Case Study

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# A CASE STUDY ON TRIGEMINAL NEURALGIA (ANANTAVATA)

Mahesh K. Thakur [1]*, Deepa [2], Ritika Sharma [3]

[1] Associate Professor, Department of Rog Nidan and Vikriti Vigyan, Gangaputra Ayurvedic Medical College and Hospital, Kandela, Jind, Haryana, India

[2] Assistant Professor, Department of Kriya Sharir, Gangaputra Ayurvedic Medical College and Hospital, Kandela, Jind, Haryana, India

[3]Assistant Professor, Panchakarma, Dayanand Ayurvedic College, Jalandhar, Punjab, India

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***Corresponding author**
E-mail: maheshmittuthakur10@gmail.com

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**ABSTRACT**

Anantavata is a disease described in Ayurveda under Shiroroga, in which vitiated Vata Dosha, along with the involvement of Pitta and Kapha, produces severe pain affecting the regions of the neck, temples, eyes, eyebrows and cheeks. The symptom complex bears a close resemblance to Trigeminal Neuralgia, a neurological condition characterized by recurrent episodes of intense facial pain. Considering the predominance of Vata and the involvement of structures situated above the clavicle, therapies that pacify Vata, clear obstructed channels, and strengthen neural tissues are considered beneficial. A 46-year-old male patient presented with recurrent episodes of electric shock-like pain below the left ear radiating towards the left cheek for duration of nine months. The pain was aggravated by chewing, prolonged speaking, and exposure to cold weather, causing considerable difficulty in daily activities. Clinical assessment revealed features consistent with Anantavata. The patient was treated with an Ayurvedic regimen comprising Nasya with Shadbindu Taila and Propandrakadi Taila, local Abhyanga using Ksheerbala Taila, Nadi Sweda with Dashamoola Kwatha, oral medications, and regular practice of Bhramari Pranayama. After completion of therapy, a notable reduction in the recurrence and severity of facial pain was observed. Associated symptoms such as facial muscle twitching, jaw stiffness, and ocular discomfort also improved considerably. The patient regained comfort in routine activities, including speaking and chewing. This case suggests that a holistic Ayurvedic approach may be effective in managing Anantavata with clinical features comparable to Trigeminal Neuralgia.

**Keywords:** Anantavata, Trigeminal Neuralgia, Vata, Abhyanga, Dashamoola Kwatha

## INTRODUCTION

The Trigeminal nerve is the 5th cranial Nerve (CN V) and the largest cranial nerve. CN V provides most of the face's sensory innervation and the mastication muscles' motor stimulation[1]. The nerve's 3 main branches are the Ophthalmic (V1), maxillary (V2), and mandibular (V3) nerves. These branches join at the trigeminal ganglia within the Meckel cave in the middle cranial fossa. Trigeminal nerve dysfunction can result in painful conditions like trigeminal neuralgia and difficulties with chewing and facial movements.

These conditions can significantly impact a person's quality of life and require careful diagnosis and management by healthcare professionals.[2] Trigeminal neuralgia (TN) is characterized by recurrent, unilateral, brief (<1 s–2 min), very painful, electric shock-like pain episodes in the trigeminal distribution that are abrupt in onset and termination.

It is a highly debilitating disorder that impacts on basic human functions such as talking, eating, drinking and touching the face, thereby resulting in a poor quality of life. Epidemiological studies show increased anxiety and depression, with increased risk of suicide.[3] This highlights the importance of prompt diagnosis, investigations and treatment.

### Epidemiology

Trigeminal neuralgia is usually seen in middle-aged patients in the 5th-7th decade. Female predominance (2:1) is found. Prevalence is 5.7 and 2.5 per lakh women and men, respectively.[4]

### Causes

There are two types of TN — primary and secondary. The exact cause of TN is still unknown, but the pain associated with it represents an irritation of the nerve. Primary trigeminal neuralgia has been linked to nerve compression, typically at the base of the head where the brain meets the spinal cord. This is usually due to contact between a healthy artery or vein and the trigeminal nerve at the base of the brain. This pressure causes the nerve to misfire as it enters the brain. Secondary TN is caused by pressure on the nerve from a tumour, MS, a cyst, facial injury or another medical condition that damages the myelin sheaths.[5]

