

Ayurvedic Management of Chronic Migraine (*Ardhavabhedaka*):

A Clinical Case Report

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Abstract

Background: Migraine is a prevalent, debilitating neurovascular condition clinically identified by episodic, throbbing, unilateral headaches frequently accompanied by systemic manifestations like nausea, vomiting, and secondary gastrointestinal disturbances. It stands as a leading global cause of operational disability, affecting approximately 16.6% of the world's population, with females exhibiting a threefold higher susceptibility than males. While achieving an absolute cure remains an elusive objective across modern biomedicine and traditional systems alike, tactical adjustments in lifestyle habits coupled with targeted Ayurvedic therapies can significantly lower attack frequency and intensity. Within traditional Ayurvedic paradigms, migraine presents a strong clinical correlation to *Ardhavabhedaka*, a distinct manifestation of *Shiroroga* (headache disorders).

Case Presentation: This paper reports the clinical course of a 46-year-old male fisherman presenting with a 10-year history

of paroxysmal, right-sided throbbing headaches. Occurring twice a month and persisting for up to 48 hours per episode, the attacks initiated unpredictably and were consistently compounded by *Chardi* (vomiting), *Asamadhanakaraka Malapravrutti* (unsatisfactory bowel evacuation/constipation), *Urokantadaha* (heartburn/acid reflux), and *Aadhmana-Aatopa* (abdominal distension and flatulence).

Management and Outcomes: Following a detailed baseline diagnostic evaluation, an individualized therapeutic regimen was designed according to the patient's specific *Dosha* dynamics and *Vyadhi Avastha* (disease stage). To implement accurate *Nidana Parivarjana* (elimination of root causes), the treatment protocol combined *Deepana* (appetizers), *Pachana* (digestives), *Nasya* (nasal drug delivery), *Viddhakarma* (therapeutic micro-puncturing), and oral *Dosha Shaman* (palliative) agents. The patient demonstrated a marked reduction in headache severity, attack frequency, and

gastrointestinal symptoms over successive follow-ups.

Conclusion: This case history underscores the therapeutic potential and clinical utility of systematic Ayurvedic protocols in the sustainable management of chronic migraine.

Keywords: Ayurveda, *Ardhavabhedaka*, Migraine, *Shirashoola*.

1. Introduction

Migraine is classified as a chronic, paroxysmal neurological disorder characterized by recurrent episodes of high-intensity, throbbing head pain, predominantly confined to a single hemisphere. Diverging sharply from tension headaches, it represents a multifaceted systemic syndrome regularly accompanied by nausea, emesis, and heightened hypersensitivity to sensory inputs such as light (photophobia), sound (phonophobia), and odors (osmophobia). A typical migraine attack can persist between 4 and 72 hours, profoundly undermining an individual's daily functioning, economic productivity, and overall quality of life.

Globally, the disorder affects roughly 14.1% of the population, showing a distinct gender asymmetry where females are affected three times as frequently as males. Pathophysiologically, the progression of a migraine attack can span four distinct chronological phases (1):

- **Prodrome:** A premonitory phase surfacing 24 to 48 hours prior to pain onset, characterized by subtle systemic cues such as mood fluctuations, cervical stiffness, or constipation.
- **Aura:** Transitory focal neurological disturbances manifesting immediately before or during the

headache, typically involving visual anomalies or aberrant physical sensations.

- **Attack:** The definitive phase marked by severe, pulsating cephalalgia.
- **Postdrome:** A resolution phase wherein the patient experiences profound exhaustion, lethargy, or cognitive dullness.

While the precise underlying etiology of migraine remains incompletely understood, episodes are reliably precipitated by distinct triggers, including emotional or physiological stress, fluctuating hormonal profiles, specific dietary components, and acute environmental stimuli (1). Furthermore, a large subset of chronic sufferers develop resistance to conventional analgesics over time, often resulting in secondary complications like medication-overuse or rebound headaches (2).

In classical Ayurvedic terminology, migraine is categorized under *Shiroroga* and is referred to as *Ardhavabhedaka* (3). Classic texts classify *Ardhavabhedaka* as a *Tridoshaja Shiroroga* owing to its complex clinical presentation, which blends paroxysmal hemicrania with systemic features such as *Bhrama* (vertigo/dizziness), *Prakash Asahatva* (photophobia), *Shabda Asahatva* (phonophobia), and *Aruchi* (anorexia/taste loss) (4). Traditional therapeutic strategies utilize a blend of *Shodhana* (bio-purificatory detoxications) and *Shamana* (palliative internal medicines), including modalities like *Virechana* (purgation), *Shirodhara* (continuous cranial oil pouring), *Raktamokshana* (therapeutic bloodletting), and precise oral herbo-mineral compounds (5,6).

Intriguingly, many migraine patients present with a concurrent symptom cluster that closely mirrors *Amlapitta* (hyperacidity), featuring nausea, emesis, cephalalgia, and comprehensive upper gastrointestinal distress (7). Consequently, clinical strategies targeted at pacifying *Amlapitta* frequently translate into substantial therapeutic benefits for the primary migraine pathology (7). Achieving optimal outcomes relies heavily on the precise selection of Ayurvedic *Dravyas* (medicinal agents) tailored to the patient's presentation.

2. Patient Information

A 46-year-old male patient, employed as a professional fisherman, presented to the outpatient department with a 10-year history of recurrent, right-sided, hemicranial throbbing headaches. The episodes occurred approximately twice a month, with each attack lasting up to 48 hours and initiating at unpredictable times of the day. The cephalalgia was consistently accompanied by *Chardi* (vomiting), *Asamadhanakaraka* *Malapravrutti* (unsatisfactory, constipated bowel movements), *Aadhmana-Aatopa* (abdominal bloating and flatulence), and noticeable *Ubhayaj Netra Aaraktata* (bilateral conjunctival congestion/redness). A detailed dietary and lifestyle history revealed a high, frequent intake of heavily spiced fish dishes. Due to the demanding and irregular nature of his fishing occupation, the patient lacked a structured routine, exhibiting highly inconsistent eating schedules and erratic sleep patterns. Although he initially managed the pain episodes using over-the-counter conventional analgesics, these interventions had recently ceased providing therapeutic

relief, prompting his decision to seek alternative management via Ayurveda.

Past Medical History: The patient had a surgical history of *Raktaj Arsha* (bleeding hemorrhoids), which was successfully treated via ligation. There were no documented comorbidities, including systemic hypertension, diabetes mellitus, ischemic heart disease, otolaryngological (ENT) disorders, or chronic respiratory illnesses. Additionally, the patient reported no history of tobacco smoking or alcohol consumption.

3. Clinical Findings

- **General Examination:** Marked *Netra Araktata* (conjunctival redness/congestion) was observed during acute episodes.
- **General Constitutional State:** Normal, stable, and cooperative.
- **Vital Signs:**
 - Blood Pressure: 120/80 mmHg
 - Pulse Rate: 78 beats per minute
 - Respiratory Rate: 18 breaths per minute
- **Local and Systemic Examination:** No palpable peripheral lymphadenopathy was noted. Systematic and regional physical examinations revealed no other clinically significant abnormalities.

4. Timeline

The longitudinal progression of the therapeutic interventions, clinical observations, and corresponding Migraine Disability Assessment (MIDAS) and pain relief scales are systematically detailed below in Table 1.

