FROM PAIN TO PEACE: AYURVEDIC RESOLUTION OF MIGRAINE WITHOUT AURA - A CASE STUDY

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ABSTRACT

Introduction: Migraine is a common neurological illness characterized by moderate to severe unilateral headache, often accompanying nausea, vomiting, and sensitivity to light and sound. Migraine is believed to impact 14 % of the world's population, with women being three times more likely to encounter it than males. In Ayurveda, migraine is described as Ardhavabhedaka under Shiroroga, characterized by a half-sided headache involving all three Doshas, mainly Vata or Vatakapha. Objectives: To assess the impact of migraine on routine activity with MIDAS and evaluate the efficacy of ayurvedic treatment. Main clinical findings: A 41 -year -old female presented with unilateral or sometime bilateral headache (on & off), pulsating in nature, three to four time in a month for last 22 years. Diagnosis: She was diagnosed with Migraine in 2003. Intervention: Ayurvedic treatment commenced with Virechana Karma followed by Basti Chikitsa, Avapidaka Nasya karma and oral ayurvedic medication viz. Pathyadi kwatha, Avipattikar churna, Shirashooladi Vajra Rasa and among others. Outcome: During 4 weeks, improvements were notable, no single episode of headache occurred. Conclusion: Significant clinical improvement was observed. The NPR scale was 8 prior to therapy and 3 following it. MIDAS was 12 prior to therapy and 4 following it. Significant symptom improvement indicates that ayurveda may have a positive role in improving migraine patients' quality of life.

KEYWORDS: Migraine, Ardhavabhedaka, Shiroroga, Neurological disorder

INTRODUCTION

Migraine is a complex neurological disorder influenced by genetics that causes episodes of moderate-to-severe headaches that are usually unilateral and are accompanied by nausea and increased sensitivity to light and sound. Migraine triggers can vary greatly from person to person and include things like stress, hormonal fluctuations, specific meals and environmental factors. There are

four types of migraines: migraine without aura, migraine with aura, chronic migraine, and probable migraine.1 Migraine without aura is the most common kind of migraine, contributing up 75% of cases.2

There is a significant hereditary component to migraines; relatives of affected individuals are three times more likely to experience migraines than relatives of unaffected people, while no particular inheritance pattern has been found.3,4 Migraine affects an estimated 14% of the worldwide population with women three times more often than males.5 Current pharmacological treatments often focus on symptomatic relief and prophylaxis, yet may patients experience inadequate responses or adverse effects.6,7.

In Ayurveda, migraine is comparable to Ardhavabhedaka with in the broad category of Shiroroga (disease of head). The Charaka Samhita refers to Ardhavabhedaka as Vataj & Vata-kaphaj Shiroroga8 and in Sushruta Samhita Ardhava Bhedaka is considered as Tridoshaja shiroroga.9 In the Sushruta Samhita Uttara Tantra, Acharya Sushruta described eleven different types of Shiroroga.10 According to Acharya Vagabhatta, vitiated Vata Dosha is the cause of Ardhavabhedaka.11Shamana and Shodhana are two of the therapies for Ardhavabhedaka that Ayurveda emphasizes. Amlapitta symptoms are linked to migraine's systemic symptoms. Patients with Amlapitta may have symptoms like headaches, nausea, vomiting and giddiness. Therefore, managing migraine cases will be aided by the management line utilized to treat Amlapitta and the steps taken to correct the digestive fire.12

OBJECTIVES

1. To assess the impact of migraine on routine activity with MIDAS.

2. To evaluate the efficacy of Ayurvedic treatment.

CASE STUDY

PATIENT INFORMATION

A 41-year-old female presented to P.D. Patel Ayurvedic Hospital on May 12, 2025, for the management of migraine, a condition she had for 22 years. She experiences "on and off" headaches which is pulsating in nature, 3 to 4 times per month, primarily unilateral but occasionally bilateral. She identifies several aggravating factors including the odors of new clothes, perfume, petrol, and incense, as well as sunlight, weather changes, noise, and lack of sleep. Vomiting and subsequent sleep are reported to pacify her headaches. There's also a significant family history of migraine. She consulted allopathic physician for migraine but not get satisfactory relief. She took analgesics, NSAIDS, antacids but got only temporarily relief. Notably, for the past six months, she has also developed new-onset numbness and tingling in her right leg and hand.