### Ayurvedic Review

In Ayurvedic literature, all conditions causing head pain are included under Shiroroga. Acharya Sushruta described eleven Shirorogas, one of which is Ananta Vata. Ananta Vata is derived from two words: 'Ananta' meaning limitless, endless, eternal, or beyond tolerance, and 'Vata' referring to the Vata Dosha. In this disease, all the three Doshas are vitiated. Hence the disease is said to be Tridoshaj Vyadhi. While explaining the symptoms of the disease, Acharya has said that the Doshas affect the Manya, which is a Sira Marma, and cause severe pain in the Ghata, that is the Prushtha Bhaga of the Griva (back side of the neck), Akshi (eyes), Bhru (eyebrows), Shankha Pradesha (temples). There is also

Spandana in the Ganda Parshva Pradesha (spasm in the cheek). Netrarogam (Eye disease) and Hnugraham (Spasm of the temporomandibular joint). The signs and symptoms of Ananta Vata are similar to those of trigeminal neuralgia.[6]

## CASE REPORT

A 46-Year-old man (OPD visit no. 202510314741) visited the Panchakarma OPD with the complaint of electric shock- like pain below the left ear radiating towards the left cheek since 9 months**.**

**History of present illness**

The patient was asymptomatic nine months ago. Suddenly, he started experiencing electric shock-like pain below the left ear, radiating towards the left cheek. On further enquiry, he reported that the pain was aggravated by chewing, cold weather and excessive talking. Due to the severity of pain, the patient was unable to speak properly. The patient initially consulted a dentist, but examination revealed no abnormalities in the oral cavity. Consequentially the patient was referred to a neurologist, who diagnosed trigeminal neuralgia and prescribed modern medicines. Although the pain was temporarily relieved during medication, it recurred following discontinuation and progressively worsened over time.

Subsequently, he came to Panchakarma OPD of Dayanand Ayurvedic College, Jalandhar, Punjab, India.

**Past history**

No history of Type 2 Diabetes, Hypothyroidism, Hypertension

**Personal History**

Diet: Heavy food, irregular diet habit
Bowel: Constipated
Stool consistency: Hard
Appetite: Decreased
Micturition: Normal
Sleep: Disturbed
Addiction: No

**General Examination**

Pallor – Nil
Pulse – 72 BPM
Icterus – Nil
Respiratory rate – 16 episodes/min
Cyanosis - Nil
B.P – 124/80 mm/Hg Oedema – Nil
Temperature: 98.4 C

**Systemic Examination**

No abnormality detected in any system.

**Table 1: Diagnostic criteria[7]**

| Parameter | Observation / interpretation in case |
|---|---|
| Recurrent paroxysms of Unilateral facial pain in the distribution of trigeminal nerve. | Present – pain along Right maxillary and mandibular branches |
| Pain lasts from a fraction of a second to 2 minutes: severe electric shocklike stabbing or shooting in nature. | All features present |
| Pain precipitated by innocuous stimuli (touch, chewing, brushing teeth, talking) | Present- Pain triggered while chewing, cold weather, excessive talking |
| No clinically evident neurological deficit | No neurological deficit observed |
| Not better accounted for by another disorder | MRI ruled out secondary cause |
| Type (ICHD-3 Sub classification) | Classical Trigeminal Neuralgia (13.1.1.1) |

**Subjective criteria of Anantvata according to Acharya Sushruta**

Doshastu dustas traya eva manyam sampidya ghatasu rujam sutiivram
Kurvanti saksivhruvi shankhadeshe sthitim karotyaashu viseshatastu
Gandasya parsve tu karoti kampa hanugraha lochanajash ch rogan
Anantavatham tam udaharanti dosatrayotpannam shiraso vikaram (Su. Ut. 25-13/14) [8]

**Table 2: Subjective Criteria of Anantvata**

| Lakshana (Symptoms) | Observation/Interpretation in case |
|---|---|
| Sutivra Ruja kurvanti saksivhruvi sankhdeshe stithi (Severe pain in Temporal region and between the eyebrows) | Present |
| Ganda parsve kampam (trembling of facial muscles especially on one side of the cheek) | Present |
| Hanu Graha (Stiffness of jaw) | Patient felt difficulty in opening and closing the mouth |
| Lochanaja Roga (Pain in eye or strain due to nerve involvement) | Patient felt pain in eyes also during attack |

