Introduction
Ardhavabhedaka is a peculiar type of head ache mentioned in sirorogas of Salakyathantram, which is the branch of Ayurveda deals with the diseases of head, neck, ears, eyes, and oral cavity and their treatment. Salakā (probe) in the principal instrument used in this branch, hence the name Salakya.

Ardhavabhedaka gains its name from the specific nature of pain. Literally, the word ‘ardhavabhedaka’ means tearing or piercing pain on the half of the head. Acharya Charaka explains it as either vathika or vatha kaphaja in origin. Interestingly, Acharya Vagbhata conclusively states that
Ardhavabhedaka is a vathika disease. The clinical features also support Vaghbata’s claims. The presentation will be with various types of pain sensations, which are severe in intensity. The sites of pain are, normally, the temporal region, forehead, eyebrows, eyeballs, ears and sides of neck. Either left or right half of the head will be affected in single episode. The pain establishes the vathakopa. The attacks are recurring nature, and the temporal pattern is specific, either once in fifteen days or once in a month. Due to the involvement of Prana, the indriyas, especially the Nayana (vision) or Srothra (hearing), may be damaged if the disease is of severe intensity and chronic in nature.

Siras (head), in Ayurveda is explained as uthmanga (vital organ). Being the seat of life, intellect and sense organs, it is also one among the three major marmas. Though all the three doshas can be located in head, predominantly it is the seat of kapha. The tarpaka kapha nourishes the indriyas; the prana vayu controls the functions of indriyas, manas and hridaya. The perception of vision is brought about by chakshurvaiseshika pitha and the budhirvaiseshika variety has its vital role in brain function.

The deranged function of thridoshas is manifested as neurological, vascular, metabolic and psychological disturbances.

In various samhitas of Ayurveda, the aetiopathogenisis, clinical features and management of a primary headache (swathantra sirasoola)
namely *Ardhavabhedaka* is explained. *Ardhavabhedaka* refers to a hemi cranial headache. Videha elicites the samprapthy of vatha kopha due to obstruction by kapha in one half of the head. Acharya Vaghbata postulates that the involvement of kapha and pitha also should be considered while formulating the treatment of Ardhavabhedaka. Hence it becomes evident, clinically also, that *Ardhavabhedaka* is a *sannipathika sirasoola* with a predominance of *vatha* and *kapha*.

Apart from the common etiological factors of sirasoola there are certain specific causes those trigger (vyanjaka nidana) Ardhavabhedaka. These are consumption of excessively dry or fried food; intake of food before digesting the previous meal, over exposure to wind and fog, over indulges in sex, suppression of urges and physical exertion. These *nidanas* provoke *vatha* and *agnimandya* is essentially followed by *rasadhathu dushti*. That is why patients of *Ardhvabhedaka* exhibits *rasadhathu vikrithi lakshananas* such as vertigo, nausea, photo phobia and fatigue.

The clinical features of Ardhavabhedaka clearly coincide with those of migrain. The nature of severity of pain is described as pricking, piercing and excruciating which is episodic and tend to occur fortnightly or monthly. The sites of pain sensation are the temporal region, forhead, eyes, ears, and neck, vertigo, tinnitus, hearing loss, photophobia and rhinorrhoea are the associated symptoms given by vaghbata. Hearing loss and blindness can occur as complications in severe cases of Ardhavabhedaka.
Treatment of Ardhavabhedaka includes sodhana, samana, and rasayana. Treatment aims at relieving urdhwanga srodhorodha by theekshana sodhana followed by pacifying vatha through samana therapy. This line of management can be successfully practiced in migraine. As condition of adhimantham, vathika karnasoola, vathika prathisyaya etc produce hemicranial head ache, migraine head ache should be differentiated from all other secondary head aches with the parameters of assessment of migraine. In each patient the treatment strategy may vary according to the involvement of anubandha doshas.

After attaining agnideepthy the patient is subjected to snehapana and virechana. Urudhwanga sodhana is done by teekshna avapeeda nasya. This can be followed by samana/brimhana nasya, moordha thaila, upanaha sweda, karma poorana, netra tharpana and vasthy which ever is relevant to the particular case. Severe cases may need dahakarma over lalata for alleviation of pain.

