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A SINGLE CASE REPORT – AN AYURVEDIC PERSPECTIVE ON THE MANAGEMENT OF TRIGEMIBNAL NEURALGIA W.S.R TO ANANTHAVATA

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ABSTRACT

Trigeminal neuralgia is a painful neurological disorder affecting the Vth cranial nerve, producing sudden, intense and stabbing unilateral facial pain along the nerve's distribution, often triggered by minimal stimuli such as chewing, speaking or touching the face. The condition is often accompanied by discomfort in the temporomandibular region and muscle stiffness. In modern medicine, management includes anticonvulsants, tricyclic antidepressants and various surgical interventions, which may provide only temporary relief and are often associated with side effects such as dizziness, nausea and visual disturbances. In Ayurvedic literature, this disorder closely corresponds to *Ananthavata*, a *Sannipathika Shiroroga* described by Acharya Sushruta. The name itself denotes severe vitiation of *Vata Dosha* along with the involvement of *Pitta* and *Kapha*. Treatment is planned on *Tridoshika* principles, emphasizing *Vata Shamana* and *Shiroroga Chikitsa*. The present study aims to explore the clinical efficacy of Ayurvedic management in Trigeminal Neuralgia and its potential to alleviate pain, improve nerve function and minimize recurrence.

KEYWORDS: Trigeminal Neuralgia, *Ananthavata, Shiroroga, Vata Vyadhi, Tridosha.*

INTRODUCTION

Trigeminal Neuralgia (TN), also known as Tic Douloureux, Suicide disease or Fothergill's Disease, is a chronic neuropathic disorder affecting the Vth cranial nerve — the trigeminal nerve. It is characterized by recurrent, sudden, severe, electric shock-like or stabbing pain, usually limited to one side of the face. Although the pain usually persists only for a few seconds or minutes, its intensity can be so severe that the patient involuntarily winces — giving rise to the term "tic." The pain occurs in brief paroxysms along one or more branches of the trigeminal nerve and may be triggered by simple daily activities such as chewing, talking, washing the face, brushing teeth, touching the face or even exposure to a light breeze, can trigger excruciating pain.[1] It is defined as "a unilateral disorder characterized by brief electric shock-like pains, abrupt in onset and termination, limited to the distribution of one or more divisions of the trigeminal nerve".[2] The condition may result from compression of the trigeminal nerve root by an aberrant blood vessel, demyelination in multiple sclerosis or idiopathic causes. The treatment of Trigeminal Neuralgia includes Pharmacological therapy, Percutaneous procedures such as Retrogasserian glycerol rhizotomy, Surgical interventions like Microvascular decompression and Radiation therapy such as Gamma knife surgery. Pharmacological management primarily involves the use of Carbamazepine, Lamotrigine, Baclofen and Gabapentin. However, these therapies may produce side effects like nausea, fatigue, dizziness, unsteadiness, memory disturbances and ataxia, and recurrence is not uncommon. In some cases, the side effects of these medications outweigh their benefits, leading to discontinuation. Over time, drug efficacy may decline, requiring higher doses or combination therapy. For patients who fail to respond satisfactorily to medical management, surgical intervention serves as an alternative treatment option.[3]

Trigeminal Neuralgia is an uncommon neurological disorder, with a global prevalence of approximately 4 – 13 cases per 100,000 population per year and typically

affects individuals over 40 years of age.[4] A hospital-based study conducted in North India tertiary dental care reported that the prevalence of TN among patients with orofacial pain is approximately 0.3% with a higher involvement of the mandibular (V3) division, followed by the maxillary (V2) division. These studies also state that TN predominantly affects the female population more than the male population, with a female-to-male ratio ranging from 15:1 to 17:1.[5]

The clinical features of Trigeminal Neuralgia are analogous to those of *Anantavata* described in Ayurveda. Acharya Sushruta identified eleven types of *Shiroroga*, among which *Anantavata* is one. In this disorder, vitiation of the *Tridoshas* leads to severe pain in the occipital, temporal, frontal regions, root of the nose and eyes, often accompanied by ocular symptoms, jaw stiffness and tremors.[6] The primary line of treatment includes *Siravyadha* and *Vata-Pitta Shamana* measures.[7] The action of Ayurvedic management in Trigeminal neuralgia with the support of a clinical case is discussed here.

MATERIALS AND METHODS

This is a case report of 41 years old male who approached *Shalakya Tantra* OPD of Govt Ayurveda College, Bengaluru.

CASE REPORT

Chief Complaints

A 41yr/M patient presented with shooting, stabbing and shock like pain over temporal region radiating to the lateral canthus of eye and cheek along with heaviness of head for 2 years.

History of Present illness

A Male patient of age 41 years was said to be healthy 2 years back. Gradually he started developing pain over the temporal region, which was radiating to the lateral canthus of eye and cheek. Initially, the patient experienced occasional episodes of mild to moderate pain, which gradually increased in both frequency and intensity over time. At present, the pain is sudden in onset, severe in intensity and occurs in paroxysmal attacks lasting for a few seconds to two minutes, repeating multiple times a day. Patient reports that the pain is unilateral, strictly confined to the right side of the face and head. The pain is often triggered by chewing, talking, brushing teeth or exposure to wind and subsides spontaneously after a brief duration.

The patient also reports a feeling of heaviness in the head, right ear blockage, difficulty in opening the right eye and occasional nasal secretions. Over the past 3 months, the pain has become more severe and frequent, significantly interfering with daily activities, speech and sleep.

