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RESEARCH ARTICLE

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

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Abstract

Ardhavabhedaka is a Vata Pradhana Tridoshaj UrdhavjatrugataVyadhi 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 Urdhavjatrugata(diseases of head and neck)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 Ayurved icassessment and symptomatology, diagnosis was Ardhavabhedaka.Nas ya was administered using Balaguduchyadi Taila6 Bindu (3 ml) in each nostril daily for 14 days. The total assessment score decreased markedly from 19 at Day 0 to 4 by Day 28 indicating significant clinical improvement.Marked reduction in headache severity and duration. Painkillers were no longer required after treatment.

Conclusion: This case illustrates that Nasyawith Balaguduchyadi Tailasignificantly 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 Shirorogaon high priority. All types of headaches have been described under the heading of ‘Shiroroga’.One of the significant types of Shiroroga is Ardhavabhedaka.The words Ardha and Avbhedaka make up the word Ardhavabhedaka. Ardha means half side and Avbhedhaka means penetrating/breaking pain. The commentator of the CharakaSamhita, Acharya Chakrapani, made it obvious by stating that Ardhavabhedaka implies "Ardhamastaka Vedana"[1]. According to Acharya Charaka,Vata whether acting alone or in conjunction with Kapha,

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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 TridoshajParkopais known as Ardhavabhedaka[3].When compared to modern medical literature, the symptoms of Ardhavabhedaka, 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, estrogenic. 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 gainetc. 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. Dashavidhapareeksha

Prakriti	*Vata-kaphaj*
Vikriti	*Tridoshaj*
Pramana	*Madhyama*
Satmya	*Sarvarasa*
Sara	*Madhyama*
Samhanana	*Madhyama*

Satva	*Avara*
Aharashakti	*Avara*
Vyayamashakti	*Avara*
Vaya	*Yuva*

Consent was obtained from patient prior to the treatment. Institutional ethics committee approval was obtained for publication of case report.Patient was assessed on subjective parameters before treatment and on every follow up.

Inclusioncriteria:-
- Patientwillingforstudy.
- Patientwithclassical *Lakshana*of*Ardhavbhedaka*/Migraine(fulfilling ICHD scriteria)
- Patientofagebetween16-60years irrespectiveof sex,religion&occupation wasselected forthestudy.
- Patientfitfor*Nasya.*

Exclusioncriteria:-
- Patientsufferingfromanyotherformsofheadacheapart from*Ardhavbhedaka.*
- Headaches secondary to medical conditions like Meningitis, Tumor, Encephalitis,Spondylosisor anyother intracraniallesions andrefractiveerrorsetc.
- Patientswithcomplicationsofmigrainee.gstatus migraineosus,migraineauratriggeredseizure, probable migraine etc.

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 day after initiation of the treatment.

Frequency of assessment:-
1. Day 0:At the time of enrollment of patient for study
2. Day 14:At the end of *Nasya Karma*
3. Day 21:At first Follow up
4. Day 28:At second Follow up

Table No. 4. Drug review of Balagudhuchyadi Taila[5]

Sr. No	Name ofdrug	Botanical name	Properties	*Karma*
	Kwatha Dravya			
1	*Bala*	*Sidacordifolia (Mill.)*	*Rasa-Madhura,Guna-Laghu,Snighdha,PichilaVirya-Sheetavipaka-Madhura*	*Vatashaman ,Balya, Brimhana*
2	*Amrita*	*Tinosporacordifolia (Wlld.)*	*Rasa-Tikta,Kashayaguna-Guru,Snighdha Virya-Ushanavipaka-Madhura*	*Tridoshshamaka,Medhya, Rasayana*
3	*Ksheera*			
	Kalka Dravya			

4	*Ushira*	*Vetiveriazizaniodes (Linn.)*	*Rasa-Madhura, Guna-Tikta, Laghu,RukshaVirya-Sheeta Vipaka-Katu*	*Kaph-Pittahara, Vednasthapan, Dahashamaka*
5	*Shvetachandana*	*Santalumalbum (Linn.)*	*Rasa-Tikta,Madhura Virya-Sheeta Vipaka-Katu*	*Pitashamaka, Dahashamaka,Trishnahara, Vrishya*
6	*Mustaka*	*Cyperus rotundus (Linn.)*	*Rasa-Tikta,Katu,Kashaya Guna-Laghu,Ruksha Virya-Sheetavipaka-Katu*	*Pitta-Kaphaghana, Vatavardhaka, Deepana,Pachana, Medhya*
7	*Yashtimadhu*	*Glycyrrhizaglabra (Linn.)*	*Rasa-Madhuraguna-Guru,Snighdha Virya-Sheeta Vipaka-Madhura*	*Tridoshhara,Rasayana*
8	*Tila tail*	*Sesamum indicum (Linn.)*	*Rasa-Madhura,Tikta Guna-Guru,Snigadha Virya-Ushana Vipak-Madhura*	*Tridoshhara, Yogavahi, Keshya,Balya , Twachya*

Drug Standardization And Safety Protocol:-

- All the ingredients mentioned above were procured from the market. These were then authenticated by the Department of Dravyaguna,DayanandAyurvedicCollege,Jalandhar.
- Balaguduchayadi Tailawas prepared in D.A.V. Pharmacy, Jalandhar by concerned experts and under the supervision of department of Rasa Shastra and Bhaishajya Kalpana. All the necessary measures regarding the preparation of trial drug were taken by competent authority.

