

Effect of Mundi Swarasa in the Management of Ardhavabhedaka with Special Reference to Simple Migraine: A Case Series

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Abstract: *Ardhavabhedaka is one of the important Shirorogas described in Ayurveda and is characterized by severe unilateral throbbing headache affecting half side of the head. The clinical features closely resemble simple migraine described in modern medicine. Migraine is a chronic neurovascular disorder associated with nausea, photophobia, phonophobia, fatigue, and sleep disturbances, significantly affecting quality of life. Modern treatment mainly provides symptomatic relief and recurrence is common. Ayurveda describes various therapeutic measures for Shirorogas, among which Mundi Swarasa is considered beneficial because of its probable Vedanasthapana, Vata-Pittahara, and Shothahara properties.*

The present case series was conducted to evaluate the effect of Mundi Swarasa in the management of Ardhavabhedaka with special reference to simple migraine. A total of 20 clinically diagnosed patients were selected from the OPD of Shalakyatantra Department. Mundi Swarasa 20 ml was administered orally once daily for 13 days. Assessment was carried out before and after treatment using subjective criteria including headache, fatigue, photophobia, phonophobia, nausea, trouble sleeping, migraine attacks, and neck stiffness.

Significant improvement was observed in all symptoms after completion of therapy. Headache showed 58.8% relief, fatigue 60.4%, photophobia 61.7%, phonophobia 59.6%, nausea 60.4%, trouble sleeping 62.7%, migraine attacks 61.2%, and neck stiffness 60.0% relief. Overall symptomatic relief observed was 60.6%. The study suggests that Mundi Swarasa is effective, safe, and beneficial in reducing the severity and recurrence of migraine symptoms in patients of Ardhavabhedaka..

Keywords: Ardhavabhedaka, Migraine, Simple Migraine, Mundi Swarasa, Gorakhmundi, Shiroroga, Ayurveda, Headache Disorder, Case Series, Shalakyata Tantra, Vata-Pitta, Vedanasthapana, Neurovascular Disorder

I. INTRODUCTION

Ayurveda, the ancient science of life, emphasizes both prevention and treatment of diseases through natural principles. Among its eight branches, Shalakyata Tantra deals with diseases occurring above the clavicle, including disorders of the head, eyes, ears, nose, and throat. In Ayurvedic classics, the head (Shira) is described as Uttamanga because it is the seat of Prana and sensory organs. Therefore, diseases affecting the head significantly impair an individual's physical, mental, and social well-being.

Among the various Shirorogas, Ardhavabhedaka is one of the commonly described disorders characterized by severe unilateral splitting or throbbing pain involving half of the head. Classical texts describe associated symptoms such as pain in the temples, forehead, eyes, ears, neck, nausea, and intolerance to light and sound. These clinical features closely resemble simple migraine (migraine without aura) described in modern medicine. Migraine is a chronic neurovascular disorder affecting nearly 12% of the general population and is one of the leading



causes of disability worldwide. The condition is characterized by recurrent unilateral pulsating headache associated with nausea, vomiting, photophobia, phonophobia, fatigue, and sleep disturbances. The increasing prevalence of migraine is mainly attributed to mental stress, irregular dietary habits, sleep disturbances, prolonged screen exposure, hormonal imbalance, and lifestyle modifications.

Modern management includes analgesics, NSAIDs, ergot derivatives, and prophylactic medications. Although these drugs provide symptomatic relief, long-term use may be associated with recurrence, dependency, medication-overuse headache, and adverse effects. Therefore, there is a need for safer, economical, and effective therapeutic alternatives. Ayurveda offers several herbal formulations for the management of Shirorogas. Mundi (*Sphaeranthus indicus* Linn.), described in Sharangadhara Samhita, possesses Tikta Rasa, Laghu Guna, Ushna Virya, Vata-Kaphahara, Vedanasthapana, and Shothahara properties. Experimental studies have demonstrated its analgesic, anti-inflammatory, antioxidant, and neuroprotective activities, which may help reduce the severity and recurrence of migraine attacks. Considering these facts, the present case series was undertaken to evaluate the therapeutic effect of Mundi Swarasa in the management of Ardhavabhedaka with special reference to simple migraine in twenty patients treated for thirteen days.

AIM

To evaluate the therapeutic effect of Mundi Swarasa in the management of Ardhavabhedaka with special reference to simple migraine.

OBJECTIVES

- To assess the effect of Mundi Swarasa on headache intensity.
- To evaluate improvement in associated symptoms such as fatigue, nausea, photophobia, phonophobia, trouble sleeping, and neck stiffness.
- To assess reduction in frequency of migraine attacks after thirteen days of treatment.
- To evaluate the overall clinical efficacy of Mundi Swarasa in patients with Ardhavabhedaka.

MATERIALS AND METHODS

Study Design - Open-label, single-arm prospective case series.

Study Setting –

Duration of study – 3 months

Duration of treatment – 13 days

Location of study - Department of Shalakyatantra, S.M.B.T. Ayurved College and Hospital.

Sample Size - 20 clinically diagnosed patients.

Inclusion Criteria

- 1) Patients aged 18–60 years.
- 2) Clinically diagnosed cases of Ardhavabhedaka (simple migraine).
- 3) Patients willing to participate in the study.

