



Research Article

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AYURVEDIC MANAGEMENT OF TRIGEMINAL NEURALGIA: A CASE REPORT

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ABSTRACT

In the present case study a 50 years old man consulted in Out-patient department of CBPACS with the complains of sudden pain like electric shock on right side of the head which gets aggravated on touch patient and so MRI was done which was suggestive of patient suffering with trigeminal neuralgia. In the present case report patient was intended to treat with some ayurvedic formulations under the treatment of Anant vata. Trigeminal neuralgia (TN) is a chronic pain disorder that affects the trigeminal nerve. TN is a type of severe chronic pain characterized by brief electric shock-like pains in one or more divisions of the trigeminal nerve. The management available in current mainstream medicine is unsatisfactory. Various Ayurvedic treatments have been in use for these manifestations. The patient was considered suffering from Anantvata and was treated with Anutaila Nasya, Ashwagandha Churna, Vishmushti Vati and Saptavinshati Guggulu for one month then Brihat Vatachintamani Ras, Ekangveer Ras and Dashmool kwath were also added to the treatment and the same continued for two more months. Patient's condition which was assessed for symptoms of TN. This study is carried out as per International conference of Harmonization-Good Clinical Practices Guidelines (ICH-GCP) as per Declaration of Helsinki guidelines. This study shows that the cases of TN can be successfully managed with Ayurvedic treatment only and no surgical intervention is needed.

Keywords: Trigeminal neuralgia; Anantvata; Nasya; Ekangveer Ras and Dashmool kwath

INTRODUCTION

Trigeminal neuralgia (TN) is a chronic pain disorder that affects the trigeminal nerve¹. TN is a type of severe chronic pain characterized by brief electric shock-like pains in one or more divisions of the trigeminal nerve². The frequency, duration, and severity of these painful attacks gradually increases, and they often become resistant to medication³. Therefore, neuralgia becomes chronic and can severely affect the quality of life and cause cognitive disturbances, such as anxiety and depression, in the majority of patients with TN⁴. The annual incidence of TN is between 4 to 27 per 100,000, affecting females more often than males. The prevalence increases at >50 years of age, and among young people it is often related to multiple sclerosis⁵. The exact cause is unclear but believed to involve loss of the myelin around the trigeminal nerve. This disorder has characteristics of episodes of severe facial pain along the trigeminal nerve divisions. 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 of the nerve may be affected. TN most commonly involves the middle branch (the maxillary nerve or V₂) and lower branch (mandibular nerve or V₃) of the trigeminal nerve⁶. As with many conditions without clear physical or laboratory diagnosis, TN is sometimes misdiagnosed. A TN sufferer will sometimes seek the help of numerous clinicians before a firm diagnosis is made. There is evidence that points towards the need to quickly treat and diagnose TN. It is thought that the longer a patient suffers from TN, the harder it may be to reverse the neural pathways associated with the pain. In modern medicine the anticonvulsant carbamazepine is the first line treatment; second line medications include baclofen, lamotrigine, oxcarbazepine, phenytoin, gabapentin and pregabalin. Uncontrolled trials have suggested

that clonazepam and lidocaine may be effective⁷. These drugs do not usually cure the patients as the rate of treatment by these drugs are very poor. Even after taking these drugs for long time do not show significant change in the patients. The evidence for surgical therapy is poor. Surgery is normally recommended only after medication has proved ineffective, or if side effects of medication are intolerable⁸. While there may be pain relief after surgery, there is also a considerable risk of side effects, such as facial numbness after the procedure. Here we present a case of trigeminal neuralgia which was successfully treated with ayurvedic management with *Anantvata* as the ayurvedic diagnosis. In *Anantvata* All the three *Doshas* get aggravated together and produce severe pain in the nape of the neck, eyes, brows and temples, there is throbbing pain at the sides of the cheeks, loss of movement of the lower jaw and diseases of the eyes. This disease produced by *Tridoshas* is called as *Anantvata*⁹.

Case Report

A 50 years old male patient was consulted in Out-Patient Department (OPD) of Ch. Brahm Prakash Ayurved Charak Sansthan (CBPACS), Khera Dabar, New Delhi for complaint of sudden pain like electric shock on right side of the head which gets aggravated on touch. The pain was so severe chronic pain with electric shock-like sensations on face. Patient had suffered from this problem for four years. The patient also consulted to some allopathic hospitals and took allopathic treatment but did not get any relief from modern medicine and even condition become vaster with more frequent electric shock like pain sensation occurs. Then one of his friend advised him to take ayurvedic treatment so he consulted in OPD of CBPACS, New Delhi. His general health was good. He was not taking any medications at the time of consultation.

Patient Consent

Written permission for publication of this case study has been obtained from the patient.

Clinical Findings

The case was subsequently reported on 20.03.2018 in OPD of CBPACS, New Delhi for the administration of therapeutic procedures. When physical examination was done, patient was found anxious, with normal appetite with uncoated tongue. When asked about bladder and bowel, Micturition and bowel movement were normal. Patient was Vata and Pitta Prakriti with Madhyam Samhanana, Sara was madhyam, Sama Pramana, Satmya was madhyam, Madhayam Satva (in relation to mental strength), Vyayamshakti was madhyam, Aharshakti and Jaranshakti were also Madhyam. Gait was normal. 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. Joint position sense and vibration sensation was normal bilaterally. All laboratory and biochemical investigations were normal. As pain was there in the past 4 years and patient already consulted many allopathic hospitals so he already had Magnetic resonance imaging (MRI) of Brain which was done on 26-02-2016 which revealed bilateral 5th, 7th and 8th nerve complexes were normally visualized; however, a loop of anterior inferior cerebellar artery (AICA) was seen coursing around right 5th nerve complex. Note was made of mild bilateral ethmoidal sinusitis.

Diagnostic Focus and Assessment

The patient was known case of trigeminal neuralgia as it was confirmed by electric shock-like pains over head and face which is a classical symptom of trigeminal neuralgia. MRI was also suggestive of TN diagnosis. *Anantvata* was considered as Ayurvedic diagnosis which is a type of *Shiro Roga*. TN needs to be differentially diagnose from other forms of unilateral pain which are related to damage to the trigeminal nerve by trauma to the face or dental treatments. This is often termed painful trigeminal neuropathy or post-traumatic neuropathy as some sensory changes can be noted e.g. decrease in pain sensation or temperature. This is important as different care pathways are used. Trigeminal pain can also occur after an attack of herpes zoster, and post-herpetic neuralgia has the same manifestations as in other parts of the body. Trigeminal deafferentation pain (TDP), also termed anaesthesia dolorosa, is from intentional damage to a trigeminal nerve following attempts to surgically fix a nerve problem. This pain is usually constant with a burning sensation and numbness. The differential diagnosis includes temporomandibular disorder. Since triggering may be caused by movements of the tongue or facial muscles, TN must be differentiated from masticatory pain that has the clinical characteristics of deep somatic rather than neuropathic pain. Masticatory pain will not be arrested by a conventional mandibular local anaesthetic block¹⁰. One quick test a dentist might perform is a conventional inferior dental local anaesthetic block, if the pain is in this branch, as it will not arrest masticatory pain but will TN¹¹.

Treatment Plan

According to specific line of treatment described for *Anantvata* in Ayurvedic texts is *Nasya* so *Anu Tail Nasya* was advised to patients¹². As it is a predominantly *Vaat* disorder due to involvement of pain and according to the treatment of *Anantvata* food predominantly of meat of animals of arid regions was

advised. Preparations of rice boiled with milk and added with ghee was advised to take regularly. Along with medications like *Ashwagandha Churna*, *Vishmushti Vati*, *Saptavinshati Guggulu*, *Brihat Vata Chintamani Ras*, *Ekangveer Ras* and *Dashmool Kwath* was advised. Yoga and meditation were also advised to the patient.

Intervention

When patient consulted in OPD on that day itself it was diagnosed with TN due to its classical symptom of electric shock-like pain on right side of head. So, medication was started on 20.03.2018 which includes *Anu Tail for Nasya* 2 drops in each nostril twice a day, *Ashwagandha Churna* 3gm with *Anupana of Gogrihta* (cow's ghee) twice a day, *Vishmushti Vati* One tablet of 125mg with warm water thrice a day and *Saptavinshati Guggulu* 2 tablet thrice a day with honey as its vehicle. This treatment was continued for one month but patient didn't get much relief by this then on 24.04.2018 *Brihat Vata*, *Chintamani Ras* one tablet once a day was advised with milk in the morning (empty stomach), *Ekangveer Ras* one tablet with *Adrak Swaras* twice a day and *Dashmool Kwath* 30ml twice a day was also added to the above drugs. Only ayurvedic drugs intervention was given to the patient. After adding these drugs patient got sudden relief in the symptoms. Frequency of electric shock like pain was decreased and intensity of pain was also decreased. He continued the same treatment for the next 2 months with regular follow up.

Outcome Measures and Follow Up

By just following the proper ayurvedic management with proper dietary and social lifestyle, patient got almost complete relief from TN symptoms. As this treatment is more concentrated to treat the symptoms of TN. Patient followed the above intervention for the total duration of 3 months with the regular follow up. Patient didn't leave the treatment in this 3 months duration and followed all the advised given to him. He got relieved from all the symptoms in just 3 months which he was suffering from last 4 years only by ayurvedic oral medication.

DISCUSSION

Trigeminal neuralgia is a neurological disease in which irritation or pressure on the trigeminal nerve (the fifth cranial nerve leave the skull) pathway causes a stabbing pain in the cheek, eye, and lower part of the face. The pain is usually located on only one side of the face. Symptoms of TN has similarity with *Anantvata* in *Ayurveda*. It is believed that all the *Tridoshas* get aggravated together and produce severe pain in the nape of the neck, eyes, brows and temples, there is throbbing pain at the sides of the cheeks, loss of movement of the lower jaw and diseases of the eyes. Such symptoms produced by *Tridoshas* is called as *Anantvata*. In the treatment of *Anantvata* food which mitigate *Vata* and *Pitta* such as *Madhumastaka Samyava*, *Ghritpura* etc. (all are sweet dishes) should be partaken¹³. Therapies like *Nasya* is mentioned in *Anantavata Chikitsa* and food predominantly of meat of animals which belongs to arid regions was advised. Preparations of rice boiled with milk and added with ghee should be advised to take regularly. *Anu Tail* is an ayurvedic medicated oil used for the treatment of diseases related to head, brain, eyes, face, nose, ear, and neck because '*nasa hi sirso dwaram*'. In fact, *Anu Tail* is a preventive medicine in Ayurveda, which helps preventing diseases of upper parts of the body if it is used on regular basis.

By using Anu tail through the nose, which is a door to brain and prevents many brain disorders like depression, headache,

migraine, Parkinson's disease, memory loss, seizures, poor coordination, mental stress and depression because *Vata*, *Pitta* & *Kapha* said to be involved in TN. *Anu Tail* helps to keep all the three *Dosha* in its balance state which helps to maintain the harmony in the body especially of supraclavicular parts of the body. It pacifies *Vata*, which plays a major role in development of TN. TN is a chronic pain disorder that affects the trigeminal nerve. All functions of *Vata* come under the functions of Nervous system and excess *Vata* affects its natural functions. *Anu Tail* reduces *Vata* aggravation, improves nerve functions and enhances the faster recovery from TN. Although *Anu Tail* is not effective on headache with abdominal aetiology, but it works well when *Vata* humour, nerves and brain is involved. *Ashwagandha Churna* was mainly known for its *Vajikaran* effect but it has many other functions as well. It is often called Indian ginseng because of its rejuvenating effects on the CNS and endocrine system. Although *Ashwagandha Churna* is *Tridoshara* but is indicated with *Aja* and *Gogrihta* in *Vata* and *Pitta* dominant disorder and with *Madhu* in *Kapha* predominant disorders. Otherwise it can be taken with warm water. *Ekangveer Ras* is indicated in *Vata Roga*, *Ardita*, *Pakshaghata* etc. it mainly deals with *Vata* disorders and pain is the classical symptom of TN which is due to *Vata*. So *Ekangveer Ras* do the best in this case. *Dashmool* is a name given to ten roots of certain plants. *Dashmool* works on all the three *Doshas*; *Dashmool Tridoshagnama*. *Dashmool* is *Tridoshahara*¹⁴ but it predominantly pacifies *Vata* Aggravation and *Anantvata* is also *Tridoshaj Vyadhi* but mainly *Vata* is affected. So *Dashmool* is considered as good option for TN. *Dashmool* also works as an anti-inflammatory, analgesic, and anti-rheumatic agent. In addition, it provides strength to the body and improves functions of organs located in *Vata* locations. It is a part of several ayurvedic medicines and alone used for pain disorders. Therefore, it is indicated in TN. *Brihat Vata Chintamani Ras* is in tablet form. It is used in the treatment of *Vata* and *Pitta Dosha* imbalance diseases such as paralysis, hemiplegia, facial palsy, tremors etc. It is also effective in *Pitta* disorders such as migraine, vertigo, digestive disorders. Hence all these drugs help the patient to get rid completely of TN. There was no need to use any surgical intervention for this case.

CONCLUSION

The case report demonstrates the treatment of Trigeminal Neuralgia completely with only oral ayurvedic medicinal intervention. No surgical intervention was given.

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