



AN EFFECTIVE MANAGEMENT OF ANANTAVATA WITH SPECIAL REFERENCE TO TRIGEMINAL NEURALGIA: A CASE STUDY

^{1*}Dr. Shashirekha S. D., ²Dr. Shilpa S., ³Dr. Shubha Hegde

¹Professor & HOD, Department of Swasthavritta & Yoga, Sri Kalabyraveswara Swamy Ayurvedic Medical College, Hospital and Research Centre, 10 Pipe Line Road, Vijaya Nagara, Bengaluru, Karnataka, India.

²Associate Professor, Department of Roga Nidana, Sri Kalabyraveswara Swamy Ayurvedic Medical College, Hospital and Research Centre, 10 Pipe Line Road, Vijaya Nagara, Bengaluru, Karnataka, India.

³Professor & HOD, Department of Dravya Guna, Sri Kalabyraveswara Swamy Ayurvedic Medical College, Hospital and Research Centre, 10 Pipe Line Road, Vijaya Nagara, Bengaluru, Karnataka, India.



***Corresponding Author: Dr. Shashirekha S. D.**

Professor & HOD, Department of Swasthavritta & Yoga, Sri Kalabyraveswara Swamy Ayurvedic Medical College, Hospital and Research Centre, 10 Pipe Line Road, Vijaya Nagara, Bengaluru, Karnataka, India.

DOI: <https://doi.org/10.5281/zenodo.21715725>



How to cite this Article: ^{1*}Dr. Shashirekha S. D., ²Dr. Shilpa S., ³Dr. Shubha Hegde (2026). An Effective Management Of Anantavata With Special Reference To Trigeminal Neuralgia: A Case Study. World Journal of Pharmaceutical and Life Sciences, 12(8), 73–76.

This work is licensed under Creative Commons Attribution 4.0 International license.

Article Received on 24/06/2026

Article Revised on 14/07/2026

Article Published on 01/08/2026

INTRODUCTION

Trigeminal neuralgia (TN) is a neuropathic disorder marked by sudden, intense, stabbing pain in the lower face and jaw, typically affecting one side of the face and often triggered by simple activities like touching the face, brushing teeth, or exposure to cold wind.^[1] The pain follows the distribution of the trigeminal nerve (CN V), which innervates the forehead, cheek, and lower jaw.^[1] Globally, TN has an annual incidence of approximately 4–8 cases per 100,000 individuals, with a higher prevalence among women (about 5.9 cases per 100,000) compared to men (3.4 cases per 100,000).^[1] Bilateral involvement is rare, occurring in only about 3% of cases.^[1] Risk factors include multiple sclerosis, hypertension, and herpes zoster, and in most cases, the pain is due to compression of the trigeminal nerve by vascular structures.^[1]

In Ayurveda, this condition is closely correlated with Anantavata, a type of siroroga (head disease) described by Acharya Sushruta as one among eleven forms of head disorders.^[2] Anantavata is characterized by the simultaneous vitiation of all three doshas—Vata, Pitta, and Kapha—resulting in severe, intolerable pain in the unilateral side of the face, neck, eyes, and temples.^[2] The condition is considered a Vata-predominant sannipatika disease, causing symptoms such as hanugraha (jaw stiffness), netraroga (eye disorders), and gandaparshwa kampa (tremors in the cheek region).^[2] The Ayurvedic approach emphasizes pacifying aggravated Vata, which is believed to be the primary causative factor in the development of Anantavata.^[2]

Globally, TN is a relatively common neurological condition, with prevalence increasing with age and disproportionately affecting women.^[1] In India, studies have shown a similar trend, with higher rates among females and elderly populations.^[3] The challenges in

managing TN include its chronic nature, recurrence, and the limited efficacy of conventional treatments such as anticonvulsants and surgery, which may provide only temporary relief and sometimes worsen the condition.^[4] Ayurvedic management, including therapies like nasya (nasal administration of medicated oils), lepa (topical application), and internal herbal formulations, aims to address the root cause by balancing the doshas and nourishing the nerves.^[5] However, the prognosis for TN remains guarded, as it cannot be cured permanently, and the main goal of treatment is to alleviate pain and improve quality of life.^[6]

CASE REPORT

A 40 years female approached the Out Patient department of Sri Kalabyraveswara Swamy Ayurvedic Medical College, presenting with complaints of sudden onset of pain, similar to electric shocks on the left side of the face (Unilateral always).

