhana* type of *Nasya* and its action is *Chirakari* (long lasting effect), can be given to any time. *Pratimarsha Nasya* ([Table no. 4](#)) with *Ksheerabala Taila* - mitigates *Vata* and *Pitta Dosha* due to the action of *Madhura Rasa* and *Madhura Vipaka* of *Bala*, *Ksheera*, and *Tila Taila*. As *Nasa* is the gateway of *Shiras*, so *Pratimarsha Nasya* with *Ksheerabala Taila* suppresses nerve inflammation due to its *Sheeta Guna* and prevents nerve degeneration and gives strength to muscles due to its *Balya* and *Brimhana* properties. [16]

Ksheeraseka ([Table no. 5](#)) alleviates *Pitta Dosha* and *Vata dosha* due to *Sheeta Virya*, *Madhura rasa* and *Vipaka* of *Ksheera*. It helps in reducing mental stress, sleeplessness, and blurred vision. It gives a cooling effect and nourishment.

After the completion of treatment course, *Pranayama* and *Vyayama* were advised, as the practice of *Sukshma Vyayama*,

Shavasana, Paschimottasana, and Pranayama regularly, helps in arresting recurrence and reducing symptoms of migraine. These calms the mind and body. It reduces stress, anxiety, and may also reduce sensitivity to pain, including migraine pain. *Acharya Charaka* described *Shira Marma* is one of the most important *Marma* amongst *tri-Marma* in *Trimarmiya Adhyaya*. *Basti* (Table no. 4) is the prime treatment for *Vata Vikara*, it can help in the management of migraine by balancing *vata*. So *Anuvasana basti* with *Dhanvantara taila* helps in effective control of *Vata* and *Kapha-vata*, also strengthens the nerve. *Asthapana basti* with *Balaguduchyadi* helps in pacifying *Vata* and *Pitta Dosha* due to the action of drug *Bala* and *Guduchi* mainly. *Basti* is the best treatment for pacifying *Vata* as well as for *Shiroroga*. [17]

Bidalaka (Table.no 4) with *Amalakichurna + Guduchi Patra + Gairika Churna + Ghritakumari* helps in pacifying *Pitta Dosha* or both *Vata* and *Pitta Dosha*. It also increases the eyesight, as there is a chance of vision loss in case of *Ardhavabhedaka* as a complication.

Previous case series on understanding Neuro modulatory mechanism of *Nasya Karma Dashamoola Ghrita* in Migraine with CGRP biomarker shows reduction in CGRP levels which is the main neuropeptide involved in migraine pathophysiology. *Nasya Karma* decreased frequency, intensity of Migraine along with MIDAS score highlighting anti-inflammatory and neuro-modulatory effect, however large-scale study is required to confirm this effect. [18]

The internal medications (Table no. 4) - pacify the vitiated *doshas* and brought into an equilibrium state like *Laghu Sutashekar Vati* has ingredients that are mainly *Pittanashamaka* and *Vatashamaka* [19] properties, thus helps in treating *Ardhavabhedaka*. *Shilajatwadi vati* is mainly *Tridosahara* and has *Rasayana* effect. Similarly, *Triphala guggulu* has *Tridosahara* property. [20] It is used as supplement to alleviate stress and it also found beneficial in preventing blindness and nearsightedness.

The combination of both *Shodhana* and *Shamana* therapies acted synergistically to combat the vitiated *Tridosha* in the pathology of *Ardhavabhedaka*.

Strength: This article includes detailed data, clear assessment parameters and effective ayurvedic management with *Shodhana, Shamana, Yoga* and *Pathya-Apathya*.

Limitations: There is a future scope of clinical trials in a large sample size, as a single case report has its own limitations.

5. CONCLUSION:

Migraine is one of the most common types of headache that can cause debilitating pain, nausea, vomiting, photophobia, phonophobia, etc. and may impact patient's personal and professional lives. In this case report a 35-year-old female, with a history of half-sided headache which was intense and throbbing in nature, transient blackout on and off associated with nausea and vomiting, occurring twice a week, for 3 years, was successfully treated with 13 days of *panchakarma* i.e, *Shodhana, Shamana Chikitsa* followed by 90 days of internal medicine, *Vyayama, pranayama* and *Patyapatya*, resulting in a reduction of the total repeated episodes of migraine with aura for the period of six months. The key observation in this case was reduction of the MIDAS score from Grade IV (score more than 21) to Grade I (score 1) and restoration of visual acuity from 6/60 to 6/6 in the affected eye. No adverse effects/untoward incidents occurred throughout the course.

Key message: This case report sets an example that *Ayurveda* treatment protocol has an effective and safe management for the visual migraine aura and becomes evidence and base for further research works in ocular migraine.

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 suffering from a gradual loss of vision along with headache, nausea, and vomiting. After taking Ayurvedic treatment, I experienced significant improvement and was able to concentrate better and carry out my daily activities.

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