

Ayurvedic Management of Trigeminal Neuralgia A Case Report with respect to *Anantha Vata*

Case Report

Neethu Kesavan¹, Sreekumar K Karunakaran^{2*}

1. Final M.S (Ay) Scholar; 2. Assistant professor, Department of Shalakyatantra, Govt. Ayurveda College, Tripunithura, Kerala, India.

Abstract

Trigeminal neuralgia is considered as the most excruciatingly painful condition known to mankind. Due to the sharp, intense and stabbing nature of pain, sufferers called it as 'suicide disease'. The management of trigeminal neuralgia includes anticonvulsants, tricyclic antidepressants drugs and other surgical measures. As per Ayurvedic classics this condition has close proximity with the disease *Ananthavata* which is *Sannipathika* in nature. The name itself indicates the extremely vitiated vatadosha. The management explained by Acharya Susrutha is *Siravedha* and *Vatapitha Samana*. This article describes a case report of 64 years old lady presented with trigeminal neuralgia. In present study, it is observed that Ayurvedic management has provided significant relief in symptoms and found reduced recurrence. The post effective pain relief was found with *Matravasthi* and *Shirovasthi*.

Keywords: Trigeminal neuralgia, *Ananthavata*, *Siravyadha*, *Matravasthi*, *Shirovasthi*.

Introduction

Trigeminal neuralgia, also known as tic douloureux is a disorder with prevalence of 4-5 per 100,000 individuals and has a slightly higher incidence for women compared with men. It is one of the most painful conditions occurring most often in people over the age of 50 years. Trigeminal neuralgia is defined by International Headache Society as unilateral disorder characterized by brief electric shock like pain, abrupt in onset and termination, and limited to the distribution of one or more divisions of trigeminal nerve. Pain usually starts from retroauricular region and spreads towards orbit, ear or to the chin. In infra-orbital neuralgia pain starts below the orbit and spreads towards nose, upper lip, or to the cheek (1). The pain resulting from trigeminal neuralgia imposes a substantial burden on patients.

Medications often used to control the pain of trigeminal neuralgia include carbamazepine, phenytoin, gabapentine and clonazepam. The effective dose in newly diagnosed TN may be less than that required to treat epilepsy. Common initial side effects include drowsiness, nausea, dizziness, diplopia, ataxia etc. Other treatment modalities are peripheral neurectomy, gasserian ganglion injection, intracranial

decompression of trigeminal ganglion etc.

In Ayurvedic literature, all conditions which can cause pain over the head are included in *Siroroga*(2). Acharya Susrutha explained 11 *Sirorogas* and *Ananthavata* is one among them(3). The symptoms and pathogenesis of *Ananthavata* explained by the Acharya has close proximity with trigeminal neuralgia. Role of Ayurveda in curing some of these diseases are appreciable since it also compels the patient to avoid *Nidana* and to follow *Pathyaahara* and *Vihara*.

Aims and Objectives

To study the efficacy of Ayurvedic management in trigeminal neuralgia with special reference to *Ananthavata*.

Materials and Methods

A 64 year old female patient of trigeminal neuralgia was selected from OPD, Department of Shalakyatantra, Govt Ayurveda College, Tripunithura, Kerala, India.

Literature Review

Trigeminal nerve is a paired mixed cranial nerve which has three main branches; ophthalmic, maxillary and mandibular nerve(4). Trigeminal neuralgia is one of the most painful conditions affecting this nerve. One, two or all the branches may be affected. Mostly middle and the lower branches are involved. The ophthalmic division alone is involved in less than 5 % of cases. Usually occurring unilateral, only 10- 12 % cases have bilateral involvement. The pain is felt in the areas where

*Corresponding Author:

Sreekumar K

Assistant Professor, Department of Shalakyatantra, Government Ayurveda College, Tripunithura, Kerala, India

E-mail ID: drsreekumarmsayu@yahoo.co.in

these branches are supplied ie ear, eye, lips, nose, forehead, teeth, cheeks etc. The pain is characterized by episodes of intense pain lasts for seconds to minutes. The triggers of pain attacks includes chewing, talking, drinking, touching, blowing the nose, shaving, brushing, wind exposure etc.

The single attack generally lasts from less than a second to a few seconds, but it may present in clusters of variable intensity with up to 2 minutes duration. Severity of pain is correlated with reduced measures of daily functioning, quality of life, well - being, sleep and overall health status. Evidence has been mounting that in a large proportion of cases, compression of the trigeminal nerve at or near the dorsal root by a blood vessel is a major causative or contributing factor. The management of trigeminal neuralgia includes anticonvulsants, tricyclic antidepressants drugs. If medical management fails rhizotomy (nerve fibres are damaged to block pain), balloon compression, glycerol injection, radiofrequency ablation, microvascular decompression etc are selected based on condition of the patient.

Based on the symptoms of trigeminal neuralgia, it can be correlated to *Ananthavata*. It is a disease in which *tridoshas* vitiate the *manyaor greevaparswa* and produces severe intolerable pain at the back of neck, in the eye ball, frontal region, root of nose and in temporal region. it also causes *hanugraha*, *netrarogas* and *gandaparswakampa*(5). So it is clear that there is involvement of three branches of trigeminal nerve here.

Some *Acharyas* not mentioned this disease in *Shirorogas* for having similarity with *Anyatovata* explained in *Sarvagatanetraroga*(6). *Anyatovata* is a *Vatapradhana* disease in which eye problems are the main features. *Vatahara* and *netrabrimhanachikitsa* should be done there. Thus ophthalmic branch of trigeminal nerve is involved there.

