

# International Journal of Ayurvedic Medicine, Vol 16 (1), 2025; 274-278

# Potential implications of Ayurvedic treatment along with *Marma chikitsa* and Indian classical music therapy in *Ardhavabhedak* i.e (Migraine without aura)

**Case Report** 

# Apeksha U Kulkarni<sup>1</sup>, Jibi Varghese<sup>2\*</sup>, Abhilasha Lagad<sup>3</sup>, Manna Mathew<sup>4</sup>

1. Post Graduate Scholar, 2. Professor and Guide. 3. Assistant Professor, Department of Kayachikitsa, Dr. D.Y. Patil College of Ayurveda and Research Centre, Dr. D.Y. Patil Vidyapeeth (Deemed to be University), Pimpri, Pune-18, Maharashtra, India. 4. Ayurveda Practitioner and Dravyaguna Expert, Ayur Arogyam, Nigdi Pune. India.

## **Abstract**

The brain is the most complex organ of the human body. It is the crown jewel of the body as it performs various essential functions. Globally, headache disorders affect approximately 40% of the population, nearly 3.1 billion people in 2021(1). It is more common in females as compared to males. Headache disorders ranked third (after stroke and dementia) in accounting for overall neurological disease burden as measured by age-standardized disability-adjusted life years (DALYs) in 2019. It comes with a constellation of things that it impacts person's activities of daily living and affect their ability to do things that they love the most. Migraine without aura is a recurrent and debilitating disorder having pulsatile, unilateral moderate to severe headache lasting from 2-72 hours. Associated symptoms include nausea, vomiting, photosensitivity and phonosensitivity. In Ayurveda it is correlated with one of the *Shirorogas i.e Ardhavabhedak*. According to Acharya Charaka it is *Vata-Kaphaja* and according to Acharya Sushrut it is *Tridoshaja vyadhi*. In this case study, a male patient of middle age suffering from chronic severe migraine was treated with the Ayurveda medications and *panchakarma* resulting in significant relief. An additional *Marma chikitsa* and Indian classical music i.e *Raga Mohanam* therapy was also given. The integrative treatment modality has shown significant relief in reducing the episodes and intensity of pain of Migraine (*Ardhavabhedak*).

Keywords: Ardhavabhedak, Migraine, Nasya, Marma chikitsa, Raga Mohanam.

# Introduction

Migraine is a neurovascular disorder associated with the symptoms of nausea, vomiting, giddiness and photophobia i.e sensitivity to light. The main clinical feature of migraine includes unilateral headache i.e. pain at one side of face, photosensitivity, phonosensitivity. The disease is chronic and having episodic pain triggered because of stress, habits of alcohol, smoking, sleep deprivation, untimely food habits and certain medicines. It is the second most common type of headache which is affecting the 40% of population. People are taking over the counter medications to treat their pain for multiple times a day or even on daily basis. In the last decade there has been dozens of new treatments like NSAIDS, Triptans and Diatons, CGRP monoclonal antibodies etc. for migraine but it gives symptomatic relief only. The exact cause of migraine is not fully understood, but they are believed to involve a combination of genetic, environmental, and

# \* Corresponding Author:

# Jibi Varghese

Professor. Department of Kayachikitsa. Dr. D.Y. Patil College of Ayurveda and Research Centre, Dr. D.Y. Patil Vidyapeeth (Deemed to be University), Pimpri, Pune-18, Maharashtra, India.

Email Id: vjayu82@gmail.com

neurochemical factors. It is thought that changes in the brainstem and its interactions with the trigeminal nerve. a major pain pathway, play a key role in initiating migraines. Additionally, abnormalities in serotonin levels and other neurotransmitters may contribute to the development of migraine attacks. Migraines can be classified into several types, with the most common being migraine with aura and migraine without aura. Aura refers to a transient neurological symptom that usually precedes the headache and can lead to visual disturbances, such as flashing lights or blind spots, sensory disturbances, or speech difficulties. Migraine without aura is the most common type. In Sushruta Samhita it is described under the 11 Shirorogas and termed as Ardhavabhedak i.e pain on the half side of head. According to Acharya Sushruta it is a Tridoshaja vyadhi while Acharya Charak says it is Vataja or Vatakaphaja and according to Ashtang Hridaya it is predominantly a Vataja vyadhi. 'Shiras' the head is considered as *Uttamanga* or *Pradhananga* by Acharyas. It is also considered under Trimarma as various vital functions takes place at brain tissues. It is a complex organ which controls all functions of the body.

