

# Ayurvedic Approach to Trigeminal Neuralgia: A Case Report

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## Abstract

*Trigeminal neuralgia is a rare condition affecting fewer than one million cases per year. A combined approach including purificatory and palliative therapy through principles of ayurveda helps in relieving pain and reducing the dose of carbamazepine owing to its adverse effects. A 31-year-old male patient was admitted in Shri Dharmasthala Manjunatheshwara Ayurveda Hospital, Hassan, with chief complaints of episodic pain over left cheek since 3 years. He was earlier treated with conservative line of management. On admission, the patient was treated based on ananta vata chikitsa. The treatment protocol included sadyovirechana, brumhana nasya and shamana medicines. There was remarkable reduction in the intensity of pain with decreased frequency of attacks. The improvement was carried throughout 45 days of follow up.*

**Keywords:** Trigeminal neuralgia, ananta vata, carbamazepine, nasya

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## INTRODUCTION

Trigeminal neuralgia (TN), also known as tic douloureux, is a distinctive facial pain syndrome that may become recurrent and chronic. It follows the sensory distribution of cranial nerve V (typically radiating to the maxillary or mandibular area in 35% of affected patients) and is often accompanied by a brief facial spasm or tic. TN (Trigeminal neuralgia) presents as attacks of stabbing unilateral facial pain, most often on right side of the face. The number of attacks may vary from less than 1 per day to 12 or more per hour and up to hundreds per day. Triggers of pain attacks include chewing, talking, drinking cold or hot fluids, touching, brushing teeth, blowing the nose and encountering cold air etc. [1].

The disease can be understood in ayurveda as *anantavata*. It is explained as a disease of head involving simultaneous vitiation of all *tridoshas* producing severe pain at unilateral side of face [2]. Fasting, not having adequate food, excessive intake of dry, cold food articles etc. are mentioned as aetiology of *anantavata*. Management includes external therapies and internal medications pacifying *tridoshas* followed by *vatapittahara* diet [3].

The present case was a diagnosed patient of trigeminal neuralgia, who was on carbamazepine since 2 years. Patient experienced adverse effect of the drug which made him to be on irregular medication. He was also advised for invasive procedure of permanent recovery. This made him to choose ayurvedic treatment seeking reduction in the dosage of carbamazepine. The main intention of ayurvedic management aimed at reducing the dose in a tapering manner, providing subjective well being and improving quality of life.

## CASE STUDY

### Patient Information

A 31-year-old male patient who was a field officer in an NGO got admitted in our hospital with chief complaints of severe pain (electric shock like) in the left cheek area of face associated with mild stiffness difficulty in chewing hard food since three years, and also giddiness, and difficulty in balancing since 1 year. The complaints got aggravated since 1 week. Patient also complained of disturbed sleep since a month due to pain. Onset of pain was sudden, severe electric shock like shooting pain lasted for 2 to 12 h. The pain

was episodic in nature occurring as two to three attacks in a month. Pain used to aggravate on doing day today activities such as chewing, brushing teeth, during cold season and got relieved on hot fomentation. Patient was diagnosed with trigeminal neuralgia due to nerve compression at National Institute of Mental Health & Neuro Science (NIMHANS), Bangalore. He was prescribed with 800 mg of tab Tegratol (carbamazepine) in two divided doses. Initially there was a significant reduction in the intensity and duration of pain. Patient continued the same medication for 3 years. During the course of treatment, he observed giddiness and problem in balancing which relieved on withdrawing carbamazepine. He was on irregular medication thereafter.

There was no relevant past history of any other illness. Patient was on irregular intake of carbamazepine 800 mg in two divided doses since 3 years. There was no relevant family history. Patient was married since 5 years and maintaining cordial relationship with spouse. Under occupational history, frequent exposure to cold and wind was observed as he had field work more often.

### Clinical Findings

Patient's appetite, bowel movement and micturition were found to be regular and sleep was disturbed due to pain. He had the habit of drinking tea three to four times a day. All vital signs and general physical examination were found to be within normal limit. On examining cranial nerves, mild sensory loss in left cheek associated with slight stiffness of temporomandibular joint was observed. On examining the mental status, mild depressed mood was elicited.

### Diagnostic Assessment

Patient had undergone imaging scan at NIMHANS, Bangalore and was diagnosed as Trigeminal neuralgia due to microvascular compression. After assessing the aetiology and clinical features, ayurvedic diagnosis was made as *anantavata*, involving predominantly *vata dosha* followed by other two humours. The disease was classified under *sadhya*

*vyadhi* (curable disease) according to literature. Visual analogue scale was applied to assess the intensity of pain.

### Therapeutic Intervention

The treatment plan included both external and internal medications. Total duration of treatment was 10 days. On first day of admission, *sadyovirechana* (Purgation) was given with 20 gm of *Avipattikara churna* and hot water. Next day morning, slight aggravation of pain was noticed but pain got subsided by evening. On the third day, *shodhana nasya* (Nasal instillation of drug) was planned. *Mridu mukhabhyanga* (gentle face massage) with *asanabