

Ayurveda Treatment Protocol in the Management of *Anantavata* (Trigeminal Neuralgia)- A Case Study

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Abstract:

Trigeminal neuralgia is considered as most severe stabbing painful condition. Due to sharp and intense nature of pain sufferers called as 'suicide disease'. The management of trigeminal neuralgia includes anticonvulsants, tricyclic antidepressants drugs and other surgical measures. As per *Ayurvedic* classics this condition has close similarity with the disease *Anantvata* which is *Vatapredominant Sannipatika* in nature. A 34 years female patient visited OPD of Shalakyta Tantra, IPGT&RA hospital on 14/06/2018 with complaints of severe jabbing, twitching pain at left half of maxillary and mandibular region associated with irritation since 2 years. The pain aggravates by face wash with soap, cold winds and especially in morning and night hours. She consulted local hospital and started the treatment but didn't have satisfactory relief. We started Ayurveda medication *Rasnasaptaka Kwatha* (20ml, BD), *Abha Guggulu* (2 tab, TDS) and *Pipallimoola Churna* (1tsp, BD) with the *anupana* of jaggery. During whole course of medication patient was instructed to avoid cold winds, cold exposure, washing face with soap, *Vatavardhaka Aahara*. Marked relief was found in symptoms after 1 month and no episode of pain on washing the face with soap was seen after 3 months of continued medication. Study concluded that above *Ayurvedic* treatment can prove to be an effective alternative management of Trigeminal Neuralgia.

Keywords: Abha Guggulu, Ayurveda, *Anantvata*, Trigeminal neuralgia, Oral medication.

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Introduction:

Trigeminal neuralgia is sudden severe facial pain. It is also known as Tic Doreux, Hunt's Neuralgia, Suicide disease. Brief paroxysms of severe stabbing pain with normal intense pain phases. The pain is unilateral and may be associated with sensory or motor loss. Pain will be precipitated by touch, facial wash, shave, brushing and even loud noise. The cause is unknown and in most cases there is no organic cause. In some cases, compression of the nerve or Gasserian ganglion by central causes including aberrant blood vessels or aneurysm, tumors, cholesteatoma, multiple sclerosis, etc. have been reported. The incidence of multiple sclerosis among patients with trigeminal neuralgia is about 3%. The average age group is about 50; trigeminal neuralgia almost never begins before the age of 30, except in multiple sclerosis. Trigger zones typically occur in this neuralgia and these, when touched even lightly, incite intense pain. These areas are usually located around the ala of nose, along the gums, over the hard palate and along the lower lip.^[1]

Medications often used to control the pain of trigeminal neuralgia include carbamazepine, phenytoin, gabapentin and clonazepam. Common initial side effects include drowsiness, nausea, dizziness, diplopia, ataxia etc. Other surgical modalities are peripheral neurectomy, gasserian ganglion injection, root section of nerve, intramedullary trigeminal tractomy.^[1]

In *Ayurvedic* literature, all conditions which causes pain over the head are included in *Shiroroga*.^[2] *Acharya Sushruta* has explained eleven *Shirorogas* and one of them is *Anantvata*.^[3] It has close proximity with Trigeminal Neuralgia on the basis of sign and symptoms. So here an approach has been made to treat *Anantvata* by oral medication and *Pathya-Apathya Palan*.

Case Report:

A 34 years female patient came to ENT OPD, IPGT & RA on 14/06/2018, with the chief complaints of severe, jabbing, twitching pain at left half of maxillary and mandibular region associated with irritation. The pain aggravates by face wash with soap, cold winds and especially in morning and night hours.

The patient is suffering from all these symptoms since 2 years. She consulted to local hospital and after her MRI-scan done she was diagnosed with Trigeminal Neuralgia due to nerve compression. She took allopathic treatment i.e. Carbamazepine 800mg in two doses and got sustained relief for 6 months than gradually during the course of treatment observed giddiness which relieved on withdrawing the treatment. But for the complete recovery patient opted Ayurvedic treatment as a last option and consulted to us. There was no relevant past history of any other disease. No positive family history was found. Patient had undergone MRI-scan at Rajkot and was

diagnosed as Trigeminal Neuralgia due to compression of nerve. After assessing the causes and symptoms, Ayurvedic diagnosis was made as *Anantvata*.

Personal history: Diet: Vegetarian, Appetite: Moderate, Bowel: Regular, Micturition: Normal, Sleep: Disturbed, Addiction-No. All vital signs and general physical examination were found to be within normal limit.

Treatment Given:

1. *RasnaSaptakKwatha*- 20 ml BD(before meal) for four months
2. *Abha Gugglu*-2 tabs TDS (with LWW) , (after meal)
3. *PipallimoolaChoorna*- 1tsp BD (after meal)(with jaggery)

All treatment was continued for 4 months. During whole course of medication patient was instructed to avoid cold winds, cold exposure, washing face with soap, *VatavardhakaAahara*.

Result and Discussion:

On first follow up after seven days, decrease in intensity of pain was noticed while washing the face with soap. Routine followup was done on every 7 days and same medicines were continued for 4 months. There was subjective improvement in quality of life and no pain was noticed on washing the face with soap after 4 months medications. All medications were stopped after 4 months and patient was called for

regular followup at the interval of 15days and no pain was found during this period.

Ayurvedic management of Trigeminal Neuralgia is based on pacifying *Tridosha*. In present case, severe pain while washing face was chief complaint. So, here *VataPradhanaTridoshaja* condition was evaluated and *Vatahara* treatment was given. *Vathara* and *Shoolhara* property of *RasnaSaptakKwatha*^[4] and *AbhaGugglu*^[5] helps in reducing pain as well as number of episodes. *PipallimoolaChoorna* acts on *VatanadiSamnsthana* and does *Vataanulomana* which helps in proper functioning of nerve and pacifies pain. *PipallimoolaChoorna* with jaggery acts as *Nidrajanana* and so helped patient in reducing the disturbed sleep^[6]. So, in present case all medicines were used having *Vatahara* and *Vataanulomak* properties that are found effective in symptomatic relief in *Ananatvata* (Trigeminal neuralgia).

Conclusion:

Proper *Vatashamaka* and *Vataanolomana* internal medications had shown significant improvement in reliving the condition. This *Ayurvedic* management has proved that only internal medication can also help in improvement of Trigeminal Neuralgia. Study on large number samples to draw more concrete conclusions.

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