

Role of Laghusutshekhara Rasa in Ardhavabhedaka w.s.r. to Migrain

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Introduction :

In *Ayurvedic* text, almost all the *Acharayas* have mentioned *Ardhavabhedaka* in *Shiro-roga*. *Acharaya Sushruta* has mentioned 11 types of *Shiro-roga* in *Uttar Tantra*. *Ardhavabhedaka* is one among them in which paroxysmal unilateral headache associated with pain of varying intensity is seen. *Ardhavabhedaka* can be scientifically correlated with Migraine due to its cardinal feature "half sided headache" which is also explained by commentator *Chakrapani* as "*Ardha Mastaka Vedana*" (Ch. Su. 7/16) and also due to its paroxysmal nature. ^(2,5,7)

The term "migraine" refers to a syndrome of vascular spasms of the cranial blood vessels. Symptoms of a migraine attack may include heightened sensitivity to light and sound (sonophotophobia), nausea, auras (loss of vision in one eye or tunnel vision), difficulty of speech and intense pain predominating on one side of the head. ⁽¹⁰⁾

Maximum *Nidanas* show the predominance of *Vata dosha*. *Vata* gets provoked by addiction to dry articles or excess of diet or eating on a loaded stomach. The quantity of food to be taken depends upon the power of digestion (Ch.Su.5/3). Though even light food article, if taken in excessive quantity can produce *Agnimandhya* (Ch.Su.5/7) resulting in *Amarasa* formation which obstructs the channels and aggravates all the three *doshas*. The other factor exposure to eastern wind leads to constriction of blood vessels due to *Sheeta Guna* of *Vata* causing headache. Similarly suppression of natural urges obstructs the movements of *Vata*. Excessive sexual indulgence produces degeneration of *Dhatu*s in reverse order (Ch.Si.8/24-25). Also the various types of pain like *Toda*, *Bheda*, etc are suggestive of "*Vishama*" nature of *Vata dosha*. ^(6,7)

In modern science the *nidanas* are explained as triggering factors such as Junk food, Skipping breakfast, Fasting habits, menses, Addiction to tea or coffee, Sunlight, Emotional and Physical stress, Noise, etc. ⁽¹⁰⁾

All *Shiro-rogas* are due to *tridosha prakopa* and chiefly due to *Vata* or *Vata-Kapha*. Thus, *Ardhavabhedaka*, a *sadhya* type of *Shiro-roga* can be best managed with *ausadhis* having *Ushna*, *Snigdha*, etc. *Vatahara* or

Vata-Kaphahara properties. Various internal *Rasausadhis* like *Shirah-shooladi Vajra Rasa*, *Laghu Sutashekhara Rasa*, *Navjivana Rasa*, etc have been mentioned in *Bhaisajya Ratnavali*, *Rasa Tarangini*, etc. For the present study *Laghu Sutashekhara Rasa* has been selected from the text *Rasa Tarangini*, which possesses the properties like digestive, anti-oxidant, anti-inflammatory properties and the ingredients like *Gairika*, *Shunthi*, betel leaves possesses *Vata-Kapha* property. ^(3,4,9)

Aim : To evaluate the role of *Laghusutshekhara Rasa* in *Ardhavabhedaka* w.s.r. to Migrain

Materials & Methods :

Inclusion criteria:

- 1) Patients in the age group 20 to 60 years, presenting with signs and symptoms of *Ardhavabhedaka-Migraine* described as per *Ayurveda* and modern science were included in the study.
- 2) The diagnosis of the disease was done on the basis of clinical manifestations like recurrent attacks of headache, mostly unilateral in site, variable in intensity, frequency and duration with or without nausea, vomiting, aura and GI tract symptoms.

Exclusion criteria :

- 1) Sinusitis, hypertension, fever.
- 2) Secondary headache caused by meningitis, tumour, encephalitis, cervical spondylitis and refractive errors.
- 3) Patients using any other systemic drugs which may alter the results of study.

Laghusutshekhara Rasa was given in 30 patients 500 mg two times per day for 45 days.

Gradation For Associated Symptoms :

0 = No symptoms

1 = Mild (can do his/her work)

2 = Moderate (forced to stop work)

3 = Severe (forced to take rest)

4 = Excruciating (force to take medicine)

Results :

- 1) **Age :** The study of incidence of age showed that maximum number of patients were belonging to age group of 21-30 years i.e. 42.90% and 31-40 years of age group was also very common (28.10%).

2) **Sex & occupation** : The incidence of sex showed that 75.25% patients were female with 60.81% having occupation as house wives.

3) **Religion** : Maximum patients were Hindu (84.09%).

4) **Education** : Maximum patients 41.82% were found as graduate. This class of people is conscious about knowledge of triggering factors, recurrence of disease, its period of chronicity.

5) **Marital status** : Maximum patients 79.82% were married.

6) **Socio-economic status** : The incidence of socio-economic status outcome was that 42.36% of the patients belonged to middle class.

7) **Habitat** : The habitat wise distribution showed that 63.36% patients were living in urban area. Here, the disease may be due to their mechanical and speedy life.

8) **Family history** : Regarding family history, 62.09% patients had negative family history.

9) **Personal history** : Maximum patients were vegetarian (65.64%) with moderate appetite (63.91%) and regular bowel habit (71%). Maximum patients were having addiction of tea (55.09%).

10) **Sharirika Prakriti** : Regarding Sharirika prakriti, Vata-Kapha Prakriti was observed maximum i.e., 45.91%.

Discussion :

Shirah is a main control system of all bodily ailments. Alteration in the activity of the *Shirah* influences all body tissues and it is also influenced by body tissues in an inverse order.

Migraine can be a challenging disease to diagnose because it is a clinical diagnosis based on symptoms that are subjective and verifiable only by the patient. Most Migraine headaches are characterized by severe throbbing pain on one or both sides of the head (which may move to the other side), nausea, vomiting, dizziness and visual disturbances caused by dilation and constriction of the blood vessels in the head. Patients from 21-40 yrs of age group, females, housewives, married and middle class people were more prone to Migraine. Migraine sufferers had acute onset with severe intensity and unilateral episodic pain with continuous rhythm. Migraine has a circadian rhythm similar to several diseases of vasoconstriction, such as MI, angina pectoris and ischemic stroke. Most sufferers were taking Analgesics, which suggested that they had never consulted a doctor or have stopped doing so, which shows the chronic nature of the disease. Chronic Migraines may occur from overuse of migraine medications (rebound headache) or may develop over time (transformed migraine).

Conclusion :

Laghu Sutashekhara Rasa was having significant im-

provement on all the parameters like Headache, Nausea, Vomiting and on other associated symptoms of the disease *Ardhavabhedaka*. *Ayurveda* proved better in the management of the disease i.e., *Laghu Sutashekhara Rasa* proved to be a good effective therapy in curing the disease. It can be concluded that there is satisfying scope of suggesting these *Ayurvedic* management as safe and effective procedure for *Ardhavabhedaka*.

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