

## TRIGEMINAL NEURALGIA: A CASE STUDY IN AYURVEDIC SETTINGS

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## ABSTRACT

Trigeminal neuralgia (TN) is a neuropathic pain syndrome which is characterized by critical unilateral paroxysmal facial pain. Attacks of pain are usually stimulated by tactile irritation within the part of the trigeminal nerve. TN pain typically relapses and remits, even when patients are taking conventionally treatments which results in a major source of disability and poor quality of life. We are here with reporting a case of trigeminal neuralgia in a 34 year old male patient. The possible understanding of the case in terms of *Ayurveda* and a therapeutic protocol with promising result has been discussed.

Keywords: - *Anantavata, Shiroroga, Trigeminal Neuralgia, Shirhshuladivajra ras.*

## INTRODUCTION

Trigeminal nerve is the largest of 12 cranial nerves. Trigeminal nerve (fifth cranial) provides sensation to the anterior half of the head and skin of the face<sup>1</sup>. Its motor part innervates the pterygoid masticatory muscles and masseter. There are three major branches of the nerve<sup>2</sup>;

1. Ophthalmic (V1): Sensory
2. Maxillary (V2): Sensory
3. Mandibular(V3): Sensory and motor

Trigeminal Neuralgia (TN) is defined as unilateral disorder characterized by brief electric shock such as pains which are abrupt in onset and termination, limited to the distribution of one or more divisions of the trigeminal nerve<sup>3</sup>. They occur spontaneously or with movement of affected area provoked

by speaking, chewing, or smiling. Another important characteristic feature is the presence of trigger zones, typically on the lips, face, or tongue, that trigger attacks; patients may report that tactile stimuli e.g. brushing the teeth, washing the face, or exposure to a draft of air – generate excruciating pain. Trigeminal neuralgia is relatively common, with an estimated yearly incidence of 4.5 per 100,000 individuals ~0.000045%. Middle-aged and aged persons are affected primarily, and 60% of cases occur in female. Onset is typically spontaneous, and tends to persist for weeks or months before remitting suddenly<sup>4</sup>. The exact pathophysiology is still not clear, but demyelination resulting to abnormal discharge in fibers of the trigeminal nerve is a probable cause. The reason of the pain

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usually is due to contact between a normal artery or vein and the trigeminal nerve at the base of your brain. This places pressure on the nerves as it goes to your brain and results in misfiring of nerve. Physical nerve damage or stress may be the initial trigger for trigeminal neuralgia. Although TN has been reported to be caused by a number of agents. Exposure of cold wind, stress, brain trauma, inadequate sleep, hormonal fluctuation before and after the menses, poisoning with lead or other chemicals, hyperglycemias (high blood sugar), certain antibiotics and anaesthetic agents. Trigeminal neuralgia affects women more often than men. The disorder is more likely to occur in people who are in their 50s. About 5% of people with TN have other family members with the disorder, which suggests a possible genetic cause in some cases. The most common adverse effects after minimal invasive approaches are paresthesia, weakness or paralysis of masseter muscles, facial sensory loss and rarely, loss of the corneal reflex. Here in, we report a female patient with TN who was intractable to previous treatment with carbamazepine, trigeminal nerve block and radiofrequency rhizotomy and was cured successfully by acupuncture. Avoid eating very cold, hot or spicy food which may ignite the pain. Eat nutritious meal, Increase intake of mushy food or liquify the food as some people may have difficulty in chewing. Drink liquid using a straw as this will avoid unnecessary contact of liquid with painful areas of mouth. Avoid triggers that may initiate painful attacks. If the pain is triggered by wind then wear a scarf, don't sit near the window. Prefer more fruits like apples, papayas, pears, peaches, kiwis. Limit intake

of tea and coffee, no soft drink, only fresh juices, not even preserved one, no junk, packed and fried foods, don't prefer outside just have healthy diet at home, no noodles, pasta, Maggie, biscuits of white flour etc.

**Case Report-** A 34 yr old male patient, presented with chief complaints of Headache, pain in right supraorbital region with tingling sensation, tearing eyes from last 6 years. The pain might typically get worse by following triggers: Chewing and drinking, shaving, brushing and gargling, touching the face, talking. No history of D.M., Hypertension, He took treatment in Delhi and was prescribed with modern medicine (Tablet carbamazepine 400mg BD and tablet gabapentin). He had taken medicine for 6 year but did not get permanent relief. His CT scan and MRI reports were normal then patients came to *Kayachikitsa* OPD of *Arogyashala* NIA on 8.8.15 (Reg. No. 27103122015) and wished to start *Ayurvedic* treatment.

**On general examination-**Vitals were within normal limit (B.P.- 110/80 mm of Hg, P.R.- 74/min Regular, R.R.- 18/min, Temp.- 98.4<sup>0</sup>F) , Pallor- absent, Icterus- absent, Cyanosis- absent, clubbing- absent, lymph node not enlarged, oedema- absent.

