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Ayurvedic understanding and management of Trigeminal Neuralgia w.s.r. to *Anantavaata* - A Case Study

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ABSTRACT

Trigeminal Neuralgia is one of the painful disorders involving fifth cranial nerve, causes severe unilateral pain over regions supplied by the branches of trigeminal nerve associated with tempero mandibular joint stiffness. Trigeminal neuralgia nearly can be correlated to *Anantavaata*, one of the 11 types of *Shirorogas* explained by *Acharya Sushruta* and is *Vaatapradhaana Tridoshaja Vyadhi*. Present study is conducted to know the efficacy of ayurvedic line of management in TN. A female patient of age 46 years, diagnosed with Trigeminal Neuralgia was treated with allopathy medications. But did not get satisfactory results. Hence patient approached our hospital and got *Vaatahara* and *Brihmana* line of management involving *Nasya* with *Karpasasthyaadi Taila* for 7 days, *Shiropichu* and *Karnapoorana* with *Ksheerabala Taila*, *Gandoosha* with *Murchita Tila Taila* and oral medications. Patient's complaints were assessed before and after treatment with VAS pain scale and verbal descriptor scale for TMJ stiffness After Follow up patient had got relieved with the complaints and got satisfactory results with ayurvedic line of management.

Key words: Trigeminal Neuralgia, Anantavaata, Nasya, Shiropichu, Karnapoorana, Case study

INTRODUCTION

Trigeminal Neuralgia is a chronic painful condition affecting fifth CN, characterized by intense unilateral facial pain that lasts for few minutes to several hours. According to the International Headache Society, it is defined as the unilateral facial 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.^[1] It has a slightly higher incidence for women compared with men and is a common condition with the incidence of 5.7 per 10,000 women and 2.5 per 10,000 men.^[2]

Trigeminal Nerve is having 3 divisions, upper Ophthalmic branch supplying scalp, forehead and front of the head, middle Maxillary branch supplying the cheek, upper jaw, upper lip, teeth and gums and to the side of the nose and lower Mandibular branch supplying the lower jaw, lower lip, teeth and gums.

There are two types of trigeminal neuralgia namely, Typical or Type 1

TN which is characterized by extreme, sporadic, sudden, burning or shock like facial pain that lasts for few seconds to few hours per episode. ATYPICAL OR TYPE 2 TN characterized by constant aching, burning,

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stabbing pain of somewhat lower intensity than TYPE 1.^[3] Pain is triggered by shaving, washing face, brushing teeth, eating, chewing, talking or being exposed to wind. Pain usually starts from retro auricular region and spreads towards orbit, ear or to the chin.

Common medications used to control the pain of trigeminal neuralgia are Carbamazepine, Phenytoin, Gabapentine and Clonazepam. Initial side effects of these are drowsiness, nausea,

Dizziness, diplopia, 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. Living with trigeminal neuralgia can be very difficult. It can have a significant impact on a person's quality of life.

In Ayurveda, Trigeminal Neuralgia can be correlated with *Anantavata*, one among the 11 types of *Shiroroga* having similar clinical presentations.^[4] All conditions which can cause pain over the head are included in *Shiroroga*. The symptoms and pathogenesis of *Ananthavaata* explained by the *Acharya Sushruta* has close proximity with Trigeminal Neuralgia. *Anantavata* where *Ananta* means endless with the involvement of severe pain of eyes, temples and jaws. The term *Vata* indicates predominant involvement of *Vata Dosha*. Firstly there will be involvement of *Tridoshas*, starts irritating the *Manya Nadis* producing severe pain at the back of neck. *Doshas* get lodged in the eyes, jaws and temples leading to pulsation of upper jaw. Finally leading to lock jaw and stiffness of neck and many ocular disorders.^[5] The present case study is an attempt to evaluate the efficacy of Ayurvedic treatment modalities in the management of *Anantavaata* with *Vaatahara* and *Brihmana* line of treatment.

AIMS AND OBJECTIVES

To evaluate the efficacy of Ayurvedic Management of *Anantavata* Case w.s.r to Trigeminal Neuralgia.

MATERIALS AND METHODS

A 46-year-old female patient of *Anantavaata* was selected from the OPD, Department of PG Studies in *Shalakyta Tantra*, Shri Jayachamarajendra Institute of Indian Medicine, Bengaluru.

Chief Complaints and Associated Complaints

A 46-year-old female patient c/o twitching type excruciating pain over Right temporal region, right cheek, right side of forehead and face associated with stiffness of temporo mandibular joint.

Case History and Present Illness

A female patient of age 46 years was apparently healthy 2½ years back. Gradually she started developing pain over the right sided face over the temporal region, which was radiating to cheek, right side of the forehead, right side of the nose associated with stiffness of TMJ. Pain was excruciating, twitching type, with 10 to 12 episodes in a day, each episode persisting for 2 to 3 minutes. Pain was triggered and aggravates by chewing, cold weather, yawning, as well as due to physical and mental stress. Initially patient was taking painkiller medicines on self, when the pain was severe went to allopathy doctor and took contemporary medications like Tab. Tegrital 100mg OD and Tab Liofen 5mg OD for 30 days. Then symptoms got relieved for next 6 months. But again, since last 2 months same complaints aggravated with increased frequency and duration. This time patient came to our hospital for Ayurvedic treatment.

Past History: Nothing Specific

Personal History

- Appetite: Good
- Bowel: Clear
- Micturition: Clear
- Sleep: Reduced due to severity of pain

Family History: Nothing Specific

Investigations

CBC: WNL

X Ray Paranasal Sinuses: Normal

CT Brain: Normal

Diagnosis: Anantavaata

Treatment Given

1. *Sadyovirechana - Gandharvahastaadi Eranda Taila* - 20ml HS with 50ml Milk - 1st day
2. *Nasya - Karpasasthyaadi Taila* - 8 drops/nostril - 7 Days
3. *Karnapoorana - Ksheerabala Taila* - 2ml /EAC - 5 Days
4. *Shiropichu - Ksheerabala Taila* - Q.S - 5 Days
5. *Gandoosha Murchita - Tila Taila* - Q.S - 5 Days

Oral Medications

Oral medicines were given for 15 days. They are

1. *Panchamruta Loha Guggulu* 1tab BD, AF
2. *Cap. Ksheera Bala 101* 1tab BD, AF
3. *Ashtawarga Kashaya* 3tsp , BD AF
4. *Ksheerabala 101 Avartita Taila*, 4drops with 100ml Milk, empty Stomach

OBSERVATIONS AND RESULTS

Patient was asked to follow up after 15 days of oral medicines intake. On the day of follow up patient was moderately relieved from the above said complaints. Then again with the continuation of same oral medications patient had asked to follow up again after 30 days. During these 30 days patient had not got a single episode of pain and the symptoms were also significantly reduced. Pain was graded according to VAS scale. Stiffness of tempero mandibular joint was also reduced to 90%. (Table 1)

DISCUSSION

Anantavaavata is a *Vaatapradhana Tridoshaja Shiroroga*, whose complaints can be nearly correlated to the symptoms of Trigeminal Neuralgia. *Acharya Sushruta* has mentioned 11 *Shirorogas*, among them *Ardhavabhedaka* and *Anantavaata* is having half sided headache as chief complaint, only difference is *Ardhavabhedaka* is *Pittapradhana* and *Anantavaata* is

Vaatapradhana. Presently, patient's complaints are *Vaatapradhana*. Hence *Vaatahara* and *Brihmana* line of treatment was adopted. *Shodhana* is the primary line of treatment to every disease.^[6] Hence, firstly accumulated vitiated Doshas are expelled out by *Sadyovirechana* with *Gandharvahastaadi Eranda Taila* which is *Vaatahara* and *Deepana* in nature. *Nasya* is the important line of treatment for *Urdhwajatrugata Rogas* as it is the doorway to *Shiras*.^[7] Hence *Nasya* with *Karpasasthyadi Taila* was done for 7 days. *Karpasasthyadi Taila* ^[8] is having *Balya, Guru, Snigdha and Ushna Guna*, helps in mitigating the *Vaata Dosha*.

After *Nasya, Karnapoorana and Shiropichu* which are basically *Vaatahara* in nature are adopted with *Ksheerabala Taila*. *Ksheerabala Taila* ^[9] is having *Guru, Sheeta, Snigdha Gunas* and is *Brihmana and Vaatapittahara*. Since there will be pain and stiffness over tempero mandibular region, and *Karnapoorana* is one of the *Vaatahara* and *Balya* procedure which acts not only on the *Karna*, also around the ear involving Temporal region and Mandibular region, hence helpful in relieving the pain. *Shiropichu* is one of the *Snehana* and *Vaatahara* treatment modalities to many of the *Shirorogas* helpful in subsiding the severity of pain. *Gandoosha* is helpful in relieving the stiffness of TMJ and *Tila taila* is *Ushna, Snigdha and Vaatahara* helps in reducing the stiffness when used as *Gandoosha*. *Panchamruta Loha Guggulu* ^[10] was given which helps as analgesic and nervine tonic nourishes the Trigeminal Nerve. *Ashtavarga Kashaya*^[11] also helps by acting as analgesic, muscle relaxant on the muscles supplied by fifth CN and also reduces stiffness of TMJ. *Ksheerabala Taila* and KB 101 capsules containing *Bala* is *Guru, Snigdha and Sheeta* and acts as *Brihmana* and *Vaatahara*.

CONCLUSION

In the present case *Vaatahara* and *Brihmana* line of treatment has relieved the 80% of the symptoms and without any side effects of the Ayurvedic medicines. Oral medications and *Panchakarma* procedures are having significant role. Hence there is need to implement the Ayurvedic medicines in larger samples of the disease to draw a concrete conclusion.

Table 1: Effect of therapy on symptoms

SN	Clinical Features	Grading Scale Adopted	Before Treatment	After Treatment	After Follow Up
1.	Pain	VAS Scale	8	5	1
2.	TMJ Stiffness	Verbal Descriptor Scale	3	2	1

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