ISSN No: 0976-5921

In Sushruta Samhita Uttarsthana, Ardhavabhedak has been explained with symptom of pain presenting on half side of head having bheda (throbbing), toda (pricking) nature of pain with bhrama (vertigo) and occurs in 10 or 15 days (2). Ayurveda



#### Apeksha U Kulkarni et.al., Ayurvedic management of ardhavabhedhak along with marma chikitsa and music therapy

emphasizes on various treatment modalities in Ardhavabhedak which includes shodhan and shaman chikitsa. Marma chikitsa which is an ancient Indian healing practice uses pressure points on body to treat ailments. Indian classical music therapy which is soothing in nature expressed as Ragas, plays the important role as stress relievers. Both these therapies have been incorporated along with the traditional ayurvedic treatment for the effective management of Ardhavabhedak.

# **Case Report**

A 43 year old male patient visited to Dr. D. Y Patil College of Ayurveda and Research Centre in *Kayachikitsa* OPD on 9/2/2024 having chief complaints of severe unilateral headache on right side of face, periorbital region throbbing pain, hyperacidity and giddiness since 2 years. The frequency of migraine attack was 4-5 times monthly. The symptoms used to get worse during stress and sleep deprivation and during neck movements also. Patient was reluctant to take allopathic medicine so he came to our OPD for better relief and for improving quality of life.

- Family history: No k/c/o DM, HTN, Hypothyroidism, Asthma etc.
- **Personal history:** Patient was taking Tab. Headset 1-0-0 for 2 years. Tab. Betacap TR 40mg 1-0-0 since 1 year. Tab. Calpol 500 mg SOS.
- **Habits:** Alcohol intake since 5 years. Patient was taking alcohol frequently i.e 3 -4 times monthly and also if stressed out.
- Occupation: Job in private company.
- Drug allergy: No any drug allergy was noted.
- **General Examination:** Bp-100/60mmhg, P-67/min, Spo2-98%, PA-Soft and non-tender
- Systemic Examination: Respiratory System Air Entry Bilaterally Equal, Cardiovascular System -S1S2 heard, Central Nervous System – Conscious and oriented

# **Local Examination**

Periorbital region tenderness, No facial deviation.

- Vision: Patient was wearing spectacles for myopia of both eyes. Fundus examination is normal. Photophobia was present.
- Duration of headache: 2 years
- Frequency of attacks: 4-5 attacks in a month
- Severity of headache: Moderate to severe (Patient has to take medicine for the pain unless he could not do work or difficulty to do daily work and frequently headache was associated with giddiness.
- **Duration of each attack:** 6-12 hours/day
- Site: Unilateral (Frontal and Parietal region)
- Character of pain: Migrating
- Nature of pain: Severe (VAS score-9) patient told that it was pulsatile and often starts with heaviness in head.
- Associated symptoms: Nausea, Vomiting
- Stress factors: Occupational Stress

Table 1: Ashtavidha Parikshan- Eight fold examination parameters

ISSN No: 0976-5921

Nadi (Pulse)	Vatapradhan Pittaja ,80/min	
Mala	Asamadhankarak ( unsatisfactory, 2-3 times a day)	
Mutra	Prakrut	
Jivha	Sama	
Kshudha	Kshudhamandya (Patient's eating habits was changed and eating quantity and frequency was decreased)	
Trishna	Prakrut	
Nidra	Alpa	
Akriti	kriti Madhyam (Medium built)	

# **Materials and Methods**

Study design – A Single case study

Written informed consent was taken from patient prior to the treatment. Patient diagnosed with Migraine with clinical symptoms of headache, nausea, vomiting, photophobia and aura was assessed on subjective parameters before treatment and subsequently on every follow up. Other systemic diseases and other external factors precipitating as headache were excluded.

**Table 2: Investigations Done** 

Investigations	Result	
Hb	14.3 gm	
TLC	5400/cumm	
DLC	N-30,L-20,E-4,M-2,B-0	
ESR	24 mm/hr	
FBS	115 mg/dl	
Urine routine	Normal	
CT brain	No any intracranial abnormality seen	
DLC ESR FBS Urine routine	N-30,L-20,E-4,M-2, 24 mm/hr 115 mg/dl Normal	

#### **Treatment Intervention**

Shaman chikitsa and Shodhan chikitsa (Nasya) were administered to the patient along with Marma chikitsa. The patient was advised to listen Raga Mohanam for about 10-15 mins daily in morning and before going to sleep at night time. The details of the treatment is given in Table no. 3

**Table 3: Avurvedic Treatment** 

Table 5. Ty at vedic Treatment				
Date	Medicine	Dose	Time	Anupana
9/2/24 to 25/2/2 4	Suvarna Sootshekhar Ras	125mg 1-0-0 On alternate day	Before breakfast	Koshna jal
	Praval Panchamrut 250mg	250mg 2-0-2	Before food	Koshna jal
	Pathyadi kashaya	40ml -0 -40ml	After food	Koshna jal
	Avipattikar churna	0-0-3gm	At night	Koshna jal
	Nasya with Anu tail	3 drops in each nostril	Morning	-



International Journal of Ayurvedic Medicine, Vol 16 (1), 2025; 274-278

# Table 4: Marma Chikitsa and Raga Mohanam Treatment

Standard Operating Procedure for *Marma chikitsa and Raga Mohanam* - The patient should be comfortable in a relaxed position and the *marma* points are to be massaged with gentle pressure for 0.4 sec clockwise and 0.4 sec anticlockwise, twice daily for 15days. *Raga Mohanam* to be heard in a relaxed state of mind for 10-15 minutes in the morning after waking up and at night before sleep

Marma chikitsa	Stimulation time	Sittings of Marma chikitsa	Total duration
1. Vidhura	0.8 sec	Two times per day	15 days
2. Apanga	0.8 sec	Two times per day	15 days
3. Avarta	0.8 sec	Two times per day	15 days
4. Sthapani	0.8 sec	Two times per day	15 days
5. Simant	0.8 sec	Two times per day	15 days
6. Shringatak	0.8 sec	Two times per day	15 days
7. Adhipati	0.8 sec	Two times per day	15 days
8.Phana	0.8 sec	Two times per day	15 days
Raga Mohanam	10-15 min	Two times per day	15 days

# Pathya Apathya:

Diet was advised to the patient as per ayurveda principles which will not vitiate the *vata* and *pitta dosha*. Alcohol, smoking, spicy and oily food was restricted. Patient had a habit of consumption of coffee many times during working hours. His coffee intake was also restricted.

# Criteria for assessment Table 6: Result and analysis

Signs and symptoms	Before treatment	1st week	2nd week
1.Severity of headache	3	2	1
2.Frequency of headache	3	2	1
3.Duration of headache	3	2	1
4.Nausea	3	1	0
5.Vomiting	1	1	0
6.Photophobia	1	1	0
7.Aura	0	0	0
8.Other symptoms like giddiness, lack of sleep, weakness, fatigue	2	1	0
Total	16	10	3

Table 5: Subjective criteria			
No.	Symptoms		Grade
1	Severity of headache	0	Absent
		1	Pain intolerable
		2	Distinguishing routine work
		3	Intolerable pain
2	Duration of headache	0	Nil
		1	2-6 hours/day
		2	6-12 hours/day
		3	>12 hours/day
3	Nausea	0	None
		1	Loss of appetite without alterations in eating habits.
		2	Oral intake decreased without significant weight loss, dehydration or malnutrition
		3	Inadequate oral fluid intake, tube feeding, TPN or hospitalization indicated.
4	Vomiting	0	None
		1	1-2 episodes in 24 hours
		2	3-5 episodes in 24 hours
		3	>6 episodes in 24 hours
5	Photophobia	0	No sensitivity to light
		1	Mild sensitive to light but can tolerate with work.
		2	Mild sensitive to light but can't tolerate with work.
		3	Can't tolerate light; needs either darkness or lights completely off.
6	Episodes of attack	0	No attacks within 1 month
		1	1-3 attacks in 1 month
		2	4-6 attacks in 1 month
		3	>6 attacks in 1 month
7	Aura	0	Nil
		1	Last for 5-10 mins
		2	Last for 10-15 mins
		3	Lasts more than 15 mins
8	Other symptoms like giddiness, lack of sleep, weakness, fatigue	0	None
		1	Mild
		2	Moderate
		3	Severe