Preparation of Balaguduchayadi Taila:-

It was prepared on the basis of Taila Kalpanapreparation mentioned in AFI[6]. Firstly,Ksheerpaka was prepared with the Kwatha of Balaand Guduchi. Then fine paste was prepared with the mentioned KalkaDravyasi.e.Ushira,Chandana,Mustaka and Yashthimadhu.Fine paste of these drugs and prepared Ksheerpakawere mixed together.This mixture was added to Murchita Tila Tailaand then heated on mild fire (60-80^{o} C), till the Sneha Siddhi Lakshanas were obtained.

Storage- Prepared Taila was preserved in glass container.
DrugTesting- The drug testing was carried out at DTL Patiala, Govt. Of Punjab.

Procedure of Nasya[7]:-

The procedure of giving Nasya therapy may be classified into the following three headings:

1. Poorva Karma (Pre-measures)
2. Pradhana Karma (Nasya therapy)
3. Paschata Karma (Post measures)

PoorvaKarma:-
Patient was given mild Abhyanga(massage) with Tila Tailaon head and face and Paanitapa Swedana(steam) over head, neck and face.

PradhanaKarma:
- For administration of Nasya, patient was made to lie down in supine position on Nasya table.
- The head of the patient was lowered to lesser degree of extension
- Eyes of the patient was covered with cotton gauze.
- Later, tip of patient's nose was drawn upward with left hand of physician and simultaneously with right hand, luke warm medicine was instilled in the nostrils in required dose.
- Patient will wait for 100 VakaMatraof time.
- After administration of Nasya, patient was asked to avoid laughing, anger, sadness, sneezing etc.

Paschat Karma:
Dhoomapana with Haridra Dhoomavartifollowed byKavala with lukewarm water was done.

Criteria for Assessment:-
Table no. 5. Criteria for Assessment

Severityofheadache(halfsidedpaininManya,Bhru,Sankh,Karna,Akshi,Lalata)	Score
Noheadache	0
Mildheadache,patientisawareonlyif he/shepays attention to it	1
Moderate, but does not disturb the routinework	2
Severeheadache,cantignorebuthe/shecandohis/herusual activities	3
Excruciatingheadache,cantdo anything	4

Nausea	Score
Nil	0
Occasionally	1
Moderateheadache,canignoreattimes	2
Severe,disturbingroutinework	3
Severeenough,smallamountoffluidregurgitationfrom 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
Vomiting2-3 times	3
Forced to takemedicinetostop vomiting	4

Durationofheadache	Score
Nil	0
1-3hours/day	1
3-6hours/day	2
6-12hours/day	3
Morethan 12hours/day	4

Vertigo	Score
Nil	0
Feelingofgiddiness	1
Patientfeels asifeverythingisrevolving	2
Revolvingsigns+blackouts	3
Unconscious	4

Aura	Score
Nil	0
Lastsfor5minutes	1
Lastsfor15minutes	2
Lastsfor30minutes	3
Lastsfor60minutes	4

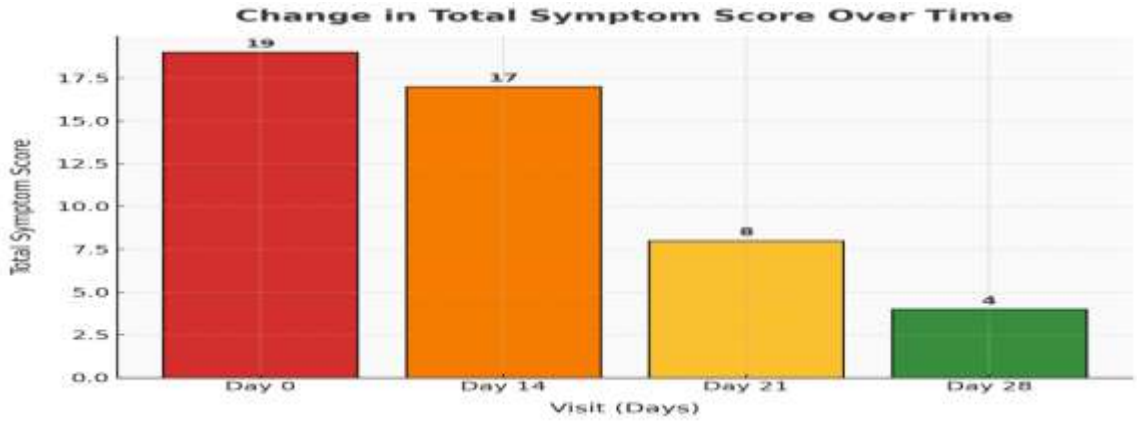
Results:-

Changes in severity of various symptoms after completion of treatment has been presented in table no 6.