Initially, the patient self-medicated with painkillers to relieve the pain. When the pain became more severe, he consulted an allopathic doctor and was diagnosed with Trigeminal Neuralgia and underwent allopathic treatment, which provided sustained relief for about six months. However, during the course of therapy, he experienced giddiness, which subsided upon stopping the medication. Seeking better relief, the patient chose Ayurvedic management and subsequently visited our hospital for further treatment.

History of Past illness

Nothing contributing.

Family History

Nothing contributing.

Personal History

- Appetite – Good
- Sleep – Interrupted
- Bowel – Regular
- Micturition – 5–6 times/day

Vitals

BP – 120/90mmhg
R.R – 18/min
Temperature – 98.4F
Pulse – 76/min

Ashtavidha Pareeksha

- *Nadi*: 76/min
- *Mala*: *Prakruta*
- *Mutra*: 5–6 times/day
- *Jihwa*: *Lipta*
- *Shabda*: *Prakruta*
- *Sparsha*: *Prakruta*
- *Drik*: *Prakruta*
- *Akriti*: *Madhyama*

On examination

Tenderness – Present over the cheeks
Range of movements – Stiffness in Temporomandibular joint

Investigation

Hb – 14.5gm%
ESR – 25 mm/hr

– Paranasal Sinuses: – Tenderness – Absent.
– Dental and neurological examination, CT of the brain were normal.

MANAGEMENT

1) Amapachana followed by Nasya
- Tab. Chitrakadi vati 1 – 1 – 1 B/F for 5 days
- *Nasya* with *Anutaila* 8 drops in each nostril for 7 days

1) Treatment modalities during follow–up period
- *Pratimarsha nasya* with *Ksheerabala* 101 drops – 2 drops in each nostril B/F in the morning for 1 month
- *Mukhalepanam* with *Dashamoola choornam* in *Dashamoola kashaya* for 7 days

2) Internal medicines
- *Dhanadanayanadi kashaya*15 ml – 0 – 15 ml with 45 ml of Luke warm water B/F for 1 month
- *Gandharvahastadi eranda tailam* 0 – 0 – 10 ml at night with warm water A/F for 1 month

- *Dashamoola kashaya choorna* is made into fine powder for *Mukhalepa* application and it is removed before it completely dries up (appro. 15 – 20 min).

OBSERVATION AND RESULTS

The patient experienced moderate relief from symptoms following the treatment. There was a subjective improvement in overall quality of life and no pain was reported while washing the face with soap after undergoing the prescribed procedures and medications.

Table No: 1, 10 – point VAS scoring.

Before Treatment	1st Follow-up (After completion of *Nasya* – on 13th day)	2nd Follow-up (After 30 days of internal medicines – on 43rd day)
9	5	1

DISCUSSSION

Anantavata is a *Vatapradhana Tridoshaja Shiroroga* whose clinical features closely resemble those of Trigeminal Neuralgia. In *Anantavata*, the predominance of *Vata* is evident from the symptoms. The aggravated *Rooksha* and *Sheeta Guna* of *Vata* are responsible for the pain, while the vitiated *Chala Guna* leads to radiating pain. As most of the manifestations indicated *Vata* dominance in this case, a *Vatahara* and *Brihmana* line of treatment was appropriately adopted.

The *Deepana* and *Pachana* properties of *Chitrakadi vati* improve Agni and reduce *Aama*, which can obstruct *Vata Vaha Srotas.* As the entrance to *Shiras, Nasya* is a crucial line of therapy for *Urdhwajatrugata Rogas*. It is done with *Anutaila* and after *Nasya Karma*, the patient felt better. *Dashamoola choorna* was used for *Lepanam* because of the *Vatahara* and *Sodhahara* properties. Additionally, *Ksheerabala taila*, known for its *Vata–pitta shamaka* and *Raktaprasadaka* properties, was advised for *Pratimarsha nasya*. It also helps in strengthening the nerves.

Dhanadanayanadi Kashaya is specifically indicated for *Vatavyadhi* and helps pacify vitiated *Vata Dosha.* Its *Ushna* and *Snigdha* properties counteract the *Sheeta* and *Ruksha Guna* of aggravated *Vata*, thereby relieving stiffness, pain and neural irritation. *Gandharvahastadi Eranda Taila* acts as a *Vataanulomaka* and *Mridu Virechaka*, which helps in expelling the aggravated *Vata* through the *Pakvashaya* — the main seat of *Vata Dosha*. By regulating *Vata* in its primary site, it indirectly helps in relieving *Shirogata Vata*–related symptoms such as facial pain, stiffness and neural irritability. *Eranda Taila* provides *Snigdhata* to the body, reducing *Rookshata* and *Sheeta Guna* of *Vata.*

After administration of these drugs, the patient experienced relief in symptoms. The frequency and intensity of the electric shock–like pain were reduced. Thus, in the present case, all the medicines possessing *Vatahara* and *Vataanulomaka* properties proved effective in providing symptomatic relief in *Anantavata*.

CONCLUSION

In the present study, it was observed that Ayurvedic management provided marked improvement in the clinical condition, with significant reduction in symptoms and recurrence. The appropriate administration of *Vatashamaka* medications and *Panchakarma* procedure are contributed effectively to achieving sustained relief and overall better prognosis in *Anantavata* (Trigeminal Neuralgia).

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