

## CASE REPORT

# A Single Case Report of *Pathyadi Shadanga Kwatha* and *Kumkum Nasya* in the Management of *Ardhavabhedaka* with Special Reference to Migraine

Muskan Maurya<sup>1</sup>, Nitin Sharma<sup>2</sup>, Rachna Nigam<sup>3</sup>, Jyoti Mishra<sup>4</sup>

<sup>1</sup>MD Scholar, Department of Panchakarma, State Ayurvedic College and Hospital, Varanasi, Uttar Pradesh, India.

<sup>2</sup>Lecturer, Department of Kayachikitsa and Panchakarma, State Ayurvedic College and Hospital, Varanasi, Uttar Pradesh, India.

<sup>3</sup>Assistant Professor, Department of Kayachikitsa and Panchakarma, State Ayurvedic College and Hospital, Varanasi, Uttar Pradesh, India.

<sup>4</sup>Associate Professor and Head, Department of Kayachikitsa, State Ayurvedic College and Hospital, Varanasi, Uttar Pradesh, India.

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### ABSTRACT

The lifestyle of the people of the modern era has changed due to rapid urbanization. Due to lifestyle changes, stress is causing an increased incidence of acute and chronic disorders such as *Ardhavabhedaka*. *Ardhavabhedaka* (Migraine) is a condition associated with moderate-to-severe headaches with a throbbing type of pain that lasts from hours to days. It begins on one side of the head and spreads to both temporal and occipital regions and is frequently accompanied by symptoms such as nausea and vomiting, tiredness, and sometimes giddiness. *Ardhavabhedaka* can be correlated with migraine, due to its cardinal features of a half-sided headache. According to *Acharya Charaka*, *Ardhavabhedaka* has *Vata-Kapha dosha*. The management of these *doshas* can be done through *Kumkum Nasya Karma*. A 34-year-old male patient visited with chief complaints of unilateral or bilateral headache on and off three times or more than thrice in a month for 2 years. Headache was followed by nausea and sometimes vomiting too. Headaches occur sometimes on the right side and sometimes on the left side alternatively. The patient was given *Snehana* with *Tila taila* and *Swedana* with *Dashmool kwatha*, followed by *Nasya* procedure. There was a reduction in symptoms and frequency of headache, and the patient remained entirely asymptomatic on observation during follow-ups.

## 1. INTRODUCTION

In the contemporary era, drastic changes in dietary patterns and lifestyles have contributed significantly to the emergence of numerous acute and chronic disorders. Frequent indulgence in *Mithya Ahara*, *Mithya Vihara*, and *Prajnaparadha*,<sup>[1]</sup>—that is, improper food habits, unhealthy lifestyles, and intellectual errors—has led to a rapid increase in psychosomatic diseases. *Ardhavabhedaka*<sup>[2]</sup> (Migraine) is one such distressing chronic disorder that is widely prevalent in the population, with varying degrees of severity. It imposes a substantial and persistent burden on affected individuals due to recurrent pain and its adverse impact on functional capacity and overall quality of life, both during and between headache episodes.

*Ardhavabhedaka* is characterized by severe, unilateral headache described as pricking, piercing, or churning pain, occurring intermittently at intervals

of 15 days or 1 month, with or without an identifiable cause.<sup>[3]</sup> Similarly, migraine in modern medicine is defined as a recurrent headache disorder, typically unilateral though sometimes bilateral at onset, with a throbbing or pulsating quality that is aggravated by routine physical activity.<sup>[4]</sup> It is frequently associated with nausea, vomiting, photophobia, phonophobia, and aura. Migraine aura refers to a group of sensory disturbances – neurological, gastrointestinal, or autonomic in nature – that may occur before or during a migraine attack. These symptoms can include flashes of light, blind spots, or tingling in the hands or face in the form of neurological symptoms. Migraine is more common in women than men and occur most commonly in the second and third decades of life.

Why is it better to relate *Ardhavabhedaka* with Migraine rather than Hemicrania Continua – “Hemicrania Continua” affects only one half of the head and face. Hemicrania headaches are also constant, whereas migraine symptoms come and go.<sup>[5]</sup>

According to *Acharya Sushruta*, he also mentions that *vega* of *Ardhavabhedaka* comes with the interval of 10 days or 15 days.<sup>[6]</sup>

#### Corresponding Author:

Muskan Maurya, MD Scholar,  
Department of Panchakarma, State Ayurvedic College and Hospital,  
Varanasi, Uttar Pradesh, India.  
Email: muskanmaurya17@gmail.com

## 2. MATERIALS AND METHODS

### 2.1. Patient Information

A 34-year-old male patient visited the *Panchakarma* outpatient department (OPD) on May 10, 2025 (OPD no. 39932/9888) in Government Ayurveda College and Hospital, Varanasi, with chief complaints of unilateral or bilateral headache on and off thrice and sometimes more than thrice in a month for 2 years. Headache was followed by nausea and sometimes vomiting too. Headaches occur sometimes on the right side and sometimes on the left side alternatively. The body weight was 65 kg. No significant family history or personal history identified. He consulted many allopathic physicians but got symptomatic relief only. There was no history of diabetes mellitus or hypertension. His vitals were within normal limits. On general examination, there was no pallor, icterus, clubbing of nails, edema, or lymphadenopathy noted.

### 2.2. Clinical Examination

#### 2.2.1. Local examination

No central nervous system (CNS) abnormalities noted on thorough examination.

#### 2.2.2. General examination

- General condition – fair
- Blood pressure – 120/76 mmHg
- Pulse rate – 76/min
- Respiratory rate – 16/min
- Systemic examination – No deformity.

#### 2.2.3. Laboratory investigations

- Hemoglobin – 13.1 g/dL
- Total leucocyte count – 5600 cells/mm<sup>3</sup>
- Platelet count – 125000 lac cells/mm<sup>3</sup>
- Plasma glucose random – 110 mg/dL
- Bleeding time – 2.00 min
- Clotting rate – 4.30 min
- Hepatitis B surface antigen – Non-reactive.

#### 2.2.4. Investigations

Routine hematological as well as X-ray of peripheral nervous system and cervical spine anteroposterior and lateral views were carried out, and findings were not of any pathological significance.

The visual acuity of both eyes was 6/6, right eye 6/6, left eye 6/6, and near vision N6, as well as intraocular pressure 14 mm of Hg in both eyes, were observed before and after treatment.

### 2.3. Intervention

1<sup>st</sup> day: The patient was given *Snehana* with *Tila taila* and *Swedana* with *Dashmool kwatha*, followed by *Nasya* Procedure. For *Nasya*, the patient was lying in a supine position (horizontally with the face and torso facing up) with the head slightly lower side. Tilt up the tip of the patient's nose with the middle finger and close one nostril with the thumb, and then slowly administer six drops of *Kumkum Nasya* with the help of a dropper in the open nostril, and then repeat the same procedure in the other nostril. Then the patient stays in the same position for 5 min and then spits out excess *Kapha*, if any, and then gargles with lukewarm water.

Along with *Nasya*, the patient was given *Pathyadi shadanga kwatha* orally, 50 mL with *guda sehpana* twice a day.

- 2<sup>nd</sup> day–14<sup>th</sup> day: Repeat the above-mentioned procedure for 14 days continuously (Figure 1)

- 1<sup>st</sup> follow-up: After the procedure, on the 21<sup>st</sup> day, the patient came to the *panchakarma* OPD with no attacks of Migraine
- 2<sup>nd</sup> follow-up: On the 28<sup>th</sup> day, the patient came to the *panchakarma* OPD for the 2<sup>nd</sup> follow-up with no attacks of migraine
- Diet: Patient was advised to take a balanced diet with regular meals, focusing on fresh, whole foods, and adequate hydration
- Activity: Regular, low-to-moderate intensity aerobic exercise such as jogging, walking, swimming, or cycling.

### 2.4. Ethical Considerations

The procedure was conducted following ethical guidelines with informed consent from the patient. The study adhered to the principles of the Declaration of Helsinki.

## 3. RESULTS

Significant changes in signs and symptoms were noticed after treatment with a short course duration of 7 days. On the 1<sup>st</sup> day, the patient had a severe right-sided headache, which reduced on the 3<sup>rd</sup> day. On the 10<sup>th</sup> day, he had no headache and was feeling happy. On the 1<sup>st</sup> and 2<sup>nd</sup> follow-up there were no attacks of migraine in between the course of duration.

## 4. DISCUSSION

Ayurveda believes in treating the disease at its root cause from within. According to the clinical features of the patient, the headache was migraine without aura, i.e., common migraine. This type of migraine is very common and does not have any warning signs. Migraine can be closely related to *ardhavabhedaka* in Ayurveda, explained as *Ardhamastaka vedna* due to its cardinal feature, “half-sided headache.” [7] *Shodhana* and *Shamana*, both therapies, were given to the patient for the treatment. *Kumkum Nasya* removes the vitiated *vaat* and *kapha Doshas*. [8] *Nasya karma* was instilled into both nostrils and was expected to strengthen the vital functions of the sense organs by its unique mode of action through *Shringatak marma* [9] and helped to open the *Vatahara shrotas* and lighten the head. The ingredients used for *nasya* are *Ghrith bhrishta Kumkum*, [10] *Sharkara*, and *Godugdha*, which are supposed to pacify vitiated *vata-kapha Doshas*. Similarly, *Pathyadishandanga kwatha* had potent *vatahara* properties. The internal medications also helped to pacify the vitiated doshas and brought them into the equilibrium state. The combination of both *sodhana* and *shamana* therapies acted synergistically to combat against the vitiated *vaat-kapha* dosha in the pathology of *Ardhavabhedaka*.

## 5. CONCLUSION

Migraine is an episodic neurovascular disabling disorder that is closely related to *ardhavabhedaka* in Ayurveda and characterized by its cardinal feature, half-sided headache. Ayurveda believes in cleansing the body and pacifying the *tridoshas* from the roots using unique treatment modalities such as *shodhana* and *shamana* chikitsa. These treatment approaches create a balanced physiology that brings healing to the body and mind. This helps to achieve complete treatment as well as control of migraine in the patient. Ayurveda opens new doors for the treatment of migraine through holistic approaches and aids a new treatment option among practitioners of the new era, where there is no permanent cure for migraine.

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## 7. AUTHORS' CONTRIBUTION

All authors give equal contributions in making of this manuscript.

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## 9. ETHICAL STATEMENT

Ethical approval was not required for this study as it was a case report.

## 10. CONFLICT OF INTERESTS

The authors declare no conflicts of interest regarding the publication of this paper.

## 11. DATA AVAILABILITY STATEMENT

The data analyzed in this review were obtained from publicly available sources, including peer-reviewed articles, observational studies, and surveys accessible via databases.

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**Figure 1:** (a) Saffron fried in ghritha, (b) powdered sugar, (c) cow milk, (d) kumkum nasya prepared after trichurating, (e) delivery of kumkum nasya to the patient