ISSN No: 0976-5921



#### Apeksha U Kulkarni et.al., Ayurvedic management of ardhavabhedhak along with marma chikitsa and music therapy

#### Figure 1: Demonstration of Marma chikitsa

(Sthapani and Avarta marma) (Shankh and Utkshepa marma) (Phana marma)

Image 1 Image 2 Image 3

### Mode of Action of medicines given

Suvarna Sootshekhar Ras: It is an Ayurvedic formulation which is prepared from the mixture of herbs and minerals having Swarna Bhasma (Gold ash), Tamra Bhasma (Calcinated copper), Raupya Bhasma (Calcinated Silver ash) and Shankh Bhasma(Conch shell ash) and also drugs like Vatsnabh (Aconitum ferrox), Trikatu etc.It is the classical preparation of Ayurveda Saar Sangrah. It is mainly indicated in Vataja and Pittaja disorders having characteristics like neuroprotective, antacid, digestive stimulant, cardioprotective, anti depressant. Also Madhura rasa counteracts the *Tikshna Guna* of vitiated *Pitta* causing soothening effect, promotes strength and pacify Vata Pitta doshas. As most of the drugs used in this Kalpa are Tikta, Madhur and Kashay rasa subsides Pitta and Kapha doshas respectively (3).

Pathyadi Kashaya: It is an Ayurvedic medicine in water decoction form. It is explained in the Sharangdhar Samhita Madhyam khanda. The ingredients having Triphala, Bhunimb (Andrographis paniculata) family-Gentianaceae, Nisha (Curcuma longa) family-Zingiberaceae and Amruta (Tinospora cordifolia) family- Menispermaceae. It is widely used in treating all types of headaches. This *Kashava* has antioxidant, adaptogenic and laxative properties. This decoction has ingredients having Ushna Virya (hot potency) and Vata Shamaka (Vata subsiding) property which can be beneficial in Ardhavabhedaka as this disease has dominancy of vitiation of Vata and Kapha Dosha. Further it is also being widely practiced to manage Shiroroga (4). It also contains Amruta, Haridra, Amalaki having Raktaprasadan and Ama- Pachan properties (5).

**Praval Panchamrut:** It is the herbal formulation in the form of tablet or powder. It is helpful and beneficial in balancing *Vata* and *Kapha* disorders. It contains *Bhasmas of Praval (coral ash), Mukta, Shukti (pearl oyster shell), Shankh (Conch shell ash), Kaparda (cowrie shell ash)* having *bhavana* of *Arkpatra Swaras (Calotropis procera juice)*. It balances vitiated *pitta dosha* and helps relieving symptoms like *Ajirna (indigestion),Adhman* (bloating) etc.(6).

Avipattikar churna is laxative in action which relieves the constipation and helps in mild Virechan of Pitta dosha (7).

# **Discussion**

In above case study the patient was given with Shaman and Shodhan chikitsa according to Ayurvedic classics. Shodhan chikitsa i.e Nasya, the procedure of instilling medicines through the nasal orifice is called Nasyakarma. Acharya Sushrut and Vagbhata have described the dose in the form of Bindus (drops). The nasal orifices are believed to be the entrance of the head. The medicine instilled through them easily penetrates Sringataka Marma and spreads to the Siras (arterioles) of head, eyes, ears, throat and expels out the accumulated doshas localized in Shiras i.e from all sinuses in the skull, this is also known as *Shirovirechan*. The olfactory nerves entering olfactory mucosa of nose carry the sheaths dura, arachnoid and pia with them. They directly enter into the brain. Olfactory striae are extensively connected to the limbic system. Stimulation can lead to the nourishment of nerve ending and thus Nasya alters the pathology of migraine. Along with this Marma chikitsa was also given to patient daily. Marma is the centre, where *Prana* or vital force of the body is situated (8). Intriguingly, Marmas serve as pivotal junctions where the entire spectrum of our physical and mental energy can be intentionally heightened, diminished, or redirected, facilitating transformative effects through the judicious application of Marma techniques. The Marma point harmonizes the nervous and endocrine system and normalize different pathology in the body through vital power itself, with proper stimulation and manipulation. This technique is known as Marma Chikitsa. It includes gentle massage over the Marma points (9).