As oja kshayakanidanidas like stress and strain trigger migraine, milk, mamsarasa, and drugs of jeevaneeya gana are very beneficial in regaining total physical and mental health Rasayana nourishes the saptadhathus and reduces the chance of inheritance of this disease into future generations. Patients should also be encouraged to avoid precipitating factors and to follow pathykrama to prevent the recurrence of migraine.
To sum up, Ayurveda provides a treatment for migraine that relieves the disease without a recurrence.

Ardhavabhedaka can be compared to Migraine mentioned in modern medicine. Migraine is a common neurovascular disorder characterized by periodic commonly unilateral throbbing head ache. The condition affects about 18% of women and about 6% of men across their life span.

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Yoga helps to attain a deep relaxation of body and mind leading to the promotion of the positive health which shows that it has an ancient and conceptual linkage to Ayurveda. All the yogic practices may be classified as asanas, pranayamas, bandas and mudras, kriyas, meditation and attitude training practices.

Pranayama practices bring control over the respiratory impulses which form one of the channels of the flow of autonomic nerve impulses. Holding of the breath for a prolonged and comfortable time is essential.
The word pranayama is the union of two words i.e. ‘Prana’ and ‘Ayama’. Prana means a subtle life force which provides energy to different organs including mind and also many vital life processes. Ayama signifies the voluntary effort to control, and direct this prana.

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Problem of the study

The problem of the study is to assess the prevention of Ardhavabhedaka with the help of pathyashadanga and pranayama. Included also in the study is comparison of the efficacy of three treatment groups.

Purpose of the study

Purpose of the study is to provide satisfactory new option for prophylactic therapy in Ardhavabhedaka, which is affordable to the common man of the society.

Need for the study

Ardhavabhedaka is a common problem in primary health care, it remains an under diagnosed and under treated disorder. This can be
attributed to the low importance given by patient for *ardhavabheda*ka. The most likely reason for this is the lack of specific and effective treatment for *ardhavabheda*ka. Unfortunately patients who do see a doctor do not always feel that they get what they need. *Ardhavabheda*ka patients primarily wants pain relief. Patients are naturally more interested in an explanations about how medication works and possible side effects some thing that the physicians

Failed to mention at all. They long term burden of disease high lights the lack of effective treatment for this disabling condition. The development of new methods of management prevention of attacks of *ardhavabheda*ka continues to be an active area of research in neurology.

Preventive treatment is indicated only for patients who have sufficiently frequent attacks that are not relieved by treatments for acute attacks.

It is there for pertinent in considering the new options for prophylactic therapy to consider the ways in which new agents might reduce the direct and indirect costs attributable to the disease and lead to a reduction in suffering, increased productivity and decreased economic burden.

**Deliminations of the study**

The study is delimited to

1. 180 patients, who are randomly selected from the special
O.P. for *Ardhavabhedaka* of *Salakya* department, Vaidyaratnam Ayurveda College Hospital, Poochinnippadam.

2. Patients, who are diagnosed as suffering from *Ardhavabhedaka*.

3. Patients are selected in the age group of 10–60 years.

   - **Group A** — 10 – 30 years
   - **Group B** — 30 – 50 years
   - **Group C** — 51 – 60 years

4. Patients without any other known systemic diseases. In this study, the following conditions are not entertained: pregnancy, *soothika*, tuberculosis, heart diseases, children below 10 years, geriatrics above 60 years, and sexual transmitted diseases.

5. There is no sex discrimination.

6. The duration of the study period 18 months.

7. The subjects are randomly assigned to three group as Group A (treatment with *pranayama* and placebo), Group B (treatment with *pathyashadangam kashayam* and placebo), Group C (treatment with *pranayama* and *pathyashadangam*). To assess the effectiveness the possible symptoms are assigned scores according to the gravity of the condition. The scores are considered for the statistical
analysis. In order to test the hypothesis is the statistical tests like chi-square test, paired t-test and student t-test are employed.

Hypothesis

"MANAGEMENT OF ARDHAVABHEDAKA WITH PATHYASHADANGA AND PRANAYAMA"

Hypothetical conclusion of the present study is it is expected that a combination of pathyashadangam and pranayama would give promising results and prove the superiority of Indian Medicine and Philosophy over the currently utilized Western Medical Practice. Pathyashadanga and pranayama are more superior and result oriented in the management of Ardhavabhedaka than any other mode of treatment. This superiority and efficacy are in tune with treatment practices offered by Keraleeya Vaidyas.