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A CASE REPORT ON AYURVEDIC MANAGEMENT OF TRIGEMINAL NEURALGIA WITH RESPECT TO ANANTHAVATA

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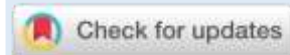

ABSTRACT

Trigeminal neuralgia is a distinctive facial pain syndrome characterized by severe electric shock-like pain in one or more branches of the trigeminal nerve. It is also known as tic douloureux as it is often accompanied by facial spasms or tic. The treatment includes anticonvulsants, antidepressant medicines, and other surgical measures. According to Ayurvedic classics it can be considered as *Ananthavata*. *Ananthavata* is a *Sannipathika siroroga*. The main treatment principles are *Siravyadha* and *Vatapittahara* measures. The primary objective of this paper is to discuss the action of Ayurvedic management in trigeminal neuralgia with the support of a clinical case. Ayurvedic treatments can significantly reduce the severity and recurrence of symptoms.

Key words: *Ananthavata, Trigeminal neuralgia*

INTRODUCTION

Trigeminal neuralgia (TN), also known as prosopalgia, tic douloureux, suicide disease, or fothergill's disease is a neuropathic disorder affecting one or more branches of the trigeminal nerve. TN can have a significant negative impact on a person's quality of life, resulting in problems such as seclusion, weight loss, and depression (2). TN has an incidence of 4–5/100,000 of the population. It is nearly twice as common in women, and the incidence increases with age to around 1 in 1000 patients older than 75

years[3]. The mandibular nerve is involved in most cases (56.9%), followed by the maxillary nerve (42%). The right side of the face (57.1%) is more involved than the left side (38.8%).TN was more prevalent (52.4%) in rural populations than in urban populations (47.6%)[4]. The exact pathophysiology of trigeminal neuralgia remains controversial. It can be classified based on etiology as primary (idiopathic or classic) and secondary (symptomatic). In 85% of cases, no structural lesion is present. Vascular compression, typically venous or arterial loops at the trigeminal nerve entry into the pons, is critical to the pathogenesis of the idiopathic variety. Aneurysms, tumors, chronic meningeal inflammation, or other lesions may irritate trigeminal nerve roots along the pons causing symptomatic trigeminal neuralgia[5]. The disease can be diagnosed clinically by accessing the nature of pain. The imaging technique is useful to rule out secondary types. Treatment of TN comprises pharmacologic therapy, percutaneous procedures (percutaneous retrogasserian glycerol rhizotomy), surgery (microvascular decompression), and radiation therapy (gamma knife surgery). Pharmacologic therapy includes Carbamazepine, Lamotrigine, baclofen, and Gabapentin. The action of Ayurvedic management in trigeminal neuralgia with the support of a clinical case is discussed here.

CASE REPORT

Presenting complaint: A 56-year-old male patient presented with an electric shock-like pain over the right cheek radiating to the lateral canthus of the right eye for 5 years.

History of present illness

Initially, he developed symptoms while riding a motorcycle. For that, he consulted a dentist and took some medicines. In the course of time, the frequency and severity of pain was increased. The pain lasted for a few seconds and had 3 to 4 attacks per month. For that, he consulted an Allopathic hospital in Tamil Nadu and was diagnosed to be a case of Trigeminal neuralgia with involvement of maxillary division. The pain episodes were under control for 4 years with Carbamazepine medication. During that time pain was triggered by exposure to cold wind, cold applications, and chewing hard substances. Later on, the episodes of pain were triggered by chewing, yawning, brushing, shaving, and washing the face. For the past 1 month, the severity of the disease got worsened, and was unable to wash and brush teeth and there were 10 to 30 attacks per month. Also, he developed severe giddiness and nausea while taking Carbamazepine medication. Considering these comorbidities, microvascular decompression surgery was advised. As the patient was not willing to do surgery, he came for Ayurvedic management.

Examination findings: Blood parameters were within normal limits. Dental and neurological examination, CT of the brain and paranasal sinuses were normal.

