

EFFICACY OF NASYA WITH *BALAGUDUCHYADI TAILA* IN THE MANAGEMENT OF *ARDHAVABHEDAKA* W.S.R. TO MIGRAINE: A CASE STUDY

ABSTRACT

Introduction

Ardhavyabhedaka is a *Vata Pradhan Tridoshaj Urdhavyajrugata Vyadhi* which is well correlated to Migraine. It manifests as severe, unilateral, penetrating pain involving neck (*Manya*), eyebrows (*Bhru*), temples (*Shankha*), ears (*Karna*), eyes (*Akshi*), or forehead (*Lalata*). Conventional treatments often have limited efficacy and significant side effects demanding alternative therapies. *Nasya* is a classical therapy indicated in *Urdhavyajrugata* disorders including migraine.

Clinical findings:

A 24-year-old female presented with severe throbbing pain localized to the right half of the head, worsened in the mornings, on neck movement and sneezing accompanied by nausea, vomiting and blurred vision.

Primary Diagnosis, Interventions and Outcomes:

Based on Ayurvedic assessment and symptomatology, diagnosis was *Ardhavyabhedaka*. *Nasya* therapy using *Balaguduchyadi Taila* 6 Bindu (3 ml) in each nostril daily for 14 days. Marked reduction in headache severity and duration; vomiting was eliminated; frequency modestly reduced by the end of treatment. Painkillers were no longer required after treatment.

Conclusion:

This case illustrates that *Nasya* with *Balaguduchyadi Taila* significantly reduce intensity, frequency, and associated symptoms of migraine with minimal side effects. Given its *Vata*-Pacifying, *Sheeta* and *Rasayana* effects this approach could represent a safer, effective adjunct in migraine management.

INTRODUCTION

Ayurveda places *Shiroroga* on high priority. All types of headaches have been described under the heading of '*Shiroroga*'. One of the significant types of *Shiroroga* is *Ardhavyabhedaka*. The words *Ardha* and *Avbhedhaka* make up the word *Ardhavyabhedhak*. *Ardha* means half side and *Avbhedhaka* means penetrating/breaking pain. The commentator of the *Charak Samhita*, *Acharya Chakrapani*, made it obvious by stating that *Ardhavyabhedhaka* implies "*Ardha Mastaka Vedana*."¹ According to *Acharya Charaka*, *Vata*, whether acting alone or in conjunction with *Kapha*, grips the affected side of the head and causes *Ativedana* (acute neuralgic pain) in the *Manya* (neck), *Bhru* (eyebrow), *Shankha* (temple), *Karna* (ear), *Akshi* (eyes) or *Lalatardhe* (one-sided forehead). This pain is excruciating, comparable to that of a burning needle. The disease could also affect the *Nayana* (eye) and *Shrotra* (ear) capabilities if it worsens.² According to *Sushruta Acharya*, a headache that affects either the right or left side of the head, is splitting, pricking, or churning in nature and manifests at intervals of seven, ten, fifteen, thirty or any other amount of time due to *Tridoshaj Parkopais* known as *Ardhavyabhedaka*.³

When compared to modern medical literature, the symptoms of *Ardhavyabhedhaka*, are the same as those of migraine. Migraine is usually an episodic headache associated with certain features such as nausea, vomiting and/or other neurological dysfunctional symptoms in a variety of admixtures, such as photophobia and phonophobia.⁴ Since migraine is a clinical diagnosis based on symptoms that are purely

subjective and verifiable by the patient, it can be difficult to diagnose. Migraine is frequently identified by its triggers, which includes stress (both psychological and physical), lack of sleep, anxiety, red wine, menstruation, oestrogen, etc.

Everyone is concerned about its rising prevalence around the world, which has prompted researchers to start looking for a viable treatment for this difficult illness. The majority of medications used in contemporary medicine to treat this disease exclusively aim to reduce symptoms. Such medicines have been shown to have major side effects such as memory loss, gastrointestinal problems, weight gain, etc. and are known to be habit-forming when used frequently and over an extended period of time. Therefore, it is crucial to look for a safer management. The following is a case of migraine successfully managed with *Nasya* therapy, demonstrating satisfactory clinical improvements.

CASE REPORT

A 24 yrs old female patient visited *Panchakarma* OPD with complaint of severe throbbing pain in right side of head with a frequency of 3 attacks/month. The symptoms used to get worsen during morning hours, on neck movements and while sneezing. The pain was followed by nausea and vomiting. Patient also complained of blurry vision when pain got aggravated. Patient was taking various NSAID's and triptans during attack.

