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Ayurvedic management of Trigeminal neuralgia by Jalauka Avacharana - An Experience

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ABSTRACT

Trigeminal neuralgia is neuropathic pain causes intense, stabbing pain throughout the face. Attacks can be sudden, come without warning, and make it difficult or impossible to perform normal activities. It was once considered a suicidal disease. The condition is managed through various medications and surgical procedures. Carbamazepine is the drug of choice. If medicines are not effective or side effects are intolerable then surgery is the choice. But it is associated with complications in most cases after surgery and also pain episodes may recur after some years. Recently LASERs are used as adjunctive in the treatment of trigeminal neuralgia for reduction of pain intensity. In Ayurveda it can be correlated with *Ananta Vata* and plays important role in management and for better quality of life. In Ayurveda *Jalauka* is the best treatment modality for pain management and stopping recurrence of disease and being healthy ever. A male patient of age 60 years, diagnosed with Trigeminal Neuralgia was treated with allopathy medications. But did not get satisfactory results. Hence patient approached our centre and got the improvement provided by the therapy was assessed on the basis of signs and symptoms before and after the treatment. The therapy was found safe and effective in controlling signs and symptoms and improving the overall condition of trigeminal neuralgia.

Key words: *Ananta Vata, Jalauka, Trigeminal Neuralgia*

INTRODUCTION

Trigeminal Neuralgia is a neuropathic disorder characterized by episodes of intense pain in the face, originating from the trigeminal nerve. It has been described as among the most painful conditions known to humankind.^[1] Trigeminal neuralgia is a cranial nerve disorder that affects the trigeminal nerve, which carries sensations from your face to your brain. Patients experience intense, stabbing pain throughout

the face. Because the pain can occur so suddenly, without warning, and be so severe, many sufferers experience a poor quality of life. Thus, the main treatment for trigeminal neuralgia is Micro Vascular Decompression which doesn't have a high success rate and thus there is a need of the hour to develop a treatment protocol for the same According to *Acharya Susruta*, *Ananta Vata* is considered as one among the 11 *Shirorogas* mentioned by *Acharya Susruta*. *Ananta Vata* is characterized by severe excruciating kind of pain especially in the regions around the eyes, eye brow, temple region of the head and in and around the region of cheeks, which is mainly supplied by the trigeminal nerves. Thus, by seeing the symptoms we can correlate it with trigeminal neuralgia. The subject will also experience tremors around the maxillary area along with lock jaw like symptoms and it affects the vision also 1.^[2] The trigeminal nerve is a paired cranial nerve that has three major branches: the ophthalmic nerve (V1), the maxillary nerve (V2), and the mandibular nerve (V3). One, two, or all three branches

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of the nerve may be affected. 10-12% of cases are bilateral (occurring on both the left and right sides of the face). Trigeminal neuralgia most commonly involves the middle branch (the maxillary nerve or V2) and lower branch (mandibular nerve or V3) of the trigeminal nerve.^[3] *Ananta Vata* is caused by *Vata* predominant *Tridosha's*.

CASE REPORT

A 60-year-old male patient came to Outpatient department of Ocean Healing Centre, Karnal, Haryana, with complaints of electric shock like pain over face, restricted opening of mouth since 3 years and pain last for 1-2 minute. Frequency of pain was like 2-3 attack in a week and attack was more during day time due to sunlight. Sometimes even mild stimulation from everyday activities like eating, brushing teeth, shaving, or applying makeup trigger a painful attack.

History of present illness

The patient was apparently normal before 3 years. Gradually he developed the symptoms like attack facial pain, eye pain along with restricted movement of jaw and pain last for 1-2 min. He also had undergone allopathic treatment but got no relief. There was no relevant past history was found and also no member of family had such illness.

Personal Habits

Aahar - Vegetarian, bhajiya, samosa, dhokla, curd, milkshake.

Vihar - Keeping awake at night

Bowel Pattern - Normal stool, 1 time/2day

Micturation - 5-6 times in day, 0-1 time/night

Occupation - Farmer

Clinical Finding

The case was subsequently reported on 21/01/23 in OPD of Ocean Healing Centre, Karnal, Haryana for the management. Blood pressure was 110/80 mm/hg, Pulse: 70/min, Tongue was Coated. On neurological examination, speech and higher mental function were normal. All cranial nerves were normal. On motor examination, bulk, tone, power and coordination of

arms and legs were normal bilaterally. All laboratory and biochemical investigation were normal.

Diagnostic Assessment

The patient was known case of trigeminal neuralgia as it is confirmed by characteristic of pain like electric shock like pain over face with burning sensation and episodes of pain mostly came at day time. Patient is unable to tolerate sunlight as pain starts, which is classical symptom of trigeminal neuralgia.

Treatment Plan

Jalaukaavacharana is done on 23/01/2023 on face with proper aseptic condition. After 1st sitting of *jalaukaavacharana*, patients feels better and till next sitting patient didn't face a single attack of pain. At interval of 7 days three sitting of *Jalauka avacharana* were done.

Therapeutic intervention and timeline adopted

Table 1:

Seating no.	Procedure	Interval	Duration	Site
1.	<i>Jalauka avacharana</i>	1 st sitting on 23/01/23	45 min.	Right sided face above angle of mouth (affected area)
2.	<i>Jalauka avacharana</i>	2 nd sitting (after 7 day interval) on 30/01/23	40 min.	Right sided face above angle of mouth (affected area)
3.	<i>Jalauka avacharana</i>	3 rd sitting (after 7 day interval) on 6/02/23	30 min.	Right sided face above angle of mouth (affected area)

Procedure

The patient was made lie down, a site of severe pain was selected and affected area was washed with

antiseptic solution and pricked with needle. The selected leech was kept over the affected area that is over right side of face 3 cm away from angle of mouth and suck the blood and retained with soft white, moist cotton cloth was kept over it. With the appearance of pricking pain and itching at the site of bite, it was understood that leech is sucking pure blood, then it should be removed by sprinkling turmeric over its mouth.

Post therapy procedure - At the site, turmeric is applied to arrest the bleeding.



Follow Up and Outcome

Follow up was done for one month at interval of 15 days. There was no pain during this period. He got complete relief from Trigeminal symptoms. Advised the patient for proper diet and lifestyle modification. No recurrence of Trigeminal pain up to follow up period.

DISCUSSION

Trigeminal neuralgia is a neurological disease in which irritation or pressure on the trigeminal nerve pathway cause electric shock like pain in the cheek, eyes. The pain is mostly unilateral. Symptoms of trigeminal neuralgia has similarity with *Anantvata* in Ayurveda. According to *Acharya Sushrut*, *Tridosha* get aggravated together and produce pain in the nape of neck, eyes, temples, and throbbing pain at sides of cheeks, restricted movement of jaw. In the treatment of *Anantavata* has written, treatment line would be same likes *Suryavarta* and *Siravedhana*. Leech therapy, mentioned as "*Jalaukavacharan*" in Ayurveda (Hirudotherapy), was used for "blood-letting" and

"purification", believed to cure a variety of ailments such as gout, skin diseases, blood disorders, alopecia, filariasis, headaches, nervous problems etc., The exact mechanisms through which leech therapy may exert analgesic effect(s) are not well understood. Besides of a possible placebo effect, leech therapy may exert some direct anti-inflammatory and pain-killing effects through the components of the leech saliva. Platelet derived growth factor (PGF) is assumed to play an important role in producing the signals of neuropathic pain. Also, the role of thrombin in pain-control mechanisms is suggested by some researchers, while Hirudin itself exerts some anti-inflammatory effects by inhibiting thrombin.^[4] Leech remove vitiated blood so act like microvascular decompression and also cause anesthetic action. Considering far advanced methods of treatment available nowadays, this mode of therapy may look redundant. However, in medically high-risk/aged patients and those reluctant to undergo surgery, less aggressive treatments including leech therapy can be assumed as a solution. Further studies to evaluate effectiveness of leech therapy in Trigeminal neuralgia is warranted.

CONCLUSION

This study shows that *Jalaukavacharan* has efficacy to reduce pain. The leech therapy showed statistically highly significant results in various sign and symptoms of TN that include fascial pain, pain over eye and restricted movement of jaw.

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