Past history: The patient did not have a history of heart disease, diabetes mellitus, hypertension, eye

or ENT disorders, or any other respiratory conditions. The patient's mother, brother, and sister all have a history of migraines.

CLINICAL FINDINGS:

General Examination: Fever, pallor, icterus, or abnormal skin pigmentation were not found during the patient's physical examination. Her vitals were found normal at the time of first consultation, i.e. BP 120/80, HR 82, and Respiratory rate 18 per minute.

Local Examination: Neurological and musculoskeletal examinations were negative, and there were no palpable lymph nodes. Both the intraocular pressure and the distant and close visual acuity were found to be within the normal range. However, comprehensive systemic and local examinations did not reveal any important contributing findings.

Ashtavidh pariksha: Patient appeared to be of Vata Pittaja Prakruti, her Astasthana Pariksha revealed that Nadi is Vata Pitta, Akruthi (built) Madhyama (moderate), Jivha is Uplipta (Coated), the rest of Pareeksha like Mutra (urine), Mala (Feaces), Sparsha (touch), Shabdha (sound) and Druk (vision) were Prakruta (normal).

The assessment scales used were the Numerical pain rating scale (NPR)13 and the Migraine disability assessment test (MIDAS)14. At the first time of consultation NPR score was 8 and MIDAS was 12.

TIMELINE:

Flowchart 1 represent the timeline of occurrence of event in the present case study. It represents all the symptoms along with the treatment taken by patient and the result obtained.

DIAGNOSTIC ASSESSMENT:

The routine blood investigations were found to be normal. HB (12.8 %), Leucocyte counts (5950 mm3), Neutrophils (67 %), Lymphocytes (30 %), Eosinophil (01 %), Monocytes (02 %) and urine routine micro was normal.

She complained of unilateral, throbbing pain that was exacerbated by movement, moderately intense, accompanied by nausea and vomiting, and no aura signs. Her headache episodes lasted four to seventy-two hours and her physical examination was normal. According to the International Classification of Headache Disorders' Diagnostic Criteria for Migraine, the patient is therefore diagnosed with migraine without aura. These symptoms were associated with Ardhavabhedaka in Ayurveda.

THERAPEUTIC INTERVENTION:

Ardhavabhedaka (migraine) involves the vitiation of all three Doshas - a comprehensive Ayurvedic treatment plan needs to be multi-faceted, incorporating Shodhana and Shamana therapies.

Here's a proper treatment approach based on Mrudu Shodhana, Avapidaka Nasya, and Basti Chikitsa, integrated with internal medications:

Phase 1. Abhyantara Snehapana with Panchtikta Ghrita start from 40 ml twice with Ushnodaka and increase the quantity till 80 ml until the Samyak Snigdha Lakshana (each day increase 15 ml of Snehapana/ total 4 day). After that Abhyanga with Narayan Taila and Swedana with Nirgundi Patra for 3 days. On the 3rd day Virechana Karma performed with Eranda Sneha 60ml + Dindayala Churna 6 gm with Draksha kvatha on empty stomach. 15 Virechana Vega occurred and Sansarjana krama followed. According to the patient's kostha (sensitivity to purgatives) dose of the purgatives may vary.

Phase 2. After Samsarjana krama, Niruha Basti (Dashmoola Kvatha), Matra Basti (Narayana taila) on alternate day and Avapidaka Nasya with Guda sunthi 4-4 drops in each nostrils should be started with oral ayurvedic medications:(1) Avipattikar Churna 3gm twice a day before meal (2) Pathyadi Kvatha 40 ml twice a day (3) Balamoola Kwath 40ml twice a day (4) Ashwagandha Churna 3gm twice a day with milk (5) Shirashooladi Vajra Rasa 2tab twice a day (6) Bala taila 20 ml twice a day with Kvatha for Samanarth Snehapana.

Dietary intake: Mung, mung bean soup, boiling vegetables (such as ridge gourd, sponge gourd, bottle gourd, pointed gourd, ash gourd, fenugreek seed leaves, drumstick, and bitter gourd), rice, wheat chapati, and lukewarm water are recommended for the patient.