**Haematological reports** reveals that Hb% - 14.3 gm%, ESR-8 mm/hr, TLC, DLC and other haematological parameters were normal, renal parameters and blood sugar also within normal limits. The patient was administered certain combination of the drugs as per table no. 1 and changed accordingly of disease. Medicines were given continuously for 1 month.

1. Shirhashooladivajra rasa - 250 mg	} with Honey	250 mg
Sanjeevani vati - 250 mg		
Godanti bhasm - 500 mg		
Sootshekhar ras -		
	1 x 2 dose	

2. Navjeevan ras - 250 mg BD

3. Nasya - Badam rogan tail (2-2 drop each nostrils)

**Result-** Marked relief was found of pain in right supra-orbital region with moderate improvement in tearing eyes and headache. The condition of patient is improved comparing to before by regular consumption of Ayurvedic medications.

## DISCUSSION

Trigeminal neuralgia was considered as *Anantavata* in this case study. Ayurvedic classical texts have described 11 type of *Shiroroga's* (headache)<sup>5</sup>. In *Ananta Vata* there will be intense pain at *Manya* (carotid artery region), nape of the neck, twitching near cheeks, lock jaw and pathology of eyes<sup>6</sup>. Either *Vata Dosha* alone or *Vata* along with *Kapha* when gets aggravated, seizes half of the head, neck, etc brow, temple, ear, eye or forehead. The pain is very intense and agonizing.<sup>7</sup> Acharya Sushrutha mentioned it is a *Tridoshaja disease*<sup>8</sup>. According to Acharya Vagbhata opinion it is due to the vitiation of *Vata* alone<sup>9</sup>. *Shirhashooladivajra rasa* - It is a *Rasayana*. It contains *Shuddh Parad*, *Gandhak*, *Shuddh Guggul*, *Loha bhasma*, *Tamra bhasma*, *Trifla churna*, *Mulethi*, *Gokshur*, *Dashmool*. The effect Of *Guggul* acts on *Vata Dosha* and blood vessels. *Guggul* is best for *Vata Shaman* and all pains In body doesn't occur without *Vata Dosha*<sup>10</sup>. *Sanjeevani Vati* - It contains *Sunthi*, *Piplamool*, *Chitrak*, *Dalchini*, *Viavidang*, *Tezpatra*, *Javitri*, *Shuddh Kuchla*, *Shuddh Vatsanavh*, *Tamra bhasm*, *Kasturi*, *Malla*

*bhasm*. All diseases occurs due to "*Aama Dosha*". It digests *Aama Dosha*. Due to *Mandagani*, *Aama Sanchaya* in abdomen, *Shirhashool*, heaviness in abdomen and heads, restlessness occurs<sup>11</sup>.

*Sootshekhar ras* – It contains *Shuddh Parad*, *Gandhak*, *Swarn bhasm*, *Sunthi*, *Pipal*, *Suddha Dhatura*, *Suddha Tankan*, *Tamra bhasm*, *Dalchini*, *Tezpatra*, *Naagkeshar*, *Sankh bhasm*, *Kachur*. It controls *Prakupit Vata* and It destroys the diseases occurs due to *Pitta Vikrati*<sup>12</sup>.

*Godanti bhasm* – It is cold in nature. So, it is preferred in the treatment of *Pitta* imbalance disorders. The main action of *Godanti bhasm* is on brain, blood vessels and lungs. It reduces headache and it is beneficial in migraine and trigeminal neuralgia<sup>13</sup>.

*Navjeevan rasa* –It contains *Shuddh Kuchala*, *Loha bhasma*, *Trikatu*, *Ras sindoor*. It gives the human a new life (*Navjeevan*). It is *Dipak* and *Aama Pachak*. It benefits in *vatikshool* and *Shirhashool*<sup>14</sup>.

*Badam rogan tail nasya*- The procedure of *Nasya karma* includes cleansing the head from any morbid *Dosha* by way of administering the medicine through the nasal route because nose is the doorway of head. This therapy is very beneficial; all the channels of head are getting clean and open through *Nasya karma*. It eliminates *Aama* and toxins from the nose, mouth, ears, eyes and paranasal sinuses. *Nasya* is used for dry nasal passages as well as common cold, sinus

congestion, allergies, allergic rhinitis and chronic sinusitis. *Nasya* helps in healing problems associated with ear and eye such as itching and watery eyes, hearing loss and tinnitus, glaucoma, conjunctivitis as well as loss of sense of smell. After seeing all the benefits of *nasya*, we started using *Badam rogan* in *nasya*. They are used in *Vata vikar*.

### CONCLUSION

On the basis of this single case study it can be concluded that *Ayurvedic* treatments like *Shirahashooladivajra rasa*, *Godanti basma*, *Badam rogan tail nasya*, *Navjeevan rasa*, has been effective in the management of Trigeminal neuralgia.

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