Past history- She had history of DNS .

Table No. 1. Personal history

Appetite	Reduced
Bowel	Constipation
Urine	Normal
Sleep	Disturbed

Table No. 2. General physical examination

Blood pressure	110/70 mmhg
Pulse rate	76/min
Temperature	98.3 degrees
Respiration rate	18/min
Pallor	Absent
Cyanosis	Absent
Edema	Absent
Lymphadenopathy	Absent

Table No. 3. Dashavidha Pareeksha

<i>Prakriti</i>	<i>Vata-kaphaj</i>
<i>Vikriti</i>	<i>Tridoshaj</i>
<i>Pramana</i>	<i>Madhyama</i>
<i>Satmya</i>	<i>Sarvarasa</i>
<i>Sara</i>	<i>Madhyama</i>
<i>Samhanana</i>	<i>Madhyama</i>
<i>Satva</i>	<i>Avara</i>

Aharashakti	Avara
Vyayamashakti	Avara
Vaya	Yuva

Consent was obtained from patient prior to the treatment. Patient was assessed on subjective parameters before treatment and on every follow up.

Treatment protocol

The patient was administered *Nasya* with *Balaguduchayadi Taila* with a dose of 6 *Bindu* (3 ml) in each nostril daily for a duration of 14 days. The therapeutic response and progress were monitored through follow-up assessments conducted on the 14th, 21st, and 28th days after initiation of the treatment.

Table No. 4. Drug review of *Balagudhuchyadi Tail*⁵

Srno	Name of Drug	Botanical name	Properties	Karma
	Kwath Dravya			
1	Bala	<i>Sidacordifolia</i> (Mill.)	Rasa-Madhur Guna-Laghu, Snighdha, Pichila Virya-Sheeta Vipaka-Madhura	Vatasamshaman, Balya, Vrihana
2	Amrita	<i>Tinosporacordifolia</i> (Wld.)	Rasa-Tikta, Kashaya Guna-Guru, Snighdha Virya-Ushan Vipaka-Madhur	Tridoshshamak, Medhya, Rasayan.
3	Ksheer			
	Kalka Dravya			
5	Ushira	<i>Vetiveriazizaniodes</i> (Linn.)	Rasa-Madhur, Guna-Tikat, Laghu, Ruksh Virya-Sheet Vipaka-Katu	Kaph-pittahara, Vednasthapan, Dahshamak
6	Shveta Chandan	<i>Santalum album</i> (Linn.)	Rasa-Tikta, Madhur Virya-Sheet Vipaka-Katu	Pittshamak, Daahshaamak, Trishnahar, Vrishya
7	Mustak	<i>Cyperus rotundus</i> (Linn.)	Rasa-Tikt, Katu, Kashaya Guna-Laghu, Rooksh Virya-Sheet Vipaka-Katu	Pitta-kaphaghana, Vatvardhak, Deepan, Pachan, Medhya

8	Yashtimadhu	Glycyrrhizaglabra (Linn.)	Rasa-MadhurGuna-Guru,SnighdhaVirya-SheetVipaka-Madhur	Tridoshhara,Rasayana
	Tila tail	Sesamumindicum (Linn.)	Rasa-Madhur,TikatGuna-Guru,SnigadhVirya-UshanVipak-Madhur	Tridoshhar, Yogavahi, Keshya,Balya , Twachya

Criteria for Assessment

Table no. 5. Criteria for Assessment

SeverityofHeadache(half-sidedpaininManyabhru,Sankh,Karna,Akshi,Lalata)	Score
Noheadache	0
Mildheadache,patientisawareonlyif he/shepays attention to it	1
Moderate, but does not disturb the routinework	2
Severeheadachecantignorebuthe/shecando his/herusual activities	3
Excruciatingheadachecantdo anything	4

Nausea	Score
Nil	0
Occasionaly	1
Moderateheadache,canignoreattimes	2
Severe,disturbingroutinework	3
Severeenough,smallamountoffluidregurgitatonfrom mouth	4

FrequencyofHeadache	Score
Nil	0
>20days	1
15days	2
10days	3
<5days	4

Vomiting	Score
Nil	0
Onlyifheadachedoes notsubside	1
Vomiting1-2 times	2

Vomiting 2-3 times	3
Forced to take medicine to stop vomiting	4

Duration of Headache	Score
Nil	0
1-3 hours/day	1
3-6 hours/day	2
6-12 hours/day	3
More than 12 hours/day	4

Vertigo	Score
Nil	0
Feeling of giddiness	1
Patient feels as if everything is revolving	2
Revolving signs + blackouts	3
Unconscious	4