ISSN No: 0976-5921

Indian classical music is known for its soothing effect on mind and body. Indian ragas are among the most ancient and enduring forms of music in the world. Different ragas have been conventionally known to be associated with varying moods. Music has been shown to stimulate different centers within the brain (10). Showing hippocampal and thalamic activity, which in turn modulate the endocrine activity of hypothalamus (11). Music stimulates the release of endorphins and dopamine. Endorphins are natural pain killers while dopamine is a neurotransmitter which helps regulate pleasure. "Mohanam" is a raga in Carnatic music (musical scale of South Indian classical music). It is an Audava raga with Arohana and Avarohana. Only 5 notes are used to describe the *raga*, meaning pentatonic scale. It is one of the most common pentatonic scale across the world. This raga is the oldest raga and consists lots of emotions, including Sringara, Karunya, and more. There is no specific timing of the raga; however, it is perfect for singing and listening to it at night time when complete relaxation can be felt.

#### Conclusion

In the management of migraine there is insignificant role of analgesics, vasodilators because it gives temporary relief to the symptoms and also has side effects. Ayurveda emphasizes on cause of disease i.e *Nidanparivarjan*. Different ragas have been conventionally known to be associated with varying



# International Journal of Ayurvedic Medicine, Vol 16 (1), 2025; 274-278

moods. Indian classical Music has been shown to enhance cognitive recovery, improve auditory and verbal memory, attention and mood in patients. After listening to the Raga for 15 days for 10-15 minutes, patient's disturbed sleep and stress level was significantly reduced to a greater extent. Marma chikitsa was also found to be effective in the management of Ardhavabhedaka along with Shaman and Shodhana chikitsa. The symptoms of headache was reduced with total cessation of symptoms of nausea, vomiting and aura with the assessment score reducing from 16 before treatment to 3 after treatment. The patient had stopped taking allopathic medicines since Ayurvedic treatment started and have significant reduction in the frequency and intensity of pain of migraine attacks.

# References

- 1. Jaimie D Steinmetz, Tarun Dua etal., Global, regional, and national burden of disorders affecting the nervous system, 1990–2021: A systematic analysis of the Global Burden of Disease Study 2021. Lancet Neurol.
- 2. Sushrut Samhita Nibandh sangrah commentary by Dalhan edited by Yadavji Trikamji chapter no.25/15 Page no. 655.
- 3. Vane Rajashri Ramesh etal, A critical review on mode of action of Sutshekhar rasa w.s.r to Ayurveda Saar Sangraha. JETIR July 2024, Volume 11, Issue 7, Page no.4.

4. Tripathi B, Editor. Sharangdhar Samhita of Acharya Sharangdhar, Madhyam khanda. Reprint edition.Ch.2. Ver. 3. Varanasi: Chaukhambha Surbharti Prakashan;2011.

ISSN No: 0976-5921

- Brinda Kanakhara etal, A pilot study on clinical efficacy of Agnikarma and Pathyadi decoction(an Ayurvedic formulation) in the management of Ardhavbhedaka (migraine). AYU.2018
- 6. Mishra, S. N. Siddhiprada Hindi commentary on Bhaishajya Ratnavali, Chaukhamba Surbharati Prakashan, Varanasi, Edition 2015, Gulmadikar, chapter 5, verse no. 113-117, Page no. 658-659
- 7. Bhishagratna GD. Bhaishajyaratnavali.1st ed. India: Chaukhambha Sanskrit Bhavan Series;2006.
- 8. Archana S, Sunil KJ, Radhaballabh S, Literary review of Marma Chikitsa. Journal of Ayurveda and Integrated Medical Sciences. 2023; 8(12):190-197.
- 9. Raje Singh V. etal Role of Marma Chikitsa in the management of Ardhavabhedaka (Migraine)-A Single case study 2023 Volume 8 Number 1 January.
- Tanvi Jha etal, Effect of Indian Classical Music on Migraine Episodes in Young Females of Age Group 18 to 23 Years Music & Medicine, Volume 7, Issue 4, Page no.24-31. https://www.researchgate.net/ publication/346862982
- 11. Ivan Domuschiev, The influence of music on human hormones, DOI: 10.13140/RG.2.2.28084.42882

\*\*\*\*