**Table 3: Treatment Protocol**

| Therapy | Drug | Doses |
|---|---|---|
| Nasya | Shadbindu Tail- Pratimarsh Nasya | Started from 14.10.2025- 2 drops in each nostril during Bed Time |
| | Propandrkadi Tail - Marsh Nasya | Started from 19.10.2025- Starting dose 3 drops in each nostril increased up to 20 drops |
| Nadi Sweda | Dashmool Kwath | Locally |
| Abhyang | Ksheerbala Taila | Locally |
| Shamana chikitsa | Trikatu Churan<br>Vatgajakush Rasa<br>Ksheerbala oil capsule<br>Dashmool kwath | 250 gm before food for 5 days<br>250 mg twice a day for 14 days<br>1 capsule after food twice a day<br>40ml twice a day |
| Bhramri Pranayam | | Morning Time |

## RESULT

**Table 4: Outcome Assessment According To ICHD-3 Diagnostic Criteria For Classical Trigeminal Neuralgia**

| ICHD-3 Diagnostic Criterion | Before Treatment | After Treatment (≈85% Improvement) |
|---|---|---|
| Recurrent paroxysms of unilateral facial pain in the distribution of the trigeminal nerve | Frequent severe pain along the right maxillary (V2) and mandibular (V3) divisions | Pain episodes markedly reduced; only occasional mild discomfort in the same distribution |
| Pain lasting from a fraction of a second to 2 minutes; severe electric shock-like, stabbing, or shooting in nature | Severe electric shock-like attacks occurring multiple times daily | Intensity greatly reduced; occasional mild pricking sensation with absence of severe shock-like attacks |
| Pain precipitated by innocuous stimuli (touch, chewing, brushing teeth, talking) | Pain triggered by chewing, excessive talking, and cold exposure | Trigger sensitivity significantly reduced; routine activities performed comfortably without provoking pain |
| No clinically evident neurological deficit | No neurological deficit observed | No neurological deficit observed |
| Not better accounted for by another disorder | MRI ruled out secondary causes | No evidence of secondary pathology; findings remain unchanged |
| ICHD-3 Subclassification | Classical Trigeminal Neuralgia (13.1.1.1) | Classical Trigeminal Neuralgia with marked symptomatic improvement |

**Table 5: Outcome According To Lakshanas of Anantavata**

| Lakshana | Before Treatment | After Treatment |
|---|---|---|
| Sutivra Ruja (Severe pain in temporal and supraorbital region) | Present | Completely relieved |
| Ganda Parsve Kampam (Facial muscle twitching/trembling) | Present | Absent |
| Hanu Graha (Jaw stiffness) | Present | Completely relieved; normal mouth opening achieved |
| Lochanaja Roga (Pain in eyes during attacks) | Present | Absent |
| Overall Assessment | Classical signs and symptoms of Anantavata present | Near-complete resolution of Anantavata lakshanas |

## DISCUSSION

In Ayurveda, Anantavata is described as a disorder caused by aggravation of Vata dosha, along with involvement of Pitta and Kapha. The disease affects the Manya marma and produces severe pain around the neck, temple, eyebrow, eye and cheek region. These symptoms correspond closely to the clinical picture of trigeminal neuralgia. Hence the main line of treatment aims at Vata shamana (pacification of Vata), Sroto-shodhana (cleaning of channels) and marma sthana poshana (nourishment of nervous tissue) through Nasya, Snehana, Swedana and internal medication.[9]

**Nasaya (Nasal Therapy):** The nasal route is considered the gateway to the head – "Nasa hi shiraso dwaram" – hence suitable for disorders of the cranial region [10]. Shadbindu Taila and Pratimarsha Nasya are used to pacify Vata and Kapha in the Shira Pradesh. The formulation contains Erand taila, Bhringraj, Trikatu and Triphala, which possess Katu, Tikta and Kashaya Rasa with Ushana veerya. These attributes alleviate vitiated Vata and remove Avarana (Obstruction) in nerve channels. Modern pharmacological studies suggest that nasal administration of medicated oil enhances blood circulation in the cranial region, reduces neuronal hyperexcitability, and delivers lipophilic phytoconstituents across the blood-brain barrier. This mechanism can help decrease pain intensity and the frequency of neuralgic attacks.[11]

