A COMPARATIVE STUDY OF NASYA WITH DASHAMOOLA GHrita &SHADBINDU TAILA IN THE MANAGEMENT OF ARDHAVBHEDAKA W.S.R. TO MIGRAINE

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ABSTRACT

Ardhavabhedaka has been explained as Tridoshaja by Acharya Sushruta, Vata-Kaphaja by Charaka and Vataja by Vagbhatta. Moreover, unilateral headache with paroxysmal nature is the only symptom mentioned for the disease Ardhavabhedaka by ancient scientists. Our Acharyas have mentioned Nasya Therapy as the master key for all Urdhavajatragata vikaras. The present study was aimed to assess the Nasya with Dashmoola Ghrita and Shabadinda Taila in Ardhavabhedaka and to compare the effect of these two therapies in the treatment. Total 30 patients of Ardhavabhedaka were registered for the present study and were randomly divided into two groups. In group-A Dashmoola Ghrita Nasya, while in group-B Shabadindu Taila Nasya. In both groups 16 drops was administered in each nostril for 14 day. The effects of therapy in both groups were assessed by a specially prepared proforma. The results of the study showed that both the groups showed significant relief in symptoms; however, compared to Shabadindu Taila Nasya, Dashmoola Ghrita Nasya showed better result in the management of Ardhavabhedaka. Dashmoola Ghrita or Shabadindu Taila can be used as an effective ayurvedic intervention in the treatment for Migraine. In group A & group B, maximum number of patients i.e. 50% & 46.15% respectively showed marked improvement.

INTRODUCTION

Migraine is now recognized as a chronic illness, not simply as headache. Migraine is the most common vascular headache. The prevalence rate of the disease in India is 16-20% and the disease greatly affects the quality of life. Moreover, it has been reported that most migraines are not treated according to any expert recommendations or accepted evidence. Also WHO has ranked Migraine among the world’s most disabling medical illness. The scope for prevention of the disease in modern science is not satisfactory. Hence, an attempt has been made to study the complete aspect of disease and to find the best possible way for the betterment of mankind. Migraine can be a challenging disease to diagnose as it is a clinical diagnosis based on symptoms that are subjective and verifiable only by the patient. 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” and also due to its paroxysmal nature. Ardhavabhedaka has been explained as Tridoshaja by Acharya Sushruta, Vata-Kaphaja by Charaka, and Vataja by Vagbhatta. The various types of pain explained by different Acharyas suggest the Vishama nature of Vata dosha. Moreover, the symptoms nausea, vomiting and giddiness are also seen, which shows the involvement of Pitta dosha, which can be explained as Vomiting & burning sensation symptoms are seen when Prana Vayu with Pitta. Udana Vayu with Pitta results in murchha, daha, bhrama and krama. The symptom bhrama is due to Rajoguna and Pitta-Vata dosha involvement. Nasya is indicated by almost all the Acharyas for its effective management of Shiro-Roga. Hence, Dashmoola Ghrita Nasya has been selected from Chakradatta Shiro-rogadhiukara. Dashmoola is having Vatanashaka, Kaphanashaka and Vedanashlapaka i.e. pain relieving properties are having a specific role in the management of Ardhavabhedaka, which is mostly correlated with Migraine.

Shabadindu Taila that is taken as control group (Group B), Acharya mentioned that the application of shabadindu tail is good for disorders of organ above the upper clavicle.

AIMES AND OBJECTIVES

1. To Study the Nasya karma and its role in Ardhavbhedaka.
2. To assess the efficacy of “Dashmoola Ghrita”
Nasya in the management of Ardhavabheda in comparison to “ShadBindu Taila” Nasya as control group.

**MATERIALS AND METHOD**

**Literary:** For present study, Ayurved texts as well as Modern books were referred.

**Clinical:** For clinical study, 30 patients having classical signs & symptoms of Ardhavabheda were selected from the O.P.D. of Govt. Akhandanand Ayurved Hospital, Ahmedabad. Patients were divided into two groups, each having 15 patients. Out of total, 27 patients have completed the treatment, 14 in group A and 13 in group B. Three patients discontinued course of treatment.

**Inclusion Criteria**
- Patient having age between 16 to 60 years.
- Patient having no systemic complication.
- *Nasya Yogya* as per Ayurvedic classics.

**Exclusion Criteria**
- Traumatic Injury
- Chronic Sinusitis
- Tumors
- Hypertension
- Cerebral Hemorrhagic condition
- Nasya ayogya patients as per classical text will be excluded.

**Criteria for Diagnosis**
- Patients in the age group 16 to 60 years, presenting with signs and symptoms of Ardhavabheda Migraine described as per Ayurveda and modern science were included in the study.
- 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 & GI tract symptoms.
- Detailed clinical history was taken and complete physical examinations were done on the basis of a special proforma incorporating all the signs and symptoms of Ardhavabheda vis-à-vis Migraine. Routine urine, blood examinations, was conducted wherever required before and after treatment.

**Grouping and Posology**
Total 30 patients were registered from the O.P.D. & I.P.D. of Government Akhandanand Ayurved College & Hospital and Smt. Maniben Ayurved Hospital, Ahmedabad which were randomly divided into 2 groups:

- **Group-A Dashmool Ghrita**
  - **Ingredients:** Bīlva, Aagnimantha, Syonaka, Patala, Kashmarya, Shaliparni, Prushniparni, Bṛhiati, Kantakari, Gokshura, Saindhava.

- **Group-B Shadabindu Taila**
  - **Ingredients:** Eranda, Tagar, Shatavari, Jivanti, Rasna, Bhringaraja, Vidanga, Vidanga, Shunthi, Saindhava, Tila Taila, Ajadugdha.

**Follow up Study**
After completion of treatment, the patients were reviewed at every 7 days for a period of 3 weeks.

**Criteria for Assessment**
The Assessment was based on relief found in the signs and symptoms of the disease. For this purpose main signs and symptoms were given suitable score accordingly and assessed before and after the treatment. The details of the score adopted for the main signs and symptoms in this study are as follows: Chief complaints were given score as follow:

- **Severity of Headache**
  0 = No headache.
  1 = Mild headache, patient is aware only if he/she pay attention to it. 2 = Moderate headache, can ignore at times.
  3 = Severe headache, can’t ignore but he/she can do his/her usual activities. 4 = Very severe headache, can’t do anything.

<table>
<thead>
<tr>
<th>Group</th>
<th>No. of Drug</th>
<th>Dose</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group-A</td>
<td>15 Dashmool siddha</td>
<td>Each nostril 16</td>
<td>14 days</td>
</tr>
<tr>
<td>Group-B</td>
<td>15 Shadbindu Taila</td>
<td>Each nostril 16</td>
<td>14 days</td>
</tr>
</tbody>
</table>

- **Frequency of Headache:** Assessed in term of (frequency in days)
  0 = Nil / Absent
  1 = Once in 16 days or more
  2 = Once in 11-15 days
  3 = Once in 6-10 days
  4 = Once in 5 days or less

- **Duration of Headache:** (Assessed in term of hours/day)
  0 = Nil / Absent
  1 = 1-3 hours/day
  2 = 4-6 hours/day
  3 = 7-12 hours/day
  4 = More than 12 hours/day

- **Nausea**
  0 = Nil / Absent
  1 = Occasionally
  2 = Moderate, but does not disturb the routine work
  3 = Severe, disturbing routine work
  4 = Severe enough, small amount of fluid regurgitating from mouth

- **Vomiting**
  0 = Nil / Absent
  1 = only if headache does not subside
times
3 = Vomiting 3-4 times
4 = Forced to take medicine to stop vomiting

- Aura
0 = Nil / Absent
1 = Lasts for 5 minute
2 = Lasts for 10 minute
3 = Lasts for 15 minute
4 = Lasts for 20 minute

Vertigo
0 = Nil / Absent
1 = Feeling of giddiness
2 = Patient feels as if everything is revolving 3 = Revolving signs + black outs
4 = Unconscious

Gradation For Associated Symptoms
2 = Present before treatment / No change 1 = Improvement after treatment
0 = Absent

Criteria For Final Assessment of Results

<table>
<thead>
<tr>
<th>Cured</th>
<th>100% relief in sign and symptoms has been considered as cured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marked improvement</td>
<td>76-100% improvement in signs and symptoms has been considered as marked improvement</td>
</tr>
<tr>
<td>Moderately</td>
<td>51-75% improvement in signs and symptoms has been recorded as moderate improvement</td>
</tr>
<tr>
<td>Mild improvement</td>
<td>26-50% improvement in signs and symptoms has been considered as mild improvement</td>
</tr>
<tr>
<td>Unchanged</td>
<td>Up to 25% reduction in signs and symptoms was noted as unchanged</td>
</tr>
</tbody>
</table>

Statistical Analysis

The information collected on the basis of above observations was subjected to statistical analysis in terms of mean (X), standard deviation (S.D.) and standard error (S.E.) Paired „t‟ test was carried out at P < 0.05, P < 0.01 and P < 0.001 levels. The obtained results were interpreted as:
- Insignificant P > 0.05
- Significant P < 0.05
- Significant P < 0.01
- Highly significant P < 0.001

OBSERVATIONS AND RESULTS

Total 30 patients were registered out of which 27 had completed (14 in Group A and 13 in Group B) and 3 discontinued (1 in Group A and 2 in Group B).

