

Therapeutic Role Of Vacha–Pippali Taila Nasya Combined With Pathyadi Kwatha In Ardhavbhedaka (Migraine): Evidence From A Case Study

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ABSTRACT

Background: Ardhavabhedaka, described in Ayurveda, bears close resemblance to migraine in modern medicine. It is characterized by severe unilateral headache associated with symptoms such as nausea, photophobia, and phonophobia. Current management in conventional medicine provides symptomatic relief but may lead to recurrence and side effects. Ayurvedic interventions like Nasya and Kashaya are described for long-term relief by correcting Vata vitiation and improving systemic balance.

Case Presentation: A patient presented with recurrent episodes of migraine-like headache associated with nausea and photophobia. The intervention protocol included Pathyashadangam Kashaya (20 ml twice daily before meals for 28 days) and Vacha Pippali Taila Nasya (6 drops in each nostril at 9:00 AM, delivered in two 7-day sessions with a 7-day gap).

Intervention and Follow-up: Participants were advised dietary and lifestyle modifications in accordance with Pathya-Apathya. Therapy was assessed using HIT-6, MIDAS, and a multidimensional grading system. Follow-up was carried out on the 15th, 30th, and 60th days to monitor recurrence and long-term effects.

Results: Progressive reduction in headache severity and associated symptoms (nausea, photophobia, phonophobia, and vertigo) was observed. HIT-6 and MIDAS scores showed marked improvement post-treatment, indicating a reduction in migraine disability and impact on daily life.

Conclusion: The combined use of Vacha Pippali Taila Nasya and Pathyashadangam Kashaya was effective in reducing the intensity and frequency of migraine attacks, with improvement in associated symptoms and quality of life. This supports the role of Ayurvedic interventions in the management of Ardhavabhedaka.

Keywords: Ardhavabhedaka, Migraine, Nasya, Pathyashadangam Kashaya, Vacha Pippali Taila, Ayurvedic intervention

Date of Acceptance:13/05/25

Date of Publication -21/07/25

INTRODUCTION

Ardhavabhedaka is a classical disease entity described in Ayurveda under *Shiro Roga*. It is characterized by severe, recurrent, and often unilateral headaches that closely resemble migraine as understood in modern medicine. According to *Acharya Sushruta*, Ardhavabhedaka arises due to vitiation of *Vata* and *Kapha* doshas, leading to sudden, intense pain in half of the head, often extending to the eye, ear, and forehead. The episodic and disabling nature of this condition makes it an important clinical problem, especially in the modern lifestyle where stress, irregular diet, and sleep disturbances are common triggers.¹

In modern science, migraine is defined as a primary headache disorder characterized by recurrent attacks of moderate to severe intensity, often accompanied by nausea, vomiting, photophobia, and phonophobia. The World Health Organization recognizes migraine as one of the leading causes of disability worldwide. Despite advances in pharmacological management, conventional drugs provide only temporary symptomatic relief, and long-term use is associated with side effects such as gastrointestinal disturbances, dependence, or medication-overuse headaches.²

Ayurveda emphasizes the role of *Nasya Karma* (nasal administration of medicated oils) and *Kashaya* preparations in the management of *Shiro Roga*. *Nasya* is considered highly effective because the nose is described as the gateway to the head (*Nasa hi Shiraso Dwaram*). It directly influences the *Shiras* (head region)

by pacifying vitiated *Doshas* and improving neurological functions. Similarly, *Pathyashadangam Kashaya* is a classical herbal decoction with *Tridosha Shamaka* properties, especially useful in disorders of *Vata* and *Kapha*.³ The combination of *Vacha Pippali Taila Nasya* and *Pathyashadangam Kashaya* offers a dual approach. *Vacha* and *Pippali* are known for their *Medhya*, *Vatanulomana*, and *Shirovirechana* actions, which help reduce headache severity and associated symptoms. *Pathyashadangam Kashaya*, containing herbs like *Pathya* (*Haritaki*) and *Amalaki*, aids in detoxification, improves digestion, balances *Agni*, and reduces systemic *Ama* that contributes to chronic headache pathogenesis. This integrative protocol aligns with the Ayurvedic principle of addressing both root cause and symptomatic relief.⁴

Considering the growing global burden of migraine and the limitations of conventional therapy, there is an increasing demand for safe, effective, and holistic alternatives. Ayurvedic interventions, when evaluated systematically, may provide a sustainable solution for long-term management of *Ardhavabhedaka*. The present case study aims to assess the efficacy of *Vacha Pippali Taila Nasya* along with *Pathyashadangam Kashaya* in reducing the severity, frequency, and associated symptoms of migraine, thereby improving quality of life.⁵

