

AYURVEDIC MANAGEMENT OF ANANTAVATA W.S.R. TO TRIGEMINAL NEURALGIA – A CASE STUDY

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ABSTRACT

Introduction: Trigeminal neuralgia is an excruciatingly painful condition that involves the fifth cranial nerve, i.e., the trigeminal nerve. The trigeminal nerve has three branches, mainly the maxillary, mandibular, and ophthalmic nerves.¹ It is a chronic neuropathic pain disorder characterised by sudden, severe, unilateral facial pain along the distribution of the trigeminal nerve. Allopathic medicine does not have a permanent cure for this disease. Ayurveda offers relief from symptoms of TN and provides a stress-free life for the patient. Trigeminal neuralgia can be correlated to Anantavata, one of the 11 types of Shirorogas explained by Acharya Sushruta, and is Vatapradhana Tridoshaja Vyadhi. **Method:** A 55-year-old woman consulted in the OPD of Kayachikitsa with the complaint of sudden pain like an electric shock on the right side of the head, which gets aggravated on touch. She received Shamana and Shodhana Chikitsa as per Ayurvedic principles for 21 days. **Observation and Results:** Pain and shock-like sensations decreased, reducing the social fear of pain and improving quality of life. Transient numbness occurred early. **Conclusion:** This case study evaluates the efficacy of an Ayurvedic treatment protocol comprising Shodhana and Shamana Chikitsa in the management of Anantavata (trigeminal neuralgia).

Keywords: Anantavata, Trigeminal Neuralgia, Vatavyadhi, Nasya, Gandoosh, Ayurvedic Case Study

INTRODUCTION

Trigeminal Neuralgia is a neuropathic disorder characterized by episodes of intense pain in the face, originating from the trigeminal nerve. It has been described as among the most painful conditions known to humankind.² Trigeminal nerve is the largest of the 12 cranial nerves. The trigeminal nerve (fifth cranial) provides sensation to the anterior half of the head and the skin of the face.³ Its motor part innervates the pterygoid masticatory muscles and masseter. There

are three major branches of the nerve: 1. Ophthalmic: Sensory, 2. Maxillary: Sensory and 3. Mandibular: Sensory and motor. Loss of the myelin sheath around the trigeminal nerve is the main cause of TN. This disorder has characteristics of episodes of severe facial pain along the trigeminal nerve divisions. In modern medicine, the anticonvulsant carbamazepine is the first-line treatment; second-line medications include baclofen, lamotrigine, phenytoin, gabapentin, pregabalin, etc. Many clinical trials have suggested that clonazepam and lidocaine may be effective. Even after taking these drugs for such a long time, there are no significant changes in the patient. Surgery is normally recommended only after medication has proved ineffective or if side effects of medication are intolerable. There may be a chance of relief in pain after surgery, but also a considerable risk of side effects, such as facial numbness after the procedure. The typical or classical form of disorder TN1 causes extreme sporadic, sudden burning or shock-like facial pain in areas of the face where branches of the nerve are distributed- lips, eyes, nose, scalp, forehead, upper jaw, and lower jaw. The pain episodes last from a few seconds to as long as 2 minutes. These attacks can occur in quick sensations or in volleys lasting as long as 2 hours. The atypical form of disorder TN2 is characterized by constant aching, burning, stabbing pain of somewhat lower intensity than TN1. Both forms of pain may occur in some people, sometimes at the same time. Here we present a case of trigeminal neuralgia, which was successfully treated with Ayurvedic management with Anantvata as the Ayurvedic diagnosis.

In Ayurveda, Anantavata is described under Shiroroga and Nanatmaja Vatavyadhi. The doshas involved in anantvata are tridosha, i.e., vat, pitta, and kapha, which, when vitiated produces unilateral excessive pain in the head and facial area.⁴ All the ahar and vihar which increase vata, like fasting, dry/cold intake, and living in conditions which are dry and cool, are causative factors for anantvata. The treatment modalities include the therapies that pacify the vitiated tridoshas. Classical features such as teevra shoola (severe pain), bhrama, hanugraha, dantashoola, akshishoola, and radiation of pain to greeva and ansa pradesha closely correlate with trigeminal neuralgia. Vitiating of Vata dosha, often associated with Kapha avarana, is considered the primary pathogenic factor.

CASE REPORT

A 35-year-old female patient was consulted in the OPD of the Kayachikitsa department at Shri K. R. Pandav Ayurvedic College & Hospital, Nagpur, having a complaint of sudden pain like an electric shock on the right side of the head, which gets aggravated on touch. The pain was so severe, chronic pain with electric shock-like sensations on the face unilaterally for 2 years. The patient consulted some allopathic hospitals and took allopathic treatment. Anti-convulsant medications were prescribed, but did not get any relief from modern medicine, and even the condition became worse with more frequent painful sensations. Then one of her friends advised her to take Ayurvedic treatment, so she came here for treatment. Her general health was good. She was taking carbamazepine 200 mg thrice a day at the time of consultation.