Aura	Score
Nil	0
Lasts for 5 minutes	1
Lasts for 15 minutes	2
Lasts for 30 minutes	3
Lasts for 60 minutes	4

RESULTS

Changes in severity of various symptoms after completion of treatment has been presented in table no 5

Table NO. 5. Assessment Score for each criteria

Parameters	Day 0	Day 14	Day 21	Day 28
Severity of headache	4	2	1	1
Nausea	2	3	1	1
Frequency of headache	2	2	1	2
Vomiting	1	0	0	0
Duration of headache	4	4	1	1
Vertigo	2	2	0	0
Aura	4	4	4	0
Total score	19	17	08	05

Patient was dependent of painkillers before initiation of treatment, but after the treatment patient did not require any painkillers.

DISCUSSION

The data demonstrates a progressive reduction in the overall symptom severity following the administration of *Nasya* with *Balaguduchayadi Taila*. The total assessment score decreased markedly from 19 at baseline (Day 0) to 5 by Day 28 indicating significant clinical improvement. Specifically, the severity and duration of headache showed a consistent decline from grade 4 to 1 by the end of the observation period. Associated symptoms such as vomiting and vertigo are also completely subsided, while nausea and frequency of headache also showed notable improvement. The aura which persisted until Day 21, resolved entirely by Day 28.

The pathogenesis of migraine involves vitiation of *Prana Vata*, resulting in vascular instability and pain perception. Administration of *Nasya Dravya* into the nasal cavity enables it to reach the *Shringataka Marma*—an anatomical and functional junction of the channels supplying the head, eyes, ears and throat. Through this route, *Nasya* helps in the expulsion of accumulated *Doshas* and restoration of *Tridosha* equilibrium. *Nasya* provides a non-invasive and efficient drug delivery system that allows direct transport of active compounds to the brain through olfactory and trigeminal pathways, bypassing the blood–brain barrier. This mechanism may explain the observed improvement in headache severity and frequency following *Nasya* therapy.

Balaguduchayadi Taila is an Ayurvedic formulation described in *Sahasrayoga* and is indicated for *Shiroruja*⁶. The formulation primarily contains *Bala*, *Guduchi*, *Chandana*, *Ushira*, *Yashtimadhu* and *Mustaka*. *Bala* and *Mustaka* being predominantly *Vatahara* are particularly effective in *Ardhavabhedaka* which is a *Vata*-dominant *Tridosha* disorder. These herbs help to reduce neural excitability and alleviate pain in the head. Both *Bala* and *Yashtimadhu* are *Balya* in action, thus strengthen the nervous system and potentially reduce headache severity. These herbs also contain bioactive compounds believed to modulate serotonin pathways, which may prevent migraine onset or attenuate its intensity. *Guduchi* and *Yashtimadhu* act as *Rasayana*, enhancing overall immunity and reducing the frequency and intensity of migraine episodes. *Chandana*, *Ushira* and *Mustaka* with their *Sheeta Virya* alleviate throbbing, burning or pulsating pain which is characteristic of *Ardhavabhedaka*. Additionally, *Guduchi* and *Mustaka* possess *Ama-Pachana* property, facilitating the clearance of *Ama* and opening the obstructed *Shirogata Raktavaha Srotas*, a key factor in migraine pathogenesis. *Mustaka* is further recognized for its *Shoolahara* and *Shirorogahara* actions, contributing directly to headache relief.

CONCLUSION

The present case study highlights the role of *Nasya* therapy in the treatment of Chronic Migraine. Clinical observations suggest that regular administration of *Nasya* not only alleviates acute symptoms, but also reduces recurrence by maintaining *Tridosha* balance and promoting overall neurological stability. *Nasya Karma* acts locally and systemically by clearing vitiated *Doshas*, improving cerebral circulation, and modulating neurovascular function through its action on the *Shringataka Marma*. Hence, *Nasya Karma* emerges as a holistic therapeutic approach that integrates local, systemic and neurovascular mechanisms, offering both preventive and curative benefits in migraine management. *Balaguduchayadi Taila* complements this effect by strengthening the nervous system, enhancing immune response and alleviating pain with its *Vata-Pitta Shamana*, *Rasayana*, *Medhya*, *Balya* and *Ama-Pachana* action. Together, they address both the root cause and manifestations of migraine, offering a holistic, safe and effective

therapeutic strategy. This combined approach highlights the clinical relevance of *Balaguduchayadi Tail* in the management of Migraine and encourages the further studies with a larger sample size and longer follow up period.

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