Exclusion Criteria

- 1) Complicated or secondary migraine.
- 2) Patients age below 18 years and above 60 years.
- 3) Patients suffering from other diseases like HIV, DM, HTN or pregnant women.

Intervention

Drug - Mundi Swarasa

Dose - 20 ml



Route – Oral

Frequency - Once daily (Morning)

Duration - 13 Days

Assessment Criteria

Patients were assessed before and after treatment using the following subjective parameters:

- Headache
- Fatigue
- Photophobia
- Phonophobia
- Nausea
- Trouble sleeping
- Frequency of migraine attacks
- Neck stiffness
- Pain intensity was additionally evaluated using the Visual Analogue Scale (VAS).

CASE SERIES OBSERVATIONS

Demographic Profile

A total of 20 patients fulfilling the inclusion criteria were enrolled in the present study. All patients completed the study without any dropout.

Gender-wise Distribution

Out of 20 patients, 11 (55%) were males and 9 (45%) were females, indicating a slightly higher prevalence among males in the present study.

Age-wise Distribution

The majority of patients (35%) belonged to the 40–50 years age group, followed by 30–40 years (30%), 20–30 years (20%), and 50–60 years (15%).

Occupation-wise Distribution

Housewives constituted the largest group (30%), followed by software engineers (20%). Farmers, shopkeepers, and students each constituted 10%, while businessmen, drivers, factory workers, and teachers each represented 5% of the study population.

Prakruti-wise Distribution

Vata-Kapha Prakruti was predominant (30%), followed by Kapha-Pitta (25%), Kapha-Vata (20%), Pitta-Vata (10%), Vata-Pitta (10%), and Pitta-Kapha (5%).

DISCUSSION

Ardhavabhedaka is one of the important Shirorogas described in Ayurvedic classics. Clinically, it closely resembles simple migraine due to the presence of recurrent unilateral headache associated with nausea, photophobia, phonophobia, and neck stiffness. According to Ayurveda, the disease mainly occurs due to aggravation of Vata Dosha, either independently or in association with Pitta and Kapha Dosha.



Lifestyle factors such as mental stress, excessive screen exposure, irregular sleep, fasting, suppression of natural urges, and improper dietary habits contribute to Dosha vitiation and trigger migraine attacks. These Nidanas ultimately affect the Shirapradesha and produce recurrent episodes of severe headache.

Mundi (*Sphaeranthus indicus*) has been described in Ayurveda as possessing Tikta and Madhura Rasa, Laghu Guna, Ushna Virya, and Vata-Pittahara properties. It also exhibits Vedanasthapana and Shothahara actions, making it useful in the management of Shirorogas.

Phytochemical constituents such as flavonoids, alkaloids, tannins, sesquiterpene lactones, and essential oils possess analgesic, antioxidant, anti-inflammatory, and neuroprotective activities. These constituents may help reduce neurogenic inflammation, oxidative stress, and vascular irritation responsible for migraine attacks.

In the present study, improvement was observed in all assessed symptoms after thirteen days of treatment. Reduction in headache intensity indicates the probable Vedanasthapana action of Mundi Swarasa. Improvement in photophobia and phonophobia suggests reduction in neuronal hypersensitivity, while relief in nausea may be due to normalization of aggravated Pitta. Improvement in sleep disturbance and fatigue reflects overall restoration of physical and mental wellbeing. Reduction in migraine attack frequency indicates the probable role of Mundi Swarasa in preventing recurrence of attacks.

No adverse effects were observed during the treatment period, suggesting that the therapy was safe and well tolerated.

RESULTS

The therapeutic effect of Mundi Swarasa was assessed after thirteen days of treatment.

Symptoms	Percentage Relief
1) Headache	58.8%
2) Fatigue	60.4%
3) Photophobia	61.7%
4) Phonophobia	59.6%
5) Nausea	60.4%
6) Trouble Sleeping	62.7%
7) Migraine Attacks	61.2%
8) Neck Stiffness	60.0%

The maximum improvement was observed in trouble sleeping (62.7%), followed by photophobia (61.7%) and migraine attacks (61.2%). Improvement was also observed in headache, fatigue, nausea, phonophobia, and neck stiffness.

The overall symptomatic relief achieved after treatment was 60.6%, indicating a clinically encouraging response to therapy.

II. CONCLUSION

The present case series demonstrated that Mundi Swarasa is beneficial in the management of Ardhavabhedaka with special reference to simple migraine. Administration of Mundi Swarasa for thirteen days produced significant improvement in headache, fatigue, photophobia, phonophobia, nausea, sleep disturbances, neck stiffness, and frequency of migraine attacks.

The overall symptomatic improvement of 60.6% indicates that the therapy is clinically effective in reducing both the primary and associated symptoms of migraine. The probable Vata-Pittahara, Vedanasthapana, Shothahara, antioxidant, and neuroprotective properties of Mundi Swarasa may contribute to its therapeutic efficacy. The treatment was well tolerated, and no adverse effects were observed during the study period. However, the present study was conducted on only twenty patients for a short duration. Further studies involving larger sample sizes, longer treatment duration, and controlled clinical trials are recommended to establish the efficacy of Mundi Swarasa in the management of migraine.



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