The changing concepts of life, urbanization development in the modern world have entirely changed the concept of medicine and its approach in recent years. The medical profession is facing rapid growth of newer disorders whose course lie in the society and psychosomatic disorders are posing a challenge before the present day medical profession.

There is sufficient potential in Ayurveda and yoga philosophy be implemented to health care and medical management in the present time. Modern therapy mostly renders a palliative relief, and does not prevent
recurrence of the disease. Moreover it incurs a heavy financial burden for the patients, their families and the nation in turn. In fact intensive medical care has become an expensive affair. A developing nation like India can not afford such an approach. The answer lies in prevention and management of diseases in a holistic way. Ayurveda lays greater emphasis on maintenance of positive health. It envisages the total welfare of man. Pranayama specifically ensure the psycho spiritual development. Ayurveda comprehends well on the study of the nature of ill health and the curative measures for the treatment of various diseases. The philosophy of Pranayama has a solid platform and elaborate practical technology but it has little to offer in terms of pathology and diagnosis. Ayurveda is a full medical science with its own fundamental principles, concept of life and health, pathology, diagnosis and therapy. Pranayama is a simple, safe, effective and highly economical form of life style and can be easily grafted to the corpus of Ayurveda.

So in the present study an attempt was made to combine the Pranayama with the Pathyashadangam and to its efficacy in Ardhavabhedaka and asses its prevention. This study provides evidence that the combination of selected Pathyshadangam and Pranayama is very effective in Ardhavabhedaka than any other mode of treatment.

Among the 180 patients studied 52% of the patients were in the age group of 30-50 years, 40% of the patients were in the age group of below 30 years and 8% patients were in the age group of 50-60 years.
This gives evidence that \textit{Ardhavabhedaka} starts in the childhood, peaks during the productive years of life and gradually slows down with the age. It comprehends well on the study of the nature of ill health and the curative measures for the treatment of various diseases. The philosophy of \textit{Pranayama} has a solid platform and elaborate practical technology but it has little to offer in terms of pathology and diagnosis. \textit{Ayurveda} is a full medical science with its own fundamental principles, concept of life and health, pathology, diagnosis and therapy. \textit{Pranayama} is a simple, safe, effective and highly economical form of life style and can be easily grafted to the corpus of \textit{Ayurveda}.

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Among the 180 patients studied 52% of the patients were in the age group of 30-50 years, 40% of the patients were in the age group of below 30 years and 8% patients were in the age group of 50-60 years. This gives evidence that \textit{Ardhavabhedaka} starts in the childhood, peaks during the productive years of life and gradually slows down with the age after
fifties. It was seen that it was more prevalent in females (62%) than in males (38%). The female to male ratio 2:1 shows that the hormonal changes taking place during the menstrual cycle makes women more prone to Ardhavabhedaka.

When occupation was considered 27% of the patients were professionals and the rest 73% included students, housewives, clerical staff etc. It was seen that Ardhavabhedaka was more common in professionals than others. Here the professionals included in the study were engineers, doctors, lecturers, lawyers, etc.

It might have happened because their life is more prone to mental stress and strain, which is one of the triggering factors for Ardhavabhedaka. Among the 180 patients 27% were from low economic status. It was also found middle class and 29% were from high socio economic status. It was also found that the age of onset of Ardhavabhedaka was below;

20 years in 60% patients, between 20-40 years in 40% patients. This shows that Ardhavabhedaka has its beginning in the early adolescent period. In 60% of patients hereditary factor was present providing evidence the Ardhavabhedaka runs in families and influenced by hereditary susceptibility.

Among the 180 patients 65.55% were anxious individual and 34.44% were normal individual. In the distribution of according to diet
77.25% of the participants were using mixed diet where as only 22.77% were using pure vegetarian food.

The minimum chronicity required for including in the study was 40% participants were having chronicity more than 1 year up to 2 years. 27.22% were with chronicity more than 2 years up to 5 years. 32.78% were suffers of Ardhavabhedaka for more than 5 years.

A pain scale of 0-5 was used to quantity and record the intensity of Ardhavabhedaka in each case. Before treatment, it was seen that 27.22% were having a pain score of 46.61% were with pain score of 3, 19.44% were with pain score of 2, and 6.66% were pain score of 1. So 4 was the maximum and 1 was the minimum score obtained.

The patients were diagnosed on the basis of clinical examination rather than based on investigations only yield a very little in the diagnosis of Ardhavabhedaka.

The three measures Pranayama, Pathyashadangam and the combination of Pranayama and Pathyashadangam were effective in preventing and curing the Ardhavabhedaka.

In patients treated with Pranayama the mean score of frequency of attacks was reduced from 34.2 to 0.60. Intensity was reduced from 3 to 0.67 and duration from 36.1 hours to 3.73 hours.
If other variables are considered the mean score of vomiting was reduced from 1.9 to 0.20, mean score of nausea from 20.17 to 0.26, photophobia from 1.70 to 0.17, phonophobia from 1.60 to 0.10, odorophobia from 0.83 to 0.

In patients treated with *Pathyashadangam* the mean score of frequency of attacks was reduced from 32.0 to 0.53. Intensity was reduced from 3.0 to 0.70 and duration was reduced from 32.7 hours to 2.87 hours. The mean score of vomiting was reduced from 1.87 to 0.07, nausea from 1.90 to 0.07, photophobia from 2.07 to 0.03, phonophobia from 1.67 to 0.03 odorophobia from 1.10 to 0.

In patients treated with the combination of *Pranayama* and *Pathyashadangam* the mean score of frequency of attacks was reduced from 32.23 to 0.57. Intensity was reduced from 2.97 to 0.37 and duration from 32.27 hours to 1.46 hours. The mean score of vomiting was reduced from 1.93 to 0.23, photophobia from 2.07 to 0.03, phonophobia from 1.20 to 0.17, odorophobia from 1.00 to 0.10.

