AN INSIGHT TOWARDS THE AYURVEDIC MANAGEMENT OF TRIGEMINAL NEURALGIA - A SINGLE CASE STUDY

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ABSTRACT

According to Acharya Susrutha, Ananta vata is characterised by severe excrutiating 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. 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. In this article we are discussing about a case report of a 76 year old male subject, who approached our opd with the symptoms of Ananta vata and how the Ayurvedic treatment given by us yielded a positive result in the above said case.

Key words: Ayurveda, Ananta vata, Trigeminal neuralgia, Raktamokshana
INTRODUCTION

Ananta vata is considered as one among the 11 Shirorogas mentioned by Acharya Susruta. It is characterised by excruciating pain over the regions of neck, in and around the eye and temple region. The subject will also experience tremors around the maxillary area along with lock jaw like symptoms and it affects the vision also. The above mentioned symptoms can be seen in condition known as Trigeminal neuralgia, which shows symptoms such as intense, stabbing, electric shock-like pain in the lower face and jaw caused due to Irritation of the trigeminal nerve.

It is a neuropathic condition, Also known as tic douloureux. It usually is limited to one side of the face. The pain can be triggered by an action as routine and minor as brushing your teeth, eating or the wind. Attacks may begin mild and short, but if left untreated, trigeminal neuralgia can progressively worsen.

The main treatment given in contemporary medicine is anti convulsants and when it is unresponsive towards this the last method is surgical treatment, such as micro vascular decompression, which doesn’t have high success rate. It 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. It is interesting to note that three reports from India demonstrated a male predominance.

Ananta vata is caused by Vata predominant Tridosha’s, and here we have tried to treat it by Surya vartha hara vidhi which includes diet which is Vatapitha hara, Snehapana followed by Virechana and Rakta mokshana, by which there will be Shodana and Shamana of dooshita Vatapithadi doshas and gradual improvement of the condition can be seen.

MATERIALS & METHODS

Case report:-

A 76 year old male subject approached Shalakya Tantra OPD of SJHIM hospital Bengaluru, with complaints of severe excruciating unilateral pain over the right side of face since 6 years.

History of Present illness:-

The patient 6 years back started suffering from pain which was twitching, over the right temporal, eye brows, cheeks and jaw regions. Pain was unilateral on the right side and it was brief, which increased during movements of jaw and even while getting exposed to wind, due to the restricted jaw movements food intake was hampered. Thus he consulted an ENT physician and was under his medication for the past 6 years, but there was no improvement and surgery was advised, thus he approached our OPD.

History of Past illness:-

- Known case of HTN since 20 years and under medication for the same.
Family History:-

- Nothing specific

General Examination:-

- Weight- 52kg
- Height- 166cm
- Pulse:- 68/min
- Bp:- 130/80 mm/hg
- CVS- no murmur heard on auscultation
- Dental & Neurological examinations done
- CT scan of Head and PNS appeared normal

Investigations:-

- Hb- 10gm%
- ESR- 24mm/hr

Personal History:-

- Diet- veg
- Appetite- Irregular
- Bowel:- irregular
- Micturation- 4-6 times/day
- Sleep:- Disturbed

Subjective parameters:-

- Numeric pain rating scale- 9 (worst possible pain)
- Restricted jaw opening-8
- Pain around eyes- 7
TREATMENT SCHEDULE:-

<table>
<thead>
<tr>
<th>Sl.no:</th>
<th>Treatment</th>
<th>medicine</th>
<th>days</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Deepana pachana</td>
<td>Chitrakadi vati-1-1-1(b/f)</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>Snehapana</td>
<td>Shatpala ghriram 20ml,40ml,60ml,90ml,110ml,130ml,150ml</td>
<td>For 7 days</td>
</tr>
<tr>
<td>3</td>
<td>Virechana</td>
<td>Trivrit lehya- 35gm</td>
<td>On 9th day</td>
</tr>
<tr>
<td>4</td>
<td>Nasya</td>
<td>Anu tail- 2 drops</td>
<td>For next 7 days</td>
</tr>
<tr>
<td>5</td>
<td>Jaloukavacarana</td>
<td>Pancha loha shalaka</td>
<td>After 1 week</td>
</tr>
<tr>
<td>6</td>
<td>Agnikarma</td>
<td>Pancha loha shalaka</td>
<td>When pain was exceeding</td>
</tr>
<tr>
<td>7</td>
<td>Orally</td>
<td>Gandharva hastadi kashaya-10ml (bd) b/f Bruhat vata chintamani ras- 1 tid</td>
<td>From 10th day of the treatment</td>
</tr>
<tr>
<td>8</td>
<td>Talam</td>
<td>Ksheera bala taila with rasnadi churna</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Pathya and apathy</td>
<td>Was advised during the course of treatment and was told to follow afterwards also</td>
<td></td>
</tr>
</tbody>
</table>

RESULT:-
After treatment, there was subjective improvement in the patient as shown below

<table>
<thead>
<tr>
<th>Sl. No:</th>
<th>Subjective Paramaters</th>
<th>Before treatment</th>
<th>After treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Numeric pain rating scale</td>
<td>9 (worst possible pain)</td>
<td>4-5 (moderate pain)</td>
</tr>
<tr>
<td>2</td>
<td>Restricted jaw opening</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Pain around eyes</td>
<td>7</td>
<td>2</td>
</tr>
</tbody>
</table>

DISCUSSIONS:-
As Ananta vata is a Vatapita predominant Tridosha roga, here we have concentrated on Vatapitha hara Chikitsa. By means of Snehapana followed by virechana and Rakta mokshana, after that as brihmana chikitsa we have administered pratimarsha nasya with anutailla and internally with brihat vata chintamani rasa & gandharvahastadi kashaya.
Pathya and Apathya, was advised to follow which could have also impacted on improvement of the condition.
Probable mode of action:-
1) Deepana & Pachana:- For removing the Ama condition and improve the Agni.
2) Snehapana: Shatpala gritha snehapana was given as it has srotho shodana and having Kapha Pitha hara action.
3) Virechana:- Was given trivrit lehya, which helps in alleviating Vata and Pitha.
4) Nasya:- With Anutailla is tridosha hara.”Nasa hi shiraso dwaram” Oushadi’s administered through nasya reaches the sringataka marma and eliminates vitiated dosha and clears pathway and nourishes the brain.
5) Talam:- With Ksheera bala taila has effects on CNS by cellular absorption through transdermal route and circulation. The lukewarm oil kept on anterior fontanelle is absorbed through the thin skin over the scalp and easily reaches the brain cortex.
6) Jaloukavacarana:- It eliminates the dooshita raktha and does vatapitha hara action.
7) Agnikarma:- Pain is caused mainly because of Vata dosa, thus the Ushna Guna of Agnikarma will pacify the Vata and also increased circulation of blood towards the area will rejuvenate the area and give instant relief for the patient.
CONCLUSION:

Thus by the above mentioned case report we can come to the conclusion that Ayurvedic line of management for Ananta vata / trigeminal neuralgia is effective and further studies should be carried out in this field, so that the patients get instant relief from pain and reoccurrence rate of the disease is on the lower side.

REFERENCES:


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