History of Present illness

Patient was asymptomatic 6 months ago. Patient experienced pulling sensation and episodes of cluster attacks. The pain aggravated on touch, while washing the face, eating, exposure to cold wind and on sleeping towards the left lateral side. The pain episodes lasted from a few seconds to several minutes. The cluster will be experienced usually during the night time. Patient described trigger point on the left side of the face below the left ear. The pain episodes was experienced from a few seconds to several minutes, unilaterally. Her symptoms were initially controlled by the medications such as Clonazepam 0.5mg OD, Carbamazepine 200mg. Later on, the attack was frequent as she experienced the attack almost daily.

Personal history

- Appetite – Normal
- Bowel – constipated (occasionally)
- Micturition – 7-8 times/day
- Sleep – Disturbed

Astasthan Pareeksha

- Nadi – 78/min
- Mutra- Prakruti (5-6 times a day)
- Mala – Prakruti (1 time a day)
- Jiwha- Prakruti (Alipta)
- Shabda- Prakruti
- Sparsha- Prakruti (Tenderness in maxillary region)
- Drik- Prakruti
- Akrti- Prakruti

General examination

- General condition – fair
- Built – Well built
- Nourishment – Well nourished
- Pallor- Nil
- Icterus- Nil

C) Other cranial nerves: No abnormalities detected.

Treatment Protocol

Sl. No.	Treatment	Drugs & Dosage	Duration	Observations
1	Poorva Karma: Jatru urdhwa Abhyanga Followed by Sthanika Kukkutanda Pinda Sweda Pradhana Karma: Nasya Paschat Karma: Dhoomapana	Prasarini taila Ksheerabala taila 101 - 10 drops each nostril Haridra varthi	7 days	50-60% of reduction in the pain. Reduced frequency of attack (once a week)
2	Dhanwantaram Vati Dhanadanayanadi kashayam Cap. KBT 101 Cap. Palsineuron	2 BD 15ml BD 1 BD 1 TID	21 days	Reduced frequency of attack (once in 15-20 days)
3	Dhanwantaram Vati Dhanadanayanadi kashayam	2 BD 15ml BD	30 days	Almost nil

- Cyanosis- Nil
- Oedema- Nil
- Pulse- 78 bpm
- Respiratory rate- 16 episodes/min
- B.P. – 120/80 mm of Hg
- Temperature – 98.7°C
- Weight – 68 kg
- Height – 158 cm

Systemic Examination

- **Respiratory System:** Normal vesicular breath sounds heard
- **Cardiovascular System:** S1S2 heard, no added sounds
- **Gastrointestinal System:** P/A soft, non-tender, no organomegaly
- **Nervous System**

1. Higher mental function

- Consciousness - conscious
- Orientation to time, place, person – intact
- Memory - intact
- Intelligence – intact
- Hallucination – absent
- Speech disturbance - absent Coordination – intact

2. Cranial Nerves**Trigeminal Nerve****A). Motor examination**

- Palpation of Masseter and trigeminal muscles: Slight tenderness
- Jaw Jerk: Positive

B) Sensory part

- Corneal reflex: Normal
- Sensation over face: Hyperaesthesia all over the face

	Cap. Palsineuron KBT 101 taila	1 BD Pratimarsha Nasya		
4	Brahmi Grita Dhanadanayanadi kashayam Vatavidwamsa Rasa Tab. Sumenta	10 ml bid 15ml bid 1 bid 1 OD	30 days	One attack in a month followed by travelling Reduced sleep duration

Outcome & Follow ups

After the completion of the treatment patient got about 90 % relief from symptoms. The patient got some relief after the first sitting of Nasya therapy. Patient felt great relief in pain after the second and third visit. Along with Shodhana therapy, Shaman chikitsa was given. As this treatment is more concentrated to treat the symptoms, patient followed the above intervention for the total duration of 6 months with regular follow up. Patient took the treatment consistently in these 6 months duration and followed all the advised given to her. She was relieved from all the symptoms in these months.

During treatment, significant improvement was seen in each follow up related to pain and numbness, with no relapse of the signs and symptoms of trigeminal neuralgia.

DISCUSSION

The present case highlights the effectiveness of Ayurvedic intervention in the management of Trigeminal Neuralgia (TN), which is classically correlated with Anantavata in Ayurvedic literature. The patient had been on conventional modern medications, including carbamazepine and clonazepam, for nearly two months but continued to experience daily episodes of severe, shock-like facial pain with progressive worsening. This reflects a common clinical challenge wherein pharmacological therapy offers only partial or temporary relief and may be associated with dose-dependent side effects or reduced efficacy over time.