It was found that most of the patients were belonging to the age group of 15–25 years & 26-35 years (36.67%), Females (76.67%), Hindu (70%), House wife (36.67%), Graduate (33.33%), Married (63.33%), Middle class (46.67%), Urban habitat (100%), Vegetarian (76.67%), Alpanidra (43.33%), Vatakapha prakriti (40%), Rajas prakriti (56.67%), Madhyama Sara (63.33%), Samhanana (63.33%), Pramaana (66.67%), Vyayaama shakti (70%), Abhyavaharan Shakti (46.67%), followed by Jarana shakti (50%), Sarvarasa Satmya (86.67%), Avara Satva (50%), Vishamagni (43.33%) and 100% patients were belonged to Sadhahan Desha. Maximum patients were negative family history (76.67%) and Irregular bowal habit (46.67%).

Maximum patients were having titra nature of headache (53.33%), Shankhanistoda and Akshinishkasen type of headache (50% and 40% respectively). Acute onset of headache was seen in 56.67% and chronicity of 1-2 years and 3-5 years (36.67% respectively). The duration more than 12 hrs/day was seen in 56.67% each with episode of 10 days in 36.67%, continuous rhythm in 80% and daily course at noon in 46.67% was seen.

The maximum nidanas (etiological factors) observed in patients were Adhyashana (76.66%), Anashana (73.33%), and Atisheeta jala sevana (76.67%), followed by Diwaswapa (73.33%), Chinta (66.67%) and Ratri jagarana (53.33%).

Maximum triggering factors reported were Sunlight (40%), and Emotional Stress (36.67%) and physical stress (33.33%). Modern Medicine was observed as maximum alleviating factor i.e. 73.33%.

The chief complaints reported from the patients were Ardha mastaka vedana (100%), Nausea (96.67%), Vomiting (83.33%), Vertigo (80%) and Aura (26.67%).

Regarding the associated symptoms 76.67% patients had Photophobia, 66.67% had Phonophobia, 10% had Rhinorrhea, 56.67 % had Heaviness of eye, 63.33% had Ocular pain, 46.67% had Diplopia, 50% had Hyperchlorhydria, 40% had Disturb sleep, and 63.33% had Neckstiffness.

In this study sample Majority of patients i.e. 85.19% got samyak yoga lakshana and 14.81% patients got atiyoga lakshna. Ayoga lakshna was absent in case of any patient.
RESULTS

Table 1: Overall Effect of therapy on chief Symptoms (Paired t test).

<table>
<thead>
<tr>
<th>Group</th>
<th>n&quot;</th>
<th>Mean Score B.T.</th>
<th>Mean Score A.T.</th>
<th>% of Relief</th>
<th>n&quot;</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>SEVERITY OF HEADACHE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>14</td>
<td>2.71</td>
<td>0.86</td>
<td>68.42</td>
<td>9.02</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>B</td>
<td>13</td>
<td>2.62</td>
<td>1.31</td>
<td>50</td>
<td>6.28</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>DURATION OF HEADACHE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>14</td>
<td>3.29</td>
<td>1.36</td>
<td>58.70</td>
<td>4.17</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>B</td>
<td>13</td>
<td>3.38</td>
<td>1.54</td>
<td>54.55</td>
<td>5.20</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>FREQUENCY OF HEADACHE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>14</td>
<td>2.29</td>
<td>0.64</td>
<td>71.88</td>
<td>6.62</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>B</td>
<td>13</td>
<td>1.85</td>
<td>0.85</td>
<td>54.17</td>
<td>4.42</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>NAUSEA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>14</td>
<td>2.36</td>
<td>0.5</td>
<td>78.79</td>
<td>9.02</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>B</td>
<td>13</td>
<td>2.31</td>
<td>0.85</td>
<td>63.33</td>
<td>6.01</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>VOMITING</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>A</td>
<td>11</td>
<td>1.94</td>
<td>0.64</td>
<td>66.67</td>
<td>4.67</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>B</td>
<td>12</td>
<td>1.75</td>
<td>0.83</td>
<td>52.38</td>
<td>4.75</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>VERTIGO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>12</td>
<td>2.08</td>
<td>0.5</td>
<td>76</td>
<td>5.06</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>B</td>
<td>10</td>
<td>2</td>
<td>0.9</td>
<td>55</td>
<td>3.97</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>AURA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>5</td>
<td>1.8</td>
<td>0.6</td>
<td>66.67</td>
<td>3.21</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>B</td>
<td>3</td>
<td>1.33</td>
<td>0.33</td>
<td>75</td>
<td>1.73</td>
<td>&gt;0.05</td>
</tr>
</tbody>
</table>