Table 1: Chronological Presentation of Interventions and Clinical Outcomes

Date & Visit Timeline	Therapeutic Interventions Administered	Clinical Observations & Symptomatic Progress	MIDAS Score
First Visit (November 10, 2025)	1. <i>Triphala Churna</i>: 5g, taken orally at bedtime with lukewarm water. 2. <i>Pathyadi Ghanavati</i>: 2 tablets, taken twice daily (BD) orally after meals with lukewarm water.	Baseline Status: Patient presented with active right-sided hemicranial throbbing pain occurring twice monthly, lasting 48 hours per episode, and accompanied by persistent nausea and vomiting.	MIDAS Score: 18
Second Visit (December 15, 2025)	1. <i>Pathyadi Ghanavati</i>: 2 tablets BD orally after meals with lukewarm water. 2. <i>Anu Taila Nasya</i>: 6 drops total (3 drops instilled per nostril) administered in the morning. 3. <i>Laghu Sutashekhar Rasa</i>: 2 tablets BD orally after meals with lukewarm water.	Notable mitigation of acid reflux, nausea, and vomiting. A mild down-regulation in the absolute intensity of the headache pain was observed.	MIDAS Score: 17
Third Visit (January 17, 2026)	1. <i>Viddhakarma</i> (Therapeutic micro-puncturing). 2. <i>Sutashekhar Rasa</i>: 2 tablets BD taken orally before meals with lukewarm water. 3. <i>Shirashooladi Vajra Rasa</i>: 2 tablets BD taken	Hyperacidity, nausea, and vomiting were markedly reduced. Distinct, immediate relief from the acute intensity of headache pain was documented following the localized micro-puncturing.	Pre-procedure: 12 Post-procedure: 12

Date & Visit Timeline	Therapeutic Interventions Administered	Clinical Observations & Symptomatic Progress	MIDAS Score
	orally after meals with lukewarm water.		
Fourth Visit (February 20, 2026)	1. <i>Panchatikta Ghrita</i> : 10g, taken once daily (OD) orally in the morning on an empty stomach with lukewarm water.	Substantial systemic improvement; headache frequency and pain severity reduced drastically, dropping to just one isolated episode per month.	MIDAS Score: 10
Fifth Visit (March 23, 2026)	1. <i>Panchatikta Ghrita</i> : 10g OD, taken orally before food in the morning with lukewarm water.	Continuous remission; only one transient episode of minor intensity was experienced during the entire month.	MIDAS Score: 4

5. Diagnostic Assessment

Constitutional analysis (*Prakriti Pariksha*) revealed that the patient possessed a *Pitta-Pradhana Vata Prakriti* (a constitution dominated by Pitta followed by Vata). Objective assessment parameters showed a *Pittaj Nadi* (pulse profile), a *Uplipta Jivha* (coated tongue indicating the presence of *Aama* or metabolic endotoxins), a *Madhyama Aakriti* (medium body build), and a *Saam Mala* (stools containing undigested metabolic byproducts). Other examination factors, including *Mutra* (urine), *Shabda* (speech), *Sparsha* (tactile sensation), and *Druk* (vision), were found to be *Prakrut* (within normal physiological parameters).

Routine hematological screens and neuroimaging modalities, including a cranial CT scan and an MRI, yielded normal results with no structural abnormalities. Evaluating the patient's clinical presentation, lifestyle habits, and

phenotypic parameters, the condition was diagnosed as *Tridoshaja Ardhavabhedaka* (correlating directly to Migraine without Aura; ICD-11 Code: 8A80) dynamically associated with secondary *Amlapitta* (hyperacidity).

6. Therapeutic Intervention

Following a thorough evaluation of the patient's constitutional *Doshas* and current disease state (*Vyadhi Avastha*), a multi-staged therapeutic protocol was formulated based on the foundational concepts of *Deepana* (metabolic stimulation), *Pachana* (digestion of endotoxins), *Anulomana* (correcting downstream physiological movement), *Vidhakarman* (bloodletting/puncturing), and *Dosha Shaman* (palliative purification).

