

AYURVEDIC INTERVENTION IN THE MANAGEMENT OF TRIGEMINAL NEURALGIA w.s.r ANANTAVATA: A CASE STUDY

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ABSTRACT

Trigeminal Neuralgia is considered as the most excruciating painful condition known to mankind. Due to sharp, intense and stabbing nature of pain sufferers called it as 'suicide disease.' Even after the availability of newer medicines along with surgical advancement coupled with novel techniques, there is lack of promising results against this ailment. Moreover, use of the drugs like anti depressants, anti convulsants and analgesics lead to various side effects. The aim of the study is to evaluate the effect of Ayurvedic treatment in the management of Trigeminal Neuralgia. Ayurvedic classics mentioned this similar condition as *Anantavata*, one of the *Shiroroga* which is *Vata Pradhana Sannipatik* in nature. A 42 years old male patient visited OPD of *Shalakyatantra*, IPGT & RA hospital on 25.07.2017 with complaints of repeated unilateral sharp lancinating pain on right side of face for brief duration and restricted jaw movement since 2 years. He consulted with a neurosurgeon and was advised for surgery. But he did not want to undergo surgical intervention. Treatment was given with *Nasya*, *Karnapoorana*, *Nadisweda*, *Shiropichu* followed by *Shamana Aushadhis* like *Aswagandhyadi Ghreeta*, *Yogaraja Guggul* and *Vatagajankusha Rasa*. Marked relief was found in symptoms after 1 month of treatment. The combination of therapy showed excellent result in reducing the recurrence of pain. Ayurvedic treatment can prove to be an effective alternative, a non invasive safe therapy in the management of Trigeminal Neuralgia.

Keywords: Trigeminal Neuralgia, *Anantavata*, *Nasya*, *Karnapoorana*, *Shamana Aushadhi*.

INTRODUCTION

Trigeminal Neuralgia (TN), also called *tic douloureux*, is a chronic pain condition that affects the trigeminal or 5th cranial nerve, one of the most widely distributed nerves in the head. It is a common condition with an incidence of 5.7 per 10,000 women and 2.5 per 10,000 men. The most commonly affected subjects are in the 50-70 year age group¹,

although the actual figure may be significantly higher due to frequent misdiagnosis.

Trigeminal Neuralgia is a neuropathic pain disorder which exact cause is unknown. There are some instances when the nerve can be compressed by nearby blood vessels, aneurysms or tumors. Living with trigeminal neuralgia can be very difficult. It can have a significant impact on a person's quality of

life, resulting in problems such as weight loss, isolation and depression².

The trigeminal nerve has three branches that conduct sensations from the upper, middle and lower portions of the face, as well as oral cavity to the brain. The Ophthalmic or upper branch supplies sensation to the most of the scalp, forehead and front of the head. The maxillary or middle branch stimulates the cheek, upper jaw, upper lip, teeth and gums and to the side of the nose. The mandibular or lower branch supplies nerves to the lower jaw, teeth and gums and lower lip. In Trigeminal Neuralgia (TN) one or more branches are affected and usually unilateral³.

The 'typical' or 'classic' form of the disorder (Type 1 or TN1) causes extreme, sporadic sudden burning or shock like facial pain that lasts anywhere from a few seconds to as long as two minutes per episode. The 'atypical' form of the disorder (Type 2 or TN 2), is characterized by constant aching, burning, stabbing pain of somewhat lower intensity than Type 1. The pain is aggravated during shaving, washing face, brushing teeth, eating, chewing, talking or being exposed to wind⁴.

In Modern Science, Number of medicines used to control the pain of Trigeminal Neuralgia like Carbamazepine, Phenytoin, Gabapentine and Clonazipum. But prolong use of these drugs cause side effects drowsiness, diplopia, nausea, ataxia etc. Other treatment modalities are peripheral neurectomy, gasserian ganglion injection, intracranial decompression of trigeminal ganglion etc. But these treatment modalities show unsatisfactory results against this ailment.

In *Ayurveda*, Trigeminal Neuralgia can be correlated with *Anantavata*, one among the 11 types of *ShiroRoga* having similar clinical presentations⁵.

TREATMENT:

Both *Shodhana* and *Shamana Chikitsa* were given to the patient.