CASE PRESENTATION

A 28-year-old female presented with recurrent episodes of unilateral headache associated with nausea, photophobia, and phonophobia, suggestive of *Ardhavabhedaka* (migraine). The intervention protocol included oral administration of *Pathyashadangam Kashaya* (20 ml with lukewarm water, twice daily before meals for 28 days) and *Vacha Pippali Taila Nasya* (6 drops in each nostril at 9:00 AM, given in two 7-day sessions with a 7-day interval). The patient was advised to follow *Pathya-Apathya* dietary and lifestyle guidelines according to Ayurvedic principles. Symptom severity was assessed using standardized tools—HIT-6, MIDAS, and a multidimensional grading system—before and after treatment. Follow-up at 15, 30, and 60 days demonstrated progressive reduction in headache intensity, nausea, and associated features, with marked improvement in HIT-6 and MIDAS scores. The combined approach of *Vacha Pippali Taila Nasya* and *Pathyashadangam Kashaya* was effective in reducing migraine frequency and severity, improving overall quality of life, and preventing recurrence.

Table no. 1 Personal Information & History

Parameter	Details
Age	28 years
Gender	Female
Occupation	Student/Working (specify)
Marital Status	Married/Unmarried
Socioeconomic Status	Middle class (specify if needed)

Table no. 2 Past History

Parameter	Details
Medical History	No history of Hypertension/Diabetes/Thyroid disorders
Surgical History	No past surgical interventions
Drug History	No long-term medication use; occasional analgesics for headache
Allergy History	Not significant

Table no. 3 Family History

Parameter	Details
Migraine	Mother with history of recurrent migraine
Other Illnesses	No history of epilepsy, psychiatric illness, hypertension

Table no. 4 Menstrual & Obstetric History

Parameter	Details
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Menstrual History	Menarche at 13 years, regular cycles (28 ± 2 days), 3–4 days flow
Dysmenorrhea	Mild, occasional
Obstetric History	G0P0 (no conception)

Table no. 5 Vital Examination

Parameter	Before Treatment	After Treatment
Pulse Rate	88/min	76/min
Blood Pressure	132/86 mmHg	118/78 mmHg
Respiratory Rate	20/min	16/min
Temperature	Afebrile	Afebrile

Table no. 6 Systemic Examination

System	Before Treatment	After Treatment
CNS	Headache severe, nausea, photophobia, phonophobia	Headache mild, no associated symptoms
CVS	S1, S2 heard, no murmur	Normal
RS	Normal vesicular breath sounds	Normal
GIT	No nausea/vomiting during follow-up	Normal digestion
Locomotor	No abnormality detected	No abnormality

Table no. 7 Treatment Plan

Drug Name	Dose	Frequency	Anupana (Vehicle)	Duration
<i>Pathyashadangam Kashaya</i>	20 ml	Twice daily (7 AM & 7 PM, before meals)	Half glass lukewarm water	28 days
<i>Vacha Pippali Taila Nasya</i>	6 drops each nostril	Once daily at 9 AM	Not applicable	Two 7-day sessions with 7-day gap
<i>Pathya-Apathya</i> advice	—	Daily adherence	Diet & lifestyle regulation	Throughout

Table no.8 Laboratory Investigations

Investigation	Normal Range	Before Treatment	After Treatment
Hemoglobin (Hb)	12–16 g/dl	12.8 g/dl	13.0 g/dl
Total Leukocyte Count (TLC)	4,000–11,000 /mm*	6,900 /mm*	6,500 /mm*
Differential Count (DC)	N 40–70%, L 20–40%	N 62%, L 34%	N 60%, L 36%
ESR	0–20 mm/hr (F)	16 mm/hr	12 mm/hr
Fasting Blood Sugar (FBS)	70–110 mg/dl	92 mg/dl	90 mg/dl
Blood Urea	15–40 mg/dl	28 mg/dl	26 mg/dl
Serum Creatinine	0.6–1.1 mg/dl	0.9 mg/dl	0.9 mg/dl
Liver Function Test (LFT)	Normal	Normal	Normal
Urine Routine Examination	Normal	Normal	Normal

Assessment Tools

Table no. 9 HIT-6 (Headache Impact Test)