Place of study:

The present case study was done in Kayachikitsa OPD, Shri K. R. Pandav Ayurveda College and Hospital, Nagpur

Patient Information:

- Age - 35 years/female
- Religion – Hindu
- Occupation – Housewife
- Socioeconomic status – Middle

Chief Complaints:

- Severe, sudden pain on the right side of the face for 2 years
- Pain aggravated by touching, chewing, brushing teeth, and talking
- Episodes lasting a few seconds to minutes, occurring 10–15 times/day

History of Present Illness:

The patient was apparently normal two years back, after which she developed sudden, electric shock-like pain on the right side of the face. She was diagnosed with trigeminal neuralgia and treated with carbamazepine, which provided temporary relief but caused dizziness and drowsiness. Due to recurrence and side effects, she approached the Ayurvedic hospital.

Past History :

- No history of HTN, DM, TB, BA, Thyroid Disorder.

Family History :

- No family history of any

Personal History :

- Diet - Vegetarian
- Bowel - Frequency - 1/day
- Evacuation - Complete
- Stool consistency - Well-formed
- Appetite – Decreased
- Micturition - Regular
- Sleep - Adequate; Day sleep - Present
- Allergy - Not yet detected
- Addiction – Nil
- Exercise – Poor

General Examination :

BP	120/80 mmHg	CVS	S1S2 Normal
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PR	80/min	CNS	Conscious & Oriented
RR	16/min	RS	Chest clear
SPO2	98%	P/A	Soft

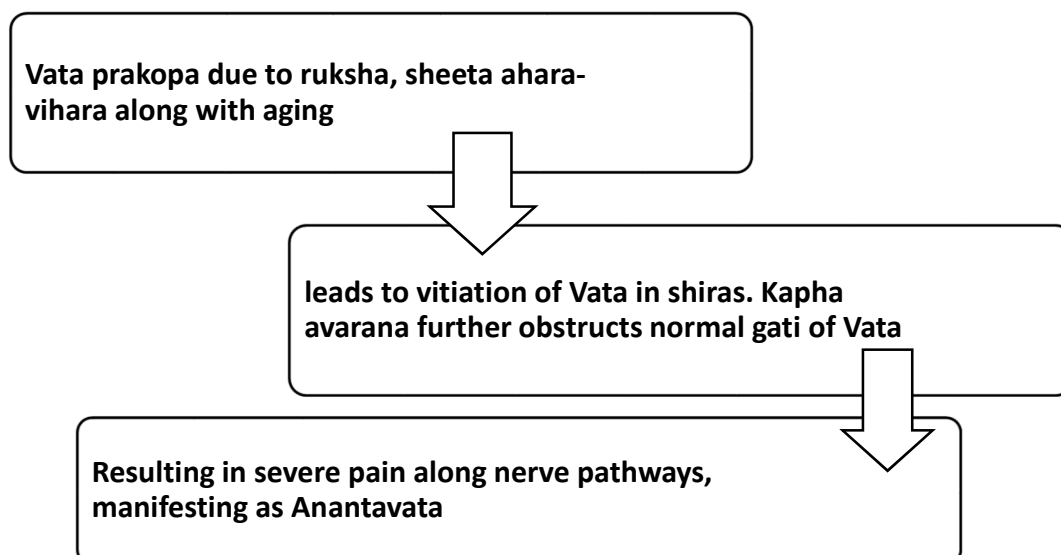
Ashtavidha Pariksha :

Nadi	Vata – kapha	Shabdha	Spashta
Mala	Samyak	Sparsha	Ruksha
Mutra	Samyak	Drik	Prakrit
Jivha	Niram	Akriti	Madhyam

Dashavidha Pariksha :

Prakriti	Vata-kapha	Satva	Madhyama
Vikriti	Vata pradhana	Ahara Shakti	Avara
Sara	Madhyama	Vyayama Shakti	Avara
Samhanana	Madhyama	Vaya	Madhyama
Satmya	Madhyama	Pramana	Madhyama

Samprapti(Pathogenesis) :-



TREATMENT PROTOCOL :

Sr. no.	Therapy	Drugs	Dose
1.	Shodhana chikitsa (21 days)	1. Leech	Total 3 sittings, once a week
		2. Nasya with Anutaila	Pratimarsha Nasya, twice a day
		3. Gandoosha with murchita tila taila	Twice a day
2.	Shaman chikitsa (21 days)	1. Cap. Ksheerabala 101	1 tab twice a day after a meal
		2. Ashwagndha Churna 5 gm + Godanti Bhasma 2gm	Twice a day, with lukewarm milk, before a meal
		3. Cap. Palsineuron	1 tab, TDS, after meal
		4. Avipattikar churna	5gm, HS, after meal
3.	Yoga and meditation were also advised for the patient.		