Treatment of *Ananthavata* is explained similar as that of *Suryavartha*. In *Suryavartha*, *Nasyakarma*, *Lepa*, *Parisheka*, *Kabalagraha*, *Shirovasthi*etc are advised. Food processed with large quantity of milk and ghee are also included. As similar in *Ananthavata*, *Ahara* which is *Vatapithasamana* is explained. *Siravyadhana* is the main *sodhana* procedure mentioned here(7).

Case Study

A 64 year old lady with known history of HTN approached the OPD, presented with severe unilateral pain over right side of face since 8 years.

Chief Complaints and Associated Symptoms

The pain was twitching innature; over right temporal, frontal, cheeks, lower lid, jaw region. The jaw movements were restricted due to pain. It was brief but excruciating which comes in repeated flashes. The episodes of pain aggravates on exposure to cold, wind, on physical as well as mental exertion. During the episode, the pain triggers with chewing, yawning, brushing teeth, washing the face etc.

History of Present Illness

The patient was suffering from these symptoms since 8 years. She was consulted in a local hospital and

took an injection and some medicines for the same; attained temporary relief. Meanwhile hypertension was diagnosed and started medication. Initially these episodes were very brief and 2-3 times per week. As the patient was working in an ice factory, the heavy exposure of cold gradually increased the severity of symptoms. Thereafter patient underwent Homeopathic medication for 3 years and got mild relief. For further betterment she was admitted here for Ayurvedic management. Dental and neurological examination was done. Blood reports and CT scan of head and paranasal sinuses were normal.

General Examination

Weight – 62 kg
Height – 165 cm
Heart rate – 83/min
Pulse rate- 78 /min

Personal History

Diet – mixed (mostly non veg)
Appetite – good
Bowel – regular
Micturition – normal
Sleep - disturbed

Family History

No relevant family history

Investigations

Hb- 11.5gm%
ESR- 25 mm/hr
BP- 140/100mmHg

Diagnosis

Ananthavata (Trigeminal neuralgia)

Line of Management

1. *Deepana* with *Vaiswanara Churna*(8) - 3 days
2. *AcchaSnehapana* with *Rasnadasamoolagritham*(9) – *Uthamamatra*
3. *Abyanga*and *Swedana* 2 days
4. *Virechana* with *Gandharverandataila*- 25 ml with milk, morning 6 am
5. *Nasya* with *Varanadiksheeragritha*(10)
6. *Sirodharawith Mahanarayanataila*(11)
7. *Matravasthi* with *Dhanwantarammezhpakam*(12)
8. *Sirovasthi*with *Uthamatailam*(13)

The patient was instructed to avoid *Ratrijagarana*, cold exposure, cold intake, *Vatavardhakaahara*.

Observation & Result

The patient got moderate relief from the symptoms after the treatment. The effect of treatment maintained during the pathyakala. She had given *Rasnadasamoolagritha* 10 gm HS as discharge medicine. The follow up was taken after 6 months which showed that patient was free from the symptoms. Patient had not experienced such a pain since 4 years after the treatment. Symptoms graded with VAS scale from 0 - 10.

Table 1: Showing the results

Symptoms	BT	AT	FU 6	FU 1
Pain over face, temple, forehead	10	4	0	0
Restricted jaw opening	6	2	0	0
Pain over eyes	8	2	0	0

BT– Before Treatment; AT - After treatment; FU 6 - Follow up after 6 months; FU 1 - Follow up after 1 year

Discussion

As per Ayurveda classics, in *Sirorogadhyaya*, *visesharogas* like *Suryavartha*, *Ardhavabedaka*, *Ananthavata* etc are explained. All these are said to be *Sannipathika* according to Acharya Susrutha. While assessing the symptom, *Suryavartha* and *Ardhavabedaka* are found to be *Pithapradhanasannipathika* and *Ananthavata* is *Vatapradhanasannipathika*. Here in *Ananthavata*, most of the symptoms supports the involvement of vata. Increased *Rooksha* and *Sheethaguna* of *Vata* causes pain. *Chalaguna* of vata is deranged and causes *Hungraha* and *Gandaparswakampa*.

Here the patient had chronic history of indulgence in *Theekshnaushnaaharaseva*, heavy exposure to cold. Even though there is *Tridoshadushti*, the role of *Vata* and *Pitha* are more appreciable. The role of *Kapha* is negligible even though the disease situates in *Kaphasthana*. *Siravedha* is explained as main *Sodhana*. *Rakta moksha* causes temporary reduction of venous pressure and it further releases the pressure over trigeminal nerve and reduces pain. It can be performed in acute pain.

The *Chikitsa* aims mainly pacification of *Vata* with associated *Pittha*. After *Deepana*, *Pachana*, and *Dehasodhana*, *Sthanikachikitsa* done with *Varanadiksheeragrithanasya*. Patient got relief after *Nasya karma*. *Sirodharawas* done to attain *vatasamanatva* and *brimhana*. Ultimately *Vata* has to be tackled and the treatment will be complete only with *Sthanikasodhana* of *Vata* ie *Vasthikarma*. Hence the recurrence of the disease can be prevented.

Conclusion

Ayurvedic management has proved that it has a significant role, in reducing the symptoms of Trigeminal neuralgia as well as preventing the recurrence and complications.

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