When the treatment groups were compared the patients treated with *Pranayama* of yoga therapy and *Pathyashadangam* showed the best result in the reduction of frequency, intensity and duration of headache in their mean improvement scores. The other also showed significant reduction.
Prevention mainly aims at reduction in frequency, intensity and duration of attacks. The patients treated with the combination therapy achieved this *Ardhavabhedaka* can be compared to Migraine mentioned in modern classics. If the doshic involvement is considered the symptoms caused are mainly due to the vitiation of *vata* and *kapha*. All the drugs selected the therapy the quality of pacifying *vata* and *kapha*. As *Ardhavabhedaka* is one among the *sirorogas* keeping the concept of ‘*Nasa hi siraso dwaram*’ in view nasya karma was adapted for the therapy, prior to the therapy snehana and swedana were done and after nasya, dhoomapana and gandoosha were advised.

Along with these *Pathyashadangam kashayam* was administered. all the *Pranayamas* selected over here are having the cooling effect on the body. Deep relaxation technique keeps the body and mind relaxed. Doctor patient relationship needs to be one of trust, mutual respect and empathy. an empathetic approach helps to assure the patients that the doctor really does understand what they feel, good consultation skill, counseling, strict emphasis on avoidance of trigger factors, change in the life style and behavioral aspect of the patients through health education etc. were the main points stressed.

The study proved that all these measures were of significant importance in changing the pattern of *Ardhavabhedaka* attack.
The problem of the study was to assess the prevention of Ardhavabhedaka by Pranayama and Pathyshadangam. Included in the study was an attempt to see the efficacy of Pranayama, Pathyashadangam and the combination of Pranayama and Pathyashadangam in Ardhavabhedaka.

The subjects of the study were 180 patients selected from the Out patient Department of Salakyathanthra, Vaidyaratnam Ayurveda College Hospital, Poochinnipadam, Thrissur, Kerala. Data were collected on special proforma by interview cum examination techniques. To assess the
effectiveness the possible symptoms like headache, nausea, vomiting, etc. were considered and assigned scores according the gravity of the condition. The scores were considered for statistical analysis. The statistical analysis was done with the help of computer package. The collected data were transferred into master sheets. The statistical constants like percentages arithmetic mean, standard deviation, etc. were computed according to the duration of the assessment. The mean and standard deviation of the improvement scores recorded in various groups were also tested statistically. In order to test the hypothesis the statistical tests like $\chi^2$ square test, paired ‘t’ test and student ‘t’ test were employed.

Applying standard formulae did all computations. The analysis of data revealed the following significant findings.

1. Among the 180 patients studied 52% of the patients were among the age group 30-50 years 40% of patients were among the age group below 30 years and 8% patients were in the age group 51-60 years.

2. It was seen that Ardhavabhedaka was more prevalent in females (62%) than in males (38%) in the ratio of 2:1.

3. 27% of the patients were professionals, and other 73% included students, housewives, clerical staff etc.

4. Patients from low socio status constituted 44% middle class constituted 29%, high socio economic status constituted 27%.
5. In 60% patients the age of onset was below 20 years. In 40% patients the age onset was between 20-40 years.

6. In 60% patients hereditary factor was present and it was absent in the other 40% patients.

7. In the patients treated with Pranayama and placebo (Group A) the frequency of attacks was reduced from a mean score of 34.2 to 0.60. The intensity of sirasoola was reduced from 3.0 to 0.67 and the duration of attacks was reduced fro 36.1 hours to 3.73 hours.

8. In the treated with Pathyashadangam (group B) the frequency of was reduced from 32.0 to 0.53, intensity from 3.0 to 0.70 and duration of attacks from 32.7 hours to 2.87 hours.

9. In the patients treated with the combination of Pranayama and Pathyshadangam (Group C) the frequency was reduced from 32.23 to 0.57. Intensity from 2.97 to 0.37 and duration of attacks from 32.27 to 1.46 hours.
5.3. CONCLUSION

1. A combination of Pranayama and Pathyshadangam were found to be effective in Ardhvabhedaka than any other mode of treatment.

2. The comparisons between the three treatment groups, Group A (Pranayama) with Group B (Pathyshadangam) and Group A (Pranayama) with Group C (Pranayama in combination with Pathyshadangam) and Group B (Pathyshadangam) with Group C (Pranayama in combination with Pathyshadangam) showed that Group C (Pranayama in combination with Pathyshadangam) was superior to Group A (Pranayama) and Group B (Pathyshadangam).
3. The efficacy of treatment of Group A (Pranayama) is slightly inferior to Group B (Pathyashadangam) and Group C (Pranayama in combination with Pathyshadangam).

4. The efficacy of treatment of Group B (Pathyashadangam) is superior to Group A and inferior to Group C (Pranayama in combination with Pathyshadangam).

5. The efficacy of treatment of Group C (Pranayama in combination with Pathyshadangam) is superior to Group A (Pranayama) and Group B (Pathyashadangam).

6. On the whole Group C (Pranayama in combination with Pathyshadangam) was found to be the best therapeutic in the prevention and use.

Recommendations

1. As Pranayama and Pathyashadangam have proven to be effective in Ardhabhedaka these measures can be implemented in the Ayurveda colleges hospitals, and other such relevant institutions including research institutions through out India. It is also recommended to conduct further multicentre studies including larger population sample for its global popularity the benefit of Ardhabhedaka patients.
2. In order to assess the prevention a follow up study of at least 2 years is recommended.

3. Further study with large sample size in each group is recommended.

Various other combinations of Pranayama and Pathyashadangam can be studied.