At the initial visit, because the cephalalgia was intensely coupled with *Chardi* (vomiting), *Malabaddhata* (constipation), *Urokanatadaha* (retrosternal burning), and a coated tongue (*Jivha Upliptata*), *Pathyadi*

Ghanavati was introduced to secure rapid symptomatic relief from the headache. Simultaneously, *Triphala Churna* was prescribed to initiate *Anulomana* and *Aamapachana*, selectively facilitating *Pitta Rechana* (downward clearance of excess Pitta). By the second visit, as the core headache parameters remained largely stationary, *Anu Taila Nasya* was incorporated into the regimen, and *Laghu Sutashekhar Rasa* was introduced to pacify acute *Pitta* manifestations. During the third clinical encounter, *Viddhakarma* (therapeutic micro-puncturing) was performed locally around the *Shankha* (temple), *Apanga* (outer canthus of the eye), and *Sthapani* (glabella/inter-eyebrow) *Marma* points. This was sequentially followed by the administration of *Panchatikta Ghrita* in the subsequent visits.

7. Outcome

During the first two operational cycles of the treatment, the patient noted marginal relief; however, the improvement was unstable, demonstrating an "on-and-off" fluctuating pattern while the baseline frequency of the migraine remained unchanged. Following the execution of *Viddhakarma* and the implementation of the third-month medicinal adjustments, a substantial, highly visible clinical turnaround took place. This recovery was further augmented after introducing *Panchatikta Ghrita*, which successfully minimized the patient's overall disability index to a highly satisfactory level.

8. Discussion

In classical Ayurvedic literature, *Shirashoola* (headache) is interpreted both as an independent disease entity and as a secondary symptom of other pathologies (8). Its classification is fundamentally contingent upon the underlying *Dosha*

imbalances and the specific *Vyadhi Avastha* (stage of the disease); hence, an accurate diagnostic evaluation is mandatory for devising an effective therapeutic regimen (8).

A comprehensive diagnostic review of this patient's *Aahara* (dietary intake), *Vihara* (lifestyle/occupation), *Mala-Mutra* (excretory patterns), *Dosha* status, and *Nadi* (pulse) revealed that his occupational environment directly aggravated his *Pitta* and *Vata Doshas* (9). This systemic disruption caused chronic *Amlapitta*, which served as a primary systemic trigger that increased the frequency and severity of the headache attacks (9).

Within the operational framework of this treatment strategy:

- ***Triphala Churna*:** Was utilized to clear the gastrointestinal tract (*Koshta Shuddhi*), establish *Anulomana*, and serve as a core *Pitta*-pacifying therapeutic agent.
- ***Shirashooladi Vajra Rasa* and *Pathyadi Ghanavati*:** Functioned as targeted symptomatic medications to reduce cranial pain.
- ***Anu Taila*:** Was selected for localized purification (*Sthanik Shodhana*), given its classical indication in managing disorders of the head and neck (10).

Mechanistically, *Nasya* is an essential purificatory pathway where medications are delivered directly through the nasal passages (10). Contemporary research indicates that intranasal drug delivery utilizing olfactory and respiratory tracts holds great potential for routing therapeutic agents straight to the central nervous system (11). Specifically, lipid-based agents possessing lower molecular weights

(typically spanning 400 to 600 Daltons) alongside a positive charge exhibit a superior capacity to cross the blood-brain barrier (11).

Following the *Viddhakarma* procedure, the introduction of *Shirashooladi Vajra Rasa* (12) and *Laghu Sutashekhar Rasa* (13) successfully pacified the *Tridoshas* (specifically mitigating *Pitta*), while actively regulating the physiological pH of the gastrointestinal tract (14). Finally, the administration of *Panchatikta Ghrita* successfully stimulated the metabolic fire (*Agni Deepana*) while ensuring deep *Pitta Shaman* to stabilize the *Doshas*. At the final follow-up assessment, the patient's MIDAS score had dropped to 4, demonstrating a profound improvement in his daily functioning and overall well-being.

9. Conclusion

In the long-term management of migraine, combining active pharmacotherapy with strict lifestyle modification is vital, as the primary triggers are heavily linked to everyday behaviors and routines. A key clinical takeaway is that the Ayurvedic therapeutic framework for migraine is highly adaptive rather than uniform; it must be customized based on each patient's unique *Dosha* matrix and *Vyadhi Avastha*. To fully validate, reproduce, and confirm the efficacy of these personalized traditional protocols on a wider scale, more rigorous clinical trials are highly recommended.

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