OBSERVATION AND RESULTS

Follow-up taken on days 7, 15, and 30 showed significant improvement in pain and numbness with no relapse of trigeminal neuralgia. After the completion of the treatment, the patient got almost complete relief from TN symptoms. The patient got some relief after the first sitting of

leech therapy. Felt great relief from pain after the second and third sitting. Along with leech therapy, medicines for Shaman chikitsa were given. As this treatment is more concentrated to treat the symptoms of T.N. patient followed the above intervention for the total duration of months with regular follow-up. The patient didn't leave the treatment during this 1-month duration and followed all the advice given to him. He got relieved from all the symptoms in just 1 month.

Follow-ups and outcomes.				
Parameter	Symptoms Gradation Score			
	Day 0	Day 7	Day 15	Day 30
Pain Intensity	9/10	5/10	2/10	0/10
Numbness	+++	++	+	0
Frequency of attacks /day	12-15	7-8	1-2	0
Trigger sensitivity	Severe	Moderate	Mild	0

DISCUSSION

Trigeminal neuralgia is a neurological disease in which irritation or pressure on the trigeminal nerve (the fifth cranial nerve leaf the skull) causes a stabbing and sharp pain in the cheek, eye, temporal area, and lower part of the face. The pain is usually located on only one side of the face. Symptoms of TN have similarities with Anantavata in Ayurveda. It is believed that all the Tridoshas get aggravated together and produce severe pain in the nape of the neck, eyes, brows, and temples; there is throbbing pain at the sides of the cheeks, loss of movement of the lower jaw, and diseases of the eyes. Such symptoms produced by Tridoshas are called Anantvata. In the treatment of Anantvata, food that mitigates Vata and Pitta, such as Madhumastaka Samyava, Ghritpura, etc. (all are sweet dishes), should be taken.⁵

Leech therapy, or Jalaukavacharan, is an ancient Ayurvedic bloodletting technique that has great potential to manage many inflammatory, ischemic, and infectious diseases. Leech's saliva contains many biologically and pharmacologically active compounds that exert anticoagulant, antiplatelet, anti-inflammatory, and anti-oedema effects in the body. Many kinds of vascular and musculoskeletal diseases, like venous congestion, vascular diseases, abscesses, ischemic heart disease, arthritis, etc., can be successfully managed by leech therapy. Leeches are used to reduce congestion by removing impure blood (Tridosha yukta rakta) that can't exit via the venous system.⁶

Anu Tail is an Ayurvedic medicated oil used for the treatment of diseases related to the head, brain, eyes, face, nose, ear, and neck because 'Nasa hi sirso dwaram'. By using Anu tail through the nose, which is a door to the brain and prevents many brain disorders like depression, headache, migraine, Parkinson's disease, memory loss, seizures, poor coordination, mental stress, and depression because Vata, Pitta & Kapha are said to be involved in TN. Anu Tail helps to keep all three Doshas in their balance state, which helps to maintain the harmony in the body, especially of the supraclavicular (Urdhvajatrugata) parts of the body. It pacifies Vata, which

plays a major role in the development of TN. Anu Tail reduces Vata aggravation, improves nerve function, and enhances faster recovery from TN.⁷

Gandoosha helps relieve the stiffness of TMJ, and Tila taila is Ushna, Snigdha, and Vaatahara helps in reducing the stiffness when used as Gandoosha.⁸

Cap Ksheerabala 101 is an Ayurvedic soft gel capsule used primarily for managing neuromuscular and rheumatic conditions, such as arthritis, sciatica, and spondylosis. Supports joint health by alleviating pain and swelling associated with rheumatic diseases. Acts as a nerve tonic, offering neurological support for conditions such as paralysis and nerve-related issues. May improve mobility by nourishing connective tissues and enhancing nerve function. Possesses anti-inflammatory properties that help manage pain from inflammation and joint aches.⁸

Ashwagandha, also called Indian ginseng, is named for its rejuvenating effects on the CNS and endocrine system. Although Ashwagandha Churna is Tridosahara. In many research trials, it has been proven that *Withania somnifera* is the most beneficial drug to treat many kinds of diseases associated with inflammation in the body, such as cardiovascular, pulmonary, and autoimmune diseases, diabetes, cancers, and neurodegenerative diseases⁹. Ashwagandha also has an anti-anxiety effect. However, many research studies show that the positive anxiolytic effects are seen in adults.¹⁰

Godanti (calcium sulphate) has Vata Pithahara properties and acts as Jwaraghna, Sulahara, and Balya.¹¹

Palsineuron capsules address neuromuscular disorders by enhancing metabolic functions, improving blood flow, and prompting the repair of nerves and blood vessels, supporting holistic management.¹²

Avipattikar Churna is a traditional Ayurvedic herbal powder used to treat digestive issues such as acidity, indigestion, heartburn, and constipation. It is known for balancing the Pitta dosha (responsible for heat and digestion in the body) and acting as a mild laxative.¹³

CONCLUSION

This case study demonstrates that Ayurvedic management with a combination of Panchakarma and Shamana Chikitsa is effective in the management of Anantavata (trigeminal neuralgia). It offers a safe, holistic, and sustainable alternative to conventional therapy. However, larger clinical trials are recommended to validate these findings.

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