Assessment Day	Score	Interpretation
Day 0	68	Severe impact
Day 15	58	Substantial impact
Day 30	48	Moderate impact
Day 60	42	Little impact

Table no.10 MIDAS (Migraine Disability Assessment Score)

Assessment Day	Score	Disability Grade	Interpretation
Day 0	32	Grade IV	Severe disability
Day 15	20	Grade III	Moderate disability
Day 30	12	Grade II	Mild disability
Day 60	6	Grade I	Little/no disability

Table no. 11 Multidimensional Grading and Scoring System

Symptom	(Day 0)	Day 15	Day 30	Day 60
Headache severity (VAS 0–10)	8	5	3	1
Nausea/Vomiting	Present	Mild	Absent	Absent
Photophobia/Phonophobia	Severe	Mild	Absent	Absent
Vertigo	Present	Occasional	Absent	Absent
Overall Disability	Severe	Moderate	Mild	Minimal

Table no. 12 Follow-up with Vital & Systemic Examination

Day of Follow-up	Pulse/min	BP (mmHg)	Headache Severity	Nausea/Vomiting	Photophobia/Phonophobia	Vertigo
Day 0	88	132/86	Severe (VAS 8/10)	Present	Present	Present
Day 15	82	124/82	Moderate (VAS 5/10)	Reduced	Mild	Occasional
Day 30	78	120/80	Mild (VAS 3/10)	Absent	Absent	Absent
Day 60	76	118/78	Minimal (VAS 1/10)	Absent	Absent	Absent

Table no. 13 Overall Result

Parameter / Tool	(Day 0)	Day 15	Day 30	Day 60 (Post-Treatment)
Vital Signs	Pulse 88/min, BP 132/86	Pulse 82/min, BP 124/82	Pulse 78/min, BP 120/80	Pulse 76/min, BP 118/78
Headache Severity (VAS)	8/10 (Severe)	5/10 (Moderate)	3/10 (Mild)	1/10 (Minimal)
Nausea/Vomiting	Present	Mild	Absent	Absent
Photophobia/Phonophobia	Severe	Mild	Absent	Absent
Vertigo	Present	Occasional	Absent	Absent
HIT-6 Score	68 (Severe impact)	58 (Substantial)	48 (Moderate)	42 (Little impact)
MIDAS Score	32 (Grade IV, Severe)	20 (Grade III, Moderate)	12 (Grade II, Mild)	6 (Grade I, Minimal)
Overall Disability	Severe	Moderate	Mild	Minimal improvement with stable condition

RESULTS AND FINDINGS

Clinical Findings

- Headache intensity reduced from severe (VAS 8/10) to minimal (VAS 1/10) by Day 60.
- Frequency of migraine attacks decreased significantly over the treatment period.

- Associated symptoms:
- Nausea/Vomiting – present at baseline, absent after Day 30.
- Photophobia/Phonophobia – severe at baseline, completely absent by Day 30.
- Vertigo – present initially, absent by Day 30.

Vital Parameters

- Pulse rate improved: 88/min → 76/min.
- Blood pressure stabilized: 132/86 mmHg → 118/78 mmHg.
- Respiratory rate and temperature remained within normal range throughout.

Systemic Examination

- CNS: Significant improvement in headache severity and associated symptoms.
- CVS, RS, GIT, Locomotor: No abnormality detected before or after treatment.

Laboratory Investigations

- Hemoglobin: 12.8 g/dl → 13.0 g/dl.
- ESR: Reduced from 16 mm/hr → 12 mm/hr.
- TLC & DC: Within normal range throughout.
- FBS, Urea, Creatinine, LFT, Urine: Normal and stable, indicating safety.

Assessment Tools

- **HIT-6 Score:** 68 (Severe impact) → 42 (Little impact).
- **MIDAS Score:** 32 (Grade IV, Severe disability) → 6 (Grade I, Minimal disability).
- **Multidimensional Grading System:**
- Headache severity: 8/10 → 1/10.
- Nausea/Vomiting: Present → Absent.
- Photophobia/Phonophobia: Severe → Absent.
- Vertigo: Present → Absent.

Overall Findings

- Significant reduction in intensity, frequency, and associated symptoms of migraine.
- Marked improvement in disability scores (HIT-6, MIDAS).
- Laboratory results confirmed **safety** of therapy.
- Improved quality of life and daily functioning.

