

Role of Pathyadi Kwath in Ardhavbhedhak wst to Migraine

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ABSTRACT

Migraine is one of the most common neurovascular disabling disorders encountered in Shalakya practice. Migraine can be defined as a paroxysmal affection having a sudden onset accompanied by usually unilateral severe headache. In Ayurveda, Migraine is described as Ardhaavabhedhaka which is a major health issue among people of age group 20 to 50 year. It is mentioned as tridoshapradhana by Sushruta and vatakaphapradhana by Vagbhata. According to WHO, migraine is the third most common disease in the world with an estimated global prevalence of 14.7% (around 1 in 7 people).¹ Chronic Migraine affects about 2% of world population with female and male ratio 3:1.3 The attack gives warning before it strikes black spots or a brilliant zigzag line appears before the eyes or the patient has blurring of vision or halos around the light, this type of headache is called headache with aura. It is also called as "sick headache" because nausea and vomiting occasionally accompany the excruciating pain which lasts for 4 to 5 hours. Ayurveda believes in treating the disease at its root cause from within. Migraine is a genetically influenced complex disorder characterized by episodes of moderate-to-severe headache, most often unilateral and generally associated with nausea and light and sound sensitivity. this article reviews the evaluation and treatment of migraine and highlights the role of pathyadi kwath in evaluating and treating patients with this condition.

Key words - : Migraine, Ardhavabhedhaka, pathyadi kwath and Shamana chikitsa

I. INTRODUCTION

The word migraine is derived from the Greek word "hemikrania," which later was converted into Latin as "hemigranea." The French translation of such a term is "migraine."¹ Migraine is a common cause of disability and loss of work. Migraine attacks are a complex brain event that unfolds over hours to days, in a recurrent matter. The most common type of migraine is without aura (75% of cases). The headaches affect one half of the

head and are throbbing and pulsating in nature, and last from 4 to 72 hours.³ Changing hormone levels may also play a role as migraine affects more in boys than girls before puberty, and two to three times more in women than men.⁴ Up to one third of people have an aura typically a short period of visual disturbance that signals that the headache will soon occur.⁵ It is highly prevalent headache disorder over the past decade having considerable impact on the individual and society. It can involve brain, eye and autonomous nervous system. Migraines are believed to be a neurovascular disorder with evidence supporting its mechanisms starting within the brain and then spreading to the blood vessels.⁶ Sushruta explains **11 types** of shiroroga. Viz vataj, Pittaj, Kaphaj, Sannipataj, Raktaj, Krimij, Kshaya, Suryavarta, Anantavata, Ardhavabhedak, Shankhak.⁸ Migraine can be classified into subtypes, according to the headache classification committee of the International Headache Society²

•**Migraine without aura** is a recurrent headache attack of 4 to 72 hours; typically unilateral in location, pulsating in quality, moderate to severe in intensity, aggravated by physical activity, and associated with nausea and light and sound sensitivity (photophobia and phonophobia).

•**Migraine with aura** has recurrent fully reversible attacks, lasting minutes, typically one or more of these unilateral symptoms: visual, sensory, speech and language, motor, brainstem, and retinal, usually followed by headache and migraine symptoms.

•**Chronic migraine** is a headache that occurs on 15 or more days in a month for more than three months and has migraine features on at least eight or more days in a month.

•Complications of migraine

i. Status migrainosus is a debilitating migraine attack that lasts more than 72 hours.

ii. Persistent aura without infarction is an aura that persists for more than one week without evidence of infarction on neuroimaging.

iii. Migrainous infarction is one or more aura

symptoms associated with brain ischemia on neuroimaging during a typical migraine attack.

iv. Migraine aura-triggered seizure occurs during an attack of migraine with aura, and a seizure is triggered.

•**Probable migraine** is a symptomatic migraine attack that lacks one of the features required to fulfill criteria for one of the above and does not meet the criteria for another type of headache.

•**Episodic syndromes** that may be associated with migraine

i. Recurrent gastrointestinal disturbances are recurrent attacks of abdominal pain and discomfort, nausea, and vomiting that may be associated with migraines.

ii. Benign paroxysmal vertigo has brief recurrent attacks of vertigo.

iii. Benign paroxysmal torticollis is recurrent episodes of head tilt to one side.