Group A: Relief in severity (68.42%), duration (58.70%) & frequency of headache (71.88%) & nausea 78.79%), vomiting (66.67%), vertigo (76%) & aura (66.67%).

Group B: Relief in severity (50%), duration (54.55%) and frequency (54.17%) of headache and nausea (63.33%), vomiting 52.38%, vertigo (55%) & aura (75%).

Table 2: Effect of therapies on associated symptoms in patients of Ardhavabhedaka in Group A (Paired t test).

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>&quot;n&quot;</th>
<th>Mean.B.T.</th>
<th>Mean.A.T.</th>
<th>% Relief</th>
<th>S.D.</th>
<th>S.E.</th>
<th>T Value</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Photophobia</td>
<td>12</td>
<td>2</td>
<td>0.58</td>
<td>70.83</td>
<td>0.67</td>
<td>0.19</td>
<td>7.34</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Phonophobia</td>
<td>10</td>
<td>2</td>
<td>0.4</td>
<td>80</td>
<td>0.70</td>
<td>0.22</td>
<td>7.24</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Rhinorrhea</td>
<td>3</td>
<td>2</td>
<td>0.67</td>
<td>66.67</td>
<td>1.15</td>
<td>0.66</td>
<td>2</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td>Heaviness of eye</td>
<td>7</td>
<td>2</td>
<td>0.57</td>
<td>71.43</td>
<td>0.53</td>
<td>0.20</td>
<td>7.07</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Ocularpain</td>
<td>9</td>
<td>2</td>
<td>0.56</td>
<td>72.22</td>
<td>0.73</td>
<td>0.24</td>
<td>7.07</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Diplopia</td>
<td>6</td>
<td>2</td>
<td>1.67</td>
<td>41.67</td>
<td>0.98</td>
<td>0.40</td>
<td>2.08</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td>Hyperchlorhydra</td>
<td>9</td>
<td>2</td>
<td>0.67</td>
<td>66.67</td>
<td>0.5</td>
<td>0.17</td>
<td>8</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Sleep disturb</td>
<td>8</td>
<td>2</td>
<td>0.63</td>
<td>68.75</td>
<td>0.74</td>
<td>0.26</td>
<td>5.23</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Stiffness of neck</td>
<td>11</td>
<td>2</td>
<td>0.55</td>
<td>72.73</td>
<td>0.69</td>
<td>0.21</td>
<td>7.02</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

Group A: Relief in Photophobia (70.83%), Phonophobia (80%), Rhinorrhea (66.67%), Heaviness of eyes (71.43%), Ocular pain (72.22%), Diplopia (41.67%), Hyperchlorhydra (66.67%), Sleep disturb (68.75%) and Stiffness of neck (72.73%).

Table 3: Effect of therapies on Associated symptoms in patients of Ardhavabhedaka in Group B (Paired t test).

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>&quot;n&quot;</th>
<th>Mean.B.T.</th>
<th>Mean.A.T.</th>
<th>% Relief</th>
<th>S.D.</th>
<th>S.E.</th>
<th>T Value</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Photophobia</td>
<td>10</td>
<td>2</td>
<td>0.9</td>
<td>55</td>
<td>0.74</td>
<td>0.23</td>
<td>4.71</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Phonophobia</td>
<td>8</td>
<td>2</td>
<td>0.5</td>
<td>75</td>
<td>0.76</td>
<td>0.27</td>
<td>5.61</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Heaviness of eye</td>
<td>8</td>
<td>2</td>
<td>0.36</td>
<td>75</td>
<td>0.53</td>
<td>0.19</td>
<td>7.33</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Ocularpain</td>
<td>8</td>
<td>2</td>
<td>0.38</td>
<td>75</td>
<td>0.76</td>
<td>0.27</td>
<td>5.61</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Diplopia</td>
<td>8</td>
<td>2</td>
<td>0.88</td>
<td>56.25</td>
<td>0.99</td>
<td>0.35</td>
<td>3.21</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>Hyperchlorhydra</td>
<td>5</td>
<td>2</td>
<td>0.6</td>
<td>70</td>
<td>0.55</td>
<td>0.24</td>
<td>5.72</td>
<td>&lt;0.01</td>
</tr>
<tr>
<td>Sleep disturb</td>
<td>4</td>
<td>2</td>
<td>0.5</td>
<td>75</td>
<td>0.58</td>
<td>0.29</td>
<td>5.20</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>Stiffness of neck</td>
<td>7</td>
<td>2</td>
<td>0.29</td>
<td>78.57</td>
<td>0.53</td>
<td>0.20</td>
<td>7.78</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