AYURVEDIC ASPECTS

As per Ayurvedic classics, it can be correlated with *Ananthavata* explained by *Acharya Susruta*. In *Ananthavata, Sannipathika dosha dushti* occurs at *Manya pradesa* (neck region) and produces a severe excruciating type of pain in the neck, eyes, eyebrows, and temple region. It also produces *Hanugraha* (lock jaw), *Netraroga* (diseases of the eye) and *Gandaparswakampam* (spasms of facial muscles)[6]. Analysing the *Nidanas* like the nature of his job (ice plant worker), daily late-night bath, loss of sleep, uncontrolled use of alcohol, and increased intake of *Lavana* and *Amla rasa* predominant food might had led to *Vata* and *Pitta dosha prakopa*. The *prakupitha vata* and *pitta* along with *rakta* affect the *Shirogata siras* and result in subsequent *Dhathukshaya*[7]. The main treatment for *Ananthavata* is *Siravyadha* and the food should be *Vatapittahara* in nature[8].

Line of management: The treatment principle is *Srothosodhana, Vatanulomana, Pittasamana,* and *Brimhana*.

Internal medicines

1. *Dhanadanayanadi Kashaya* 90 ml bd
2. *Ashtavargam Kashaya* as *Paneeya* preparation

Procedures

1. *Vicharana snehapanam* with *Jeevaneeya ghritham* for 5 days

2. *Shirolepanam* with *Dasamoola Choornam* and *triphala choornam* for 5 days
3. *Abhyangam* with *Masha tailam* and *Ushma sweda* for 3 days
4. *Virechanam* with *Eranda taila* 30 ml at 6 am
5. *Marsha nasyam* with *Varanadiksheera ghrita* 20 drops for 7 days at 7 am
6. *Abhyangam* with *Karpooradi tailam* and *Ksheera dhooma* as pre -procedure of *Nasya*
7. *Dhoomapanam* with *Haridravarthi* and *Gandoosham* with *Yashti kashaya* as post-procedure of nasya
8. *Jalookavacharanam* -Both foreheads – 3 sittings
9. *Mukha lepam* with *Dasamoola choornam* in *Dasamoola kashaya*
10. *Dasamoola ksheera dhara* for 7 days at 3 pm
11. *Rajayapana vasthi* for 3 days.

Advice on discharge

1. *Rasnadasamoola ghritha* 5 gm at night with milk
2. *Prathimarsha nasya* with *Dhanwantharam 21 avarthy* 3 drops at 3 pm
3. *Dhanwantharam tailam* for scalp application

Advised to follow *Pathya aharas*, and avoid exposure to cold wind and *Ratrijagarana.*

Observation and Results

Mukhalepanam can't be done for the initial days of treatment as it augmented the episodic pain. After *Kayasodhana* and *Nasya*, *Mukhalepanam* was done for 15 minutes and gradually increased the duration to 30 minutes. 10-point VAS scoring was recorded during the treatment and follow-up period.

Table No 1

BT	AK	AN	AJ	AD	AT	FU1	FU6	FU12
10	5	4	3	1	1	0	1	0

*BT- Before Treatment, *AK-After *Kayasodhana*, *AN- After *Nasya*, *AJ- After *Jalookavachara*, *AD- After *Dasamoolaksheera dhara*, *AT- After Treatment, *FU1- After 1 month follow up, *FU6- After 6 months of follow up, *FU12- After 12 months of follow up.

DISCUSSION

Jeevaneeya gana was selected for *Vicharana snehapana* as it is *Vata, Pittahara* and *Raktaprasadana*. *Dasmoola choorna* was used for *Lepanam* because of the *Vatahara* and *Sodhahara* properties. Considering the *Dhatukshaya avastha*, *Rajayapana vasthi* was opted. After the treatment, the patient was able to wash his face and brush his teeth using his fingers. After 1 month of follow-up, he had no episodes of pain. After 6 months he had 2 episodes of pain and took 10 days of IP management which included *Jalookavacharana* and *Dasamoolaksheera dhara.* Another follow-up was done after 6 months and the patient had no episodes of pain and was asymptomatic.

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