Procedure	Drugs used	Duration	Dosage
<i>Nasya</i>	<i>Brihat Dashamoola Taila</i>	7 days	6 drops in each nostril

The present study is an attempt to evaluate the efficacy of Ayurvedic treatment modalities in the management of Trigeminal Neuralgia.

MATERIALS AND METHOD:

CASE HISTORY:

A 42 years old male patient, shop keeper by profession, has visited OPD of *Shalakyatantra*, IPGT & RA hospital on 25.07.2017 with complaints of recurrent electric shock like pain over right side of face for last 2 years. According to patient, initially the sharp lancinating pain occurred two to three times in a week which persists for 2-3 minutes. But gradually the duration and frequency both were increased. Now the patient also suffering from restricted jaw movement for six months. The attacks of pain were typically triggered during the time of chewing, shaving, washing mouth and smiling and during night time. His MRI of brain report showed superior cerebellar arteries impinging bilateral trigeminal nerves. Before attending the OPD of IPGT & RA Hospital, he consulted with a Neurosurgeon and was taking medicine for 2 years. But he did not get any relief in signs and symptoms and gradually his condition become worsen. At last, he was advised for surgery. But the patient was not willing to undergo surgery and visited this hospital for taking Ayurvedic treatment.

PERSONAL HISTORY:

Diet-Vegetarian, Appetite- Moderate, Bowel- Regular, Micturation: Normal, Sleep- Disturbed, fatigue on awakening, Addiction- No.

INVESTIGATIONS:

Hb%-16.8 gm/dL, TC- 7600/cumm, ESR – 02mm/hr
FBS- 87mg/dL, PPBS- 108mg/dL, S. Creat.-1.4 mg/dL, S. Urea- 23 mg/dL

<i>Karnapoorana</i>	<i>Ksheer Bala Taila</i>	21 days	15 drops in each ear
<i>Shiropichu</i>	<i>Bala Taila</i>	15 days	10 ml BD
<i>Nadisweda</i>	<i>Rasnasaptaka Kwath</i>	10 days	10 ml BD

INTERNAL MEDICATION:

1. *Amapachana Vati* : 2 Pill BD after meal
2. *Aswagandhyadi Ghreeta*: 10 ml BD
Anupana: Luke warm water
3. *Erandabhrista Haritaki*: 10 gm at HS
4. *Yogaraj Guggul*: 2 pill BD
Anupana: Luke warm water
5. *Vatagajankush Rasa*: 2 pill BD

RESULTS AND DISCUSSION

After one month of treatment, patient got relief in intensity and duration of pain. Patient was followed up for two months. During that period frequency of pain was decreased. Jaw movement was 50% improved after complete course of treatment. As per Ayurvedic classics, special *Shiro Rogas* like *Suryavarta*, *Ardhavabhedaka*, *Anantavata* are mainly *Sannipataja* disease. The symptoms like pain and restricted jaw movement in *Anantavata* are correlated with the symptoms of Trigeminal Neuralgia. *Anantavata* is considered as *Vata pradhana Sannipatik* disease. So, for the present study *Vatashamaka* treatment was given for reducing the pain. *Bhrihat Dashamoola Taila* having *Snigdha*, *Guru Guna*, *Madhura*, *Lavana Rasa*, *Madhura Vipaka*, *Ushna Veerya* which pacifies *Vata Dosha* (main factor for all types of pain). *Ksheerbala Taila* having *Vatashamaka* properties so pacifies pain and inflammation. *Karnapoorana* by local *Snehana* effect gives benefits of *Rasayana* and nourishes the nervous tissues. *Shiropichu* with *Bala Taila* controls vitiated *Doshas* in the head, soothes *Marmas*, improve blood supply and nutrition to brain, relaxes and revitalizes the central nervous system. *Nadisweda* having *Srotosodhana* and *Doshanulamana* properties and also improves blood circulation locally and reduces stiffness and pain. Internal medicines possess *Doshashamaka* properties.

CONCLUSION

Proper *Srotosodhana* and *Doshanulamana* therapies had shown significant improvement in relieving the condition. Study on a larger number of samples to draw more concrete conclusions. Awareness should be created for the role of *Ayurveda* in such type of diseases especially concerned with *Ayurveda* where modern medicine has limited role.

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