Role of Pathyadi Kwath – The mighty conqueror of all headaches

Pathyadi Kwath is polyherbal Ayurvedic decoction containing Pathya (Harad) and other

medicinal herbs & extremely effective for all types of headaches. This occult formulation is created very meticulously by blending the right proportions of **Pathya** with several other medicinal herbs. The final fuse is endowed with antioxidant, adaptogenic, and laxative properties. It's anti-inflammatory, purgative, and pain-relieving powers make it a go-to solution for treating headaches. It is also widely used to address other issues like migraine, constipation-induced headache, and headaches due to eyestrain or lack of sleep. Pathyadi Kadha is indicated in the treatment of Shiro roga. It also reduces the intensity and frequency of migraine attacks.

Drugs used are -

- Harad (Haritaki) Fruits
- Baheda (Bibhitaka) Fruits
- Goose Berry Fruits
- Bhu nimba (Kiratatikta) (Pl.)
- Turmeric (Rhizome)
- Neem(Stem Bark)
- Giloy(Stem)

S.no	Drug	Botanical name	Part used	Proportion of drug
1	Haritki	Terminalia chebula	Fruit	1 part
2	Bhibhitki	Terminalia bellirica	Fruit	1 part
3	Amalki	Phyllanthus emblica	Fruit	1 part
4	Nimba	Azadiracta indica	Stem bark	1 part
5	Bhunimba	Andrographis paniculata	Whole plant	1 part
6	Haridra	Curcuma longa	Rhizome	1 part
7	Guduchi	Tinospora cordifolia	Stem	1 part

Properties of pathyadi kwath drugs -

S.no	Drug	Rasa	Guna	virya	vipaka	Prabhav
1	Haritki	5 ras except lavana	Laghu, Ruksha	Ushna	Madhur	tridoshara
2	Bhibhitki	Kashaya	Laghu, ruksha	Ushna	Madhur	Kaphapittahara
3	Amalki	5 ras except lavana , amla	Laghu, ruksha	Sheeta	Madhur	Tridoshara

		ras pradhan				
4	Nimba	Tikta , kashaya	Laghu, ruksha	Sheeta	Katu	Kaphapittahara
5	Bhunimba	Tikta	Laghu, ruksha	Sheeta	Katu	Kaphapittahara
6	Haridra	Tikta, katu	Laghu, ruksha	Ushna	Katu	Kaphapittahara
7	Guduchi	Tikta , kashaya	Laghu, ruksha	Ushna	Madhur	Tridoshara

It is clear from the above table that Pathyadi Kwath is **tikta kashaya rasa pradhana**, having **madhur vipaka** and **ushna veerya** with **laghu & ruksha guna predominance**. As per Acharya Sushruta Ardhavabhedaka is said **Tridoshapradhan** and acharya charak said it as **Vatakaphapradhana doshadushti**. However, practically most of the patients with migraine are seen having hyperacidity, history of consumption of street food, spicy food, night out, stressful lifestyle these are described as pitta prakopaka hetus in Ayurveda, which are responsible for nausea, vomiting, vertigo. **So considering pitta predominance in Ardhavabhedaka tikta**

kashaya and madhur vipaka of Pathyadi kwath will be best pittashamaka dravya. Katu and tikta rasa of pathyadi kwath have deepana, pachana karma that helps to improve metabolism by the property of Amapachana. usna veerya of pathyadi kawth act as strotoshodhaka and kledashoshaka; eliminate morbid doshas accumulated in the body. Though the percentage of usna veerya dravya are 57% it is not that high to cause pittaprakopa rather it balances associated kaphadosh in Ardhavabhedaka. In addition, laghu and ruksha guna act as kleda shoshaka, mala of kapha dosh. All we can say pathyadi kwath is the formulation that can break the samprapti of Ardhavabhedaka.

Dosage

Pathyadi kwath	
Dose	10-15ml of kwath
Duration	12 weeks

II. DISCUSSION:

Ayurveda believes in treating the disease at its root cause from within. According to 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 ardhavbhedaka in Ayurveda explained by commentator Chakrapani as Ardhastaka vedna due to its cardinal feature 'half sided headache'.⁷

III. CONCLUSION:

Migraine is an episodic neurovascular disabling disorder which is closely related to ardhavbhedaka in Ayurveda and characterized by its cardinal feature half sided headache. Ayurveda believes in cleansing the body and pacifying the tridoshas from the roots by using unique treatment modalities such as sodhana and shamana chikitsa. These treatment approaches create a balanced physiology which brings healing the body and mind. This helps to achieve complete treatment as

well as control of migraine to the patient. Ayurveda opens new doors for treatment of migraine through holistic approaches and aid a new treatment option among practitioners of new era where there is no permanent cure for migraine. The medicine opted seems apt for ardhavbhedak & gives promising results within a short span of time.

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