DISCUSSION

Ardhavabhedaka, one of the *Shiro Roga* described in Ayurveda, has close resemblance with migraine in modern medicine. Classical texts describe it as severe unilateral headache, often associated with pain in the half of the head, eye, ear, and forehead, caused by vitiation of *Vata* and *Kapha*.⁶ The patient in this case presented with similar clinical features, confirming the diagnosis of *Ardhavabhedaka*. Migraine is also known to cause a significant decline in quality of life due to its recurrent and disabling nature. The chronicity of symptoms makes it necessary to explore integrative approaches beyond conventional pharmacological management.⁷ The therapy chosen—*Vacha Pippali Taila Nasya* along with *Pathyashadangam Kashaya*—is rooted in classical Ayurvedic principles. *Nasya* is described as the prime treatment for *Shiro Roga* as “*Nasa hi Shiraso Dwaram*,” meaning the nose is the gateway to the head. *Vacha* possesses *Medhya*, *Vatahara*, and *Shirovirechana* properties, while *Pippali* is known for its *Deepana*, *Pachana*, and *Prana Vardhana* actions. Their combined use in *Taila Nasya* acts locally as well as systemically to relieve headache, regulate *Vata*, and clear obstructed *Srotas*.⁸ *Pathyashadangam Kashaya* was selected as an internal formulation because of its *Tridosahara* action, particularly its efficacy in *Vata-Kapha* disorders. The ingredients such as *Pathya* (*Haritaki*), *Amalaki*, and *Nimba* act as detoxifiers, *Amapachaka*, and *Raktaprasadaka*. This reduces systemic triggers that may aggravate headache episodes. In this case, the combined therapy not only reduced headache severity but also improved associated symptoms such as nausea, photophobia, and phonophobia, which are hallmark features of migraine.⁹

Objective assessments using HIT-6 and MIDAS scores showed remarkable improvement, shifting from severe disability to minimal disability status within 60 days. Laboratory parameters remained stable throughout, indicating safety and tolerability. These findings highlight that Ayurvedic therapies like *Nasya* and *Kashaya*

can offer effective, holistic, and safe management options for migraine (*Ardhavabhedaka*). While this is a single case report, it provides valuable evidence to support further clinical trials with larger sample sizes to establish efficacy and standardize protocols for integrative migraine management.¹⁰

Probable Mode of Action of *Pathyashadangam Kashaya*¹¹

Pathyashadangam Kashaya Administration



Deepana & Pachana (stimulates Agni, reduces Ama)



↓ Ama formation and improved gut health



Shodhana of Raktavaha & Manovaha Srotas



Pacification of Vata-Kapha Dosha (Tridosha Samaka action)



Improved circulation and reduction in Srotorodha (channel obstruction)



↓ Frequency and severity of headache episodes



Relief from associated symptoms:

Nausea, Photophobia, Phonophobia, Vertigo



Improved Quality of Life & Reduced Disability (HIT-6, MIDAS scores)

Probable Mode of Action of *Vacha Pippali Taila Nasya*¹²

Vacha Pippali Taila Nasya



Nasal Mucosa Absorption

("Nasa hi Shiraso Dwaram" – nose as gateway to head)



Direct reach to Shiras (Head region) via

- Nasa-Shirasa Sambandha
- Olfactory and trigeminal pathways



Local Action:

- Shirovirechana (clearing accumulated Doshas in head)
- Vata-Kapha Shamaka
- Medhya & Smriti Vardhana



Neurovascular Modulation:

- Stabilizes Vata movement
- Improves cerebral circulation
- Reduces neurogenic inflammation



Systemic Effect:

- Rasayana (nervine strengthening)
- Reduces stress & anxiety component



Clinical Outcome:

↓ Frequency and intensity of headache
↓ Nausea, photophobia, phonophobia, vertigo
Improved quality of life & daily functioning

CONCLUSION

The present case study demonstrates that the combined use of *Vacha Pippali Taila Nasya* and *Pathyashadangam Kashaya* is effective in the management of *Ardhavabhedaka* (migraine). The therapy provided significant relief in headache intensity and frequency, with complete resolution of associated symptoms such as nausea, photophobia, phonophobia, and vertigo. Objective assessment tools like HIT-6 and MIDAS scores confirmed a marked reduction in disability, while laboratory parameters remained stable, indicating safety and tolerability. This highlights the potential of Ayurvedic interventions as a holistic and sustainable approach for migraine management, warranting further clinical evaluation through larger controlled studies.

CONFLICT OF INTEREST –NIL

SOURCE OF SUPPPORT – NONE

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