Table NO. 6. Assessment Score for each criteria

Parameters	Day 0	Day 14	Day 21	Day 28	% improvement
Severity of headache	4	2	1	1	75%
Nausea	2	3	1	1	50%
Frequency of headache	2	2	1	1	50%
Vomiting	1	0	0	0	100%
Duration of headache	4	4	1	1	75%
Vertigo	2	2	0	0	100%
Aura	4	4	4	0	100%
Total score	19	17	08	04	78.9%

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 Nasyawith BalaguduchayadiTaila. The total assessment score decreased markedly from 19 at baseline (Day 0) to 04 by Day 28 indicating significant clinical improvement.Specifically, the severity and duration of headache showed a consistent decline from grade 4 to 1by the end of the observation period. Associated symptoms such as vomiting and vertigo are also completely subsided, while nausea and frequency of headachealso 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 NasyaDravya into the nasal cavity enables it to reach the ShringatakaMarma—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 Tridoshaequilibrium. Nasyaprovides a non-invasive and efficient drug delivery system thatallows direct transport of active compounds to the brain through olfactory and trigeminal pathways, bypassing the blood–brain barrier[8]. This mechanism may explain the observed improvement in headache severity and frequency following Nasya therapy. Balaguduchayadi Taila is an Ayurvedic formulation described in Sahastrayoga and is indicated for Shiroruja(headache)[9].

The formulation primarily contains Bala, Guduchi, Chandana, Ushira, Yashtimadhuand Mustaka.Bala and Mustaka being predominantly Vataharaare particularly effective in Ardhavabhedakawhich is a Vata-dominant Tridoshajdisorder.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 reduces headache severity.

These herbs also contain bioactive compounds believed to modulate serotonin pathways, which may prevent migraine onset or attenuate its intensity.Guduchi and Yashtimadhuact as Rasayana, enhancing overall immunity and reducing the frequency and intensity of migraine episodes. Chandana, Ushira and Mustakawith their Sheeta Virya alleviate throbbing, burning or pulsating pain which is characteristic of Ardhavabhedaka. Additionally, Guduchi and Mustakapossess Ama-Pachanaproperty, facilitating the clearance of Amaand opening theobstructed Shirogata Raktavaha Srotas,a key factor in migraine pathogenesis.Mustaka is further recognized for its Shoolahara and Shirorogahara actions,contributing directly to headache relief.

Previous research:-

There are some recent studies on Nasyatherapy in migraine which strongly supports the findings observed in current case study. In the first study, Go Ghrita Nasya[10]was used in 40 patients of migraine which demonstrated highly significant effect on all the parameters ofArdhavabhedakawith p value <0.001. The average improvement was 86.94%.In one more study,it was concluded that Dashmula Saindhava Sarpiboth in the form of Nasya as well as oral is a safe and effective therapy for Ardhavabhedaka(Migraine)[11]. Both the group showed highly significant result (p = >0.001) in severity,duration and frequency and in various parameters of Ardhavabhedaka with more percentage improvement in Group A i.e. With Nasya therapy. In another study, in which Devadarvadi GhritaandShad Bindu Tailawas administered in Group A and Group B respectively[12].Both the groups demonstrated clinical significance in reducing the frequency, duration, severity of headache and giddiness.

A study on Mashadi Taila Marsha Nasyaand Pathyadi Kashayahas been found to be beneficial in the management of Ardhavabhedaka[13].The HIT-6 scale values have showed statistically significant result. Hence the negative impact of Migraine headache on the normal functioning of in the participants of this study over a period of 4 weeks have shown significant reduction. The associated complaints of Migraine headache like Nausea, Vomiting, Photophobia, Phonophobia, and Vertigo and Confusion state also showed statistically significant reduction. No adverse drug reactions were reported during the study. A study on KumkumadiGhritawas significant in ameliorating symptoms related to migraine headache compared to Dashamoolashrta Ksheera Shirodhara(dipping of milk boiled medicated herbs on forehead).[14]

Conclusion:-

The present case study highlights the role of Nasya therapy in the treatment of Chronic Migraine.Clinical observations suggest that regular administration of Nasyanot only alleviates acute symptoms, but also reduces recurrence by maintaining Tridoshik 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 Tailacomplements this effect by strengthening the nervous system, enhancing immune response and alleviating pain with its Vata-Pitta Shamana, Rasayana,Medhya, BalyaandAma-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 Tailain the management of Migraine and encourages the further studies with a larger sample size and longer follow up period.

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