To stay away from pickles, curd, buttermilk, tomatoes, lemons, dairy products, refined wheat goods, biscuits, fatty, spicy, and fermented foods.

OUTCOME

Significant changes in symptoms were noted before and after treatment with grading patterns and some assessment scores.15 Table no 1. Describe significant changes in symptoms as well as NPR and MIDAS score.

DISCUSSION

Ayurveda promotes healing illnesses from the inside out. The patient's clinical characteristics indicated that the headache was a common migraine, or migraine without aura. Virechana when combined with Nasya and Shamana medications it improves headache intensity, frequency, and duration at its greater effectiveness. Virechana karma eliminates excess Pitta Dosha along with Kapha and Vata Dosha16. Avapidaka nasya with gudasunthi contains Tikshna dravyas which expels out the Dusta Dosha by Shirovirechana i.e. By eliminating the accumulated Doshas that are localized in Shiras, it exhibits effect on Shiras. The olfactory nerves that enter the olfactory mucosa of the nose carry the sheaths dura, arachnoids, and pia. They enter directly into the brain. The limbic system is closely linked to olfactory striae and stimulation of nerve endings through Nasya can change migraine pathophysiology.17,18

Pathyadi Kvatha contains mainly Tikta Rasa Dravyas which has Tridoshahara and

Shirashoolahara properties. Avipattikar Churna has Dravyas that have been shown to have cytoprotective effects on the stomach mucosa include Haritaki, Maricha, and Pippali. Shunthi has been shown to increase mucosal resistance, decrease gastric secretion and strengthen the gastric mucosa's protective features. Lavanga has also been demonstrated to contribute to increased mucus secretion and gastric mucosal blood flow.19 Shirashooladi Vajra Rasa have the property of Kapha Vata Shamana. The Shirashooladi Vajra Rasa contains many ingredients which are not only Vatashamaka, and Kaphahara but also Nadi Balya in its nature.20 Ashvagandha Churna, Balamoola Kvatha and Bala Taila have Vata Shamana properties. Therefore, in an Ardhavabhedaka pathology, the combination of Sodhana and Shamana therapies worked in harmony to counteract the vitiated Tridosha.

CONCLUSION

The present case study highlights the potential of Ayurvedic medicine in the management of Ardhavabhedaka, a condition correlating with migraine. The therapeutic approach, based on classical principles of dosha balance and srotas, demonstrated notable improvement in the patient's symptom pattern and overall functional status. While the clinical outcome in this single case is encouraging, it cannot be assumed to represent all individuals with migraine. The observed positive response indicates that the selected Ayurvedic regimen may offer meaningful benefits; however, broader validation is essential. To establish its reproducibility, safety and comparative efficacy, further research with larger sample sizes, standardized protocols, and controlled methodology is required. Such studies will help strengthen the scientific evidence base and clarify the role of Ayurveda as an integrative option in migraine management.

PATIENTS PERSPECTIVE

The patient – "When I came to this hospital, I had unilateral throbbing type of headache, nausea and vomiting which occurred 3-4 time in month and aggravated by noise, perfume, sunlight, smell of new clothes, insect stick. Allopathic doctors had advised medication which gave temporary relief. However, since my admission to this hospital, I have completely stopped all allopathic medications. After undergoing Ayurvedic treatments I have experienced significant relief. During one-month treatment period no single episodes of headache occurred. Last 5 months only one-time headache occurred which was very mild.

INFORMED CONSENT

Written permission for publication of this case report has been obtained from the patient.

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None

CONFLICT OF INTEREST

No any conflict of interest.

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Table no 1. Outcome of patients before treatment and after treatment

Parameter	***Before treatment***	***After 28 days of treatment***	***After follow up***
Severity of Headache	4	0	1
Frequency of headache	3	0	1
Duration of headache	4	0	1
Nausea	2	0	0
Vomiting	2	0	0
vertigo	0	0	0
Aura	0	0	0
Numerical Pain Rating Scale (NPR)	8	-	3
Migraine Disability Assessment score (MIDAS)	12	-	4
Disability Level (MIDAS interpretation)	moderate	-	Little or no Disability
Disability grades	Grade 3	-	Grade 1

Flowchart 1. Timeline of case study