Group B: Relief in Photophobia (55%), Phonophobia (57.5%), Heaviness of eyes (75%), Ocularpain (75%), Diplopia (56.25%) Hyperchlorhydra (70%) Sleep disturb(75%) and Stiffness of neck (78.57%)
The overall effect of therapy showed that in Group A, 50% patients had marked improvement, followed by 28.57% moderate improvement and 21.43% patients had mild response. In Group B, 46.15% patients had marked improvement, followed by 38.46% moderate improvement and 15.38% had mild improvement.

Table 4: Group Wise Total Effect of Therapy on Signs And Symptoms Of Ardhavabhedaka.

<table>
<thead>
<tr>
<th>Group</th>
<th>„n“</th>
<th>Mean score</th>
<th>% of Relief</th>
<th>X</th>
<th>S.D. ±</th>
<th>S.E. ±</th>
<th>„t“</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B.T.</td>
<td>A.T.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group A</td>
<td>16</td>
<td>22.13</td>
<td>6.63</td>
<td>70.06</td>
<td>15.5</td>
<td>7.78</td>
<td>1.94</td>
<td>7.98</td>
</tr>
<tr>
<td>Group B</td>
<td>15</td>
<td>19.73</td>
<td>7.27</td>
<td>63.18</td>
<td>12.47</td>
<td>5.38</td>
<td>1.39</td>
<td>8.97</td>
</tr>
</tbody>
</table>

Comparison of both Nasya -Group A provided 70.06% relief and Group B provided 63.18% relief in all complaints of Ardhavabhedaka. Both were statistically highly significant.

DISCUSSION

In this study sample Majority of patients i.e. 76.67% were female which clearly shows the predominance of the disease in females. Also women with migraines tend to over-respons to stressful situations and being diligent, conscientious they overly sensitive to pressure from others.

In the female patients, maximum i.e. 36.67% of patients were housewives. The nature of house hold work, due to Vega Dhara, irregular dietary habits would have probably triggered disorder more in females; The familiarly stress may lead to Vata Prakopa, which in future turns into Aghimandhya.

Vata is chief culprit in shoola. The drug Dashmoola and Shadabindu used for Nasya relieved the shoola in both groups. Severity, frequency and duration of Headache were also relieved. The results were highly significant which indicates that Dashmoola Ghrita and Shadabindu Taila were able to provide symptomatic relief in Migraine. This effect may be due to Vedana Shamak properties of both drugs, which is given by Nasya Karma.

A clear description regarding the mode of action of Nasya Karma is not available in Ayurvedic classics. Acharya Charaka has described that Nasa is the only gateway to Shirah. So, the medicine administered through Nasa can easily spread to Shirah and get absorbed.

Probable mode of action of Dashmoola Ghrita Nasya

- Most of the drugs in Dashmoola are having Snigdha, Guru guna, Ushna veerya, and Vata shamaka properties.
- All the above properties are very useful to alleviate the Vata which is aggravated by Dhatukshaya, Vata Prakopaka Ahara & Vihar, Panchakarma vyatikarma, Abhighata etc.
- Tikshna, Sukshma, Vyavayi guna and Ushna veerya remove the Avarana of vayu and retain its normal gati.
- Balya, Brimhantya properties of drugs can nourish and increase the tone of dhatus.
- Nasya is directly affect the site i.e. Murdha where khavaigunya takes place.
- Tikta, Madhura, Kashaya Rasa & Laghu, Ruksha guna of Drugs mentioned in Dashmoola Ghrita which purify the Rakta Dhatu, which is the chief Dushya in Shiroroga.

CONCLUSION

Both Dashmoola Ghrita and Shadabindu Taila Significant improve all the symptoms like Ardhavabhedaka. But the Percentage of relief were better in Dashmoola Ghrita treated patients. It can be concluded that there is satisfying scope of suggesting these Ayurvedic management like Nasya of Dashmoola Ghrita as safe and effective treatment for Ardhavabhedaka.
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