In this case, the structured Ayurvedic treatment protocol—including Purva karma (Jatru Urdhwa Abhyanga and Sthanika Kukkutanda Pinda Sweda), Pradhana karma (Nasya with Ksheerabala Taila 101), and Paschat karma (Dhoomapana)—produced a significant reduction in both intensity and frequency of pain episodes within the first week. The choice of therapies is aligned with the fundamental Ayurvedic principle of pacifying aggravated Vata, which is central to the pathogenesis of Anantavata. Prasarini Taila and Ksheerabala Taila are specifically indicated for Vata vyadhi, offering snigdha, brimhana, and neuroprotective effects that nourish the cranial nerves and improve local circulation.

The subsequent administration of Shamana oushadhis—including Dhanwantaram Vati, Dhanadanayanadi Kashayam, KBT 101, and Palsineuron capsules—further stabilized the condition, reducing the attacks to once in 15–20 days and eventually leading to near-complete remission. The use of Pratimarsha Nasya played a crucial

role in sustaining Vata balance and preventing recurrence. The patient also adhered to dietary and lifestyle modifications prescribed in Ayurveda, such as avoiding kaphakara and vatavardhaka ahara, exposure to cold, and excessive travel, which contributed to long-term stability.

The recurrence of a single episode after travel indicates the sensitivity of the condition to triggering factors and underscores the need for sustained lifestyle vigilance. Overall, the multi-modal Ayurvedic approach in this case demonstrates that combining external therapies, internal medications, and lifestyle regulation can provide substantial and sustained relief from TN symptoms. This reinforces the potential of Ayurveda as a complementary or alternative strategy, especially for patients who do not respond adequately to allopathic pharmacotherapy.

This case also suggests the need for further research exploring the mechanisms by which Ayurvedic treatments exert neuroprotective, analgesic, and Vata-pacifying effects. The observed outcomes are promising but require validation through larger sample sizes, controlled trials, and standardized treatment protocols.

CONCLUSION

The present case study demonstrates that a comprehensive Ayurvedic management plan—integrating Shodhana, Shamana therapies, and appropriate Ahara-Vihara—can significantly alleviate the symptoms of Trigeminal Neuralgia / Anantavata and improve the patient's quality of life. The treatment resulted in marked reduction of pain intensity, decreased frequency of neuralgic episodes, and long-term stabilization without adverse effects.

Ayurvedic therapies such as Nasya with medicated oils, localized fomentation, internal herbal formulations, and lifestyle modifications collectively contributed to successful management of this chronic neuropathic condition. The case also highlights the importance of consistent follow-up and adherence to Ayurvedic dietary and lifestyle guidelines for preventing relapse.

While single-case outcomes are encouraging, larger clinical studies with standardized methodologies are needed to establish the therapeutic efficacy, reproducibility, and long-term benefits of Ayurvedic interventions in Trigeminal Neuralgia. Nevertheless, this case supports the integrative potential of Ayurveda as a safe and effective approach for managing chronic neuropathic pain disorders where conventional treatments may have limitations.

REFERENCES

1. Katheriya G, Chaurasia A, Khan N, Iqbal J. Prevalence of trigeminal neuralgia in Indian population visiting a higher dental care center in North India. *Natl J Maxillofac Surg*, 2019; 10(2): 195-199.
2. Sushruta. *Sushruta Samhita*, Uttarantra, Shrirogapratschediya Adhyaya. 26/13-15, 26/36-38. Available from: <https://niimh.nic.in/ebooks/esushruta/?mod=read>
3. Ayurveda and trigeminal neuralgia: A case report. *Ayushdhara*, 2024; 15(1): 1-7. Available from: <https://ayushdhara.in/index.php/ayushdhara/article/view/1484>
4. Ayurvedic intervention in the management of Anantavata. *Medwin Publishers*. 2020; 5535. Available from: <https://medwinpublishers.com/article-description.php?artId=5535>
5. Ayurvedic management of trigeminal neuralgia: A case study. *IJFMR*, 2025; 3(4): 44005. Available from: <https://www.ijfmr.com/papers/2025/3/44005.pdf>
6. Anantavata: Shiroroga causes, symptoms, treatment. *Easy Ayurveda*. 2019. Available from: <https://www.easyayurveda.com/2019/11/28/anantavata-shiroroga-causes-symptoms-treatment/>