Propandrkadi Taila, used as Marsha Nasya, includes Bala, Ashwagandha, Kustha, and Saindhva. The herbs are rich in bioactive compounds that act as Vatahara and Rasayana. Ashwagandha (Withania somnifera) stabilizes the nervous system by modulating GABAergic transmission and reducing oxidative stress, while Bala (Sida cordifolia) strengthens the neuromuscular junction and support myelin repair.[12,13]

**Nadi Sweda:** Dashmoola Kwatha is traditionally used for Nadi swedana in Vata vyadhi. The Dashmoola dravyas – such as Bilva, Agnimantha, Shyonaka and Patala – possess Snigdha guna and Madhura vipaka, which relieve stiffness and pain. Swedana enhances peripheral circulation, reduces local inflammation and relaxes muscle spasms. From a modern viewpoint, the combination exhibits anti-inflammatory and antioxidant effects by suppressing COX and LOX pathways, reducing prostaglandin production and oxidative injury to nerve cells. [14]

**Abhyanga**: Application of Ksheerbala Taila over the affected area provides Snehana and Vata shamana. The drug contains Bala and Tila taila processed with milk. Bala offers Brimhana and Balya actions, while Tila taila has Snigdha and Ushna guna, which pacify Vata. Regular Abhyanga nourishes the peripheral nerves and improves Majja dhatu. Modern studies describe that such medicated oil act as antioxidants, stabilize neuronal membranes, and enhance myelin integrity, leading to relief in neuropathic pain.[15]

**Shamana Chikitsa**

**Trikatu Churana:** Trikatu plays a therapeutic role in trigeminal neuralgia primarily through its Deepana-Pachana activity, which enhances Agni, digests Ama and clears microchannel obstruction responsible for aggravating Vata in cranial nerve pathways. The severe, stabbing pain of trigeminal neuralgia corresponds to Vata Prakopa in Shiras, as described in classical Ayurvedic texts. The Ushna veerya and Katu Rasa of Trikatu reduce Kapha-induced blockage, support Sroto-shodhana and promote improved microcirculation around the affected nerve. Pippali and Maricha further act as Yogavahi, enhancing absorption and therapeutic potency of co-administered medicines. By restoring agni, digesting Ama, cleansing Srotas and normalize Vata, Trikatu indirectly reduces neural hypersensitivity and mitigates the frequency and intensity of trigeminal neuralgia episodes. [16-18,]

**Vatagajankush Ras:** In Trigeminal neuralgia aggravated by Vata, it produces intense and sudden neural pain due to its inherent dryness, constricting nature and disturbance of nerve signalling.[19] Vatagajakush Ras is considered beneficial in such presentations because its sukshma and vyavayi qualities enable it to reach deeper craniofacial pathways quickly, thereby helping to calm localised Vata imbalance around trigeminal nerve branches.[20] The purified Mercury-Sulphur combination enhances systemic absorption and supports effective microcirculatory delivery, which strengthens the pharmacological influence of the formulation.[20] The inclusion of *Dhatura metel* provides pronounced ushna, tikshna and vedana-sthapana actions, helping reduce abnormal neuronal excitability responsible for sudden pain episodes in trigeminal neuralgia.[23]. Additional actions such as sroto-shodhana (channel cleansing) and sanayu-balya (nerve strengthening) further support stable nerve function, promote smooth sensory transmission and help lower the chance of recurrent attacks [19,21,22]. Together, these mechanisms suggest that Vatagajankush Ras offers a multidimensional Ayurvedic strategy for managing trigeminal neuralgia through Vata-modulating, analgesic, neuro-supportive and channel–clearing effects.

**Ksheerbala capsule:** Ksheerbala capsule acts through its potent Vata-shamana, Snigdha and Brimhana properties, which are essential in managing Trigeminal Neuralgia (Anantavata), a Vata-dominant disorder. The formulation containing Bala (*Sida cordifolia*), Ksheera and Tila taila nourishes the Majja and Snayu dhatu, thereby supporting nerve sheath integrity and reducing hyper-excitability of the trigeminal nerve. Bala exhibits Vedana-sthapana and neuro-protective effects that help alleviate Toda (pricking pain) and Teevra Shoola (sharp pain) associated with neuralgia [24,25]. Sesame oil provides deep unctuousness, reducing the Ruksha guna of aggravated Vata and improving nerve conduction by enhancing Snigdhatva of channels [26]. Ksheera contributes to Brimhana and cooling action, which collectively reduce perineural inflammation and sensory hypersensitivity [27]. Through its Rasayana effect, Ksheerbala supports neural regeneration and reduces recurrence of neuropathic episodes.[28]

**Dashmoola Kwatha:** In Trigeminal neuralgia, the clinical picture resembles Urdhvajatrugata Vata –Vikara, characterized by teevra, chhedan-vatt shoola caused by aggravated Vata in the Shirah-Pradesh. Dashmoola Kwatha pacifies this deranged Vata owing to its dominant Vata-kapha-shamaka, Snigdha, Ushna and Shothahara attributes, which collectively reduce the ruksha and chala qualities responsible for neural irritability and intense facial pain. The Brihmana and Rasayana effects of Dashmoola strengthen Snayu, Sira and Asthi Dhatus, aiding in stabilizing nerve function and supporting regeneration of depleted tissues. Its Amahara and Sroto-shodhaka action clear obstructed microchannels, enabling smooth Vata gati within the trigeminal pathway. By reducing Shotha (local inflammatory swelling) and relieving Sanga (obstruction), Dashmoola restores normal nerve conduction and decreases frequency of paroxysmal shoola. The combined Vedana-sthapana, Vatanulomana and Shiro-roga-hara properties described in classical texts establish its therapeutic relevance in conditions presenting with severe Vata-pradhan cranial neuralgic pain.[29-32]

**Bhramari Pranayama:** Bhramari Pranayama helps in trigeminal neuralgia by pacifying aggravated Vata dosha, especially Prana Vata, which governs facial sensations, cranial nerve functions, and pain perception. [33,34] The humming vibration generated during exhalation produces gentle resonance through the facial sinuses, skull bones, and cranial pathways, which aligns with the Ayurvedic concept of siras-sthita vata shamana (calming of Vata in the head region) [35]. The vibratory effect may reduce hyper-irritability of the trigeminal nerve, supporting modulation of abnormal vedna-vaha srotas activity and reducing sharp, lightning-like facial pain.[36] Slow inhalation and prolonged exhalation increase parasympathetic response and reduce sympathetic overactivity, correlating with the Ayurvedic principle of Mano-prasadana and stabilisation of manovaha srotas, which helps decrease stress-induced Vata aggravation – a known trigger for neuralgic flare-ups.[37] Improved nadi-shuddhi and balanced prana flow enhance neuromuscular relaxation around the head and neck, reducing tension on nerve pathways and supporting long- term reduction in Vataja pain disorders.[38]

## CONCLUSION

This case demonstrates that the Ayurvedic understanding of Anantavata provides a meaningful framework for managing disorders presenting with symptoms similar to Trigeminal Neuralgia. The treatment strategy adopted in this case aimed to correct Vata predominance, remove obstruction in the channels, and support the normal functioning of the affected tissues. The observed clinical improvement indicates that Ayurvedic interventions can help reduce the recurrence of painful episodes and improve day-to-day functioning.

The outcome also reflects the importance of employing a multidimensional approach that combines Nasya, external therapies, internal medications, and lifestyle-based practices such as Pranayama. Such interventions not only address the presenting symptoms but also promote systemic balance and patient well-being. The findings of this case suggest that Ayurveda may offer a beneficial therapeutic option for chronic craniofacial pain conditions requiring long-term symptom management. Further clinical investigations involving a larger number of patients are necessary to evaluate the reproducibility of these results and to establish stronger evidence for the role of Ayurvedic treatment in conditions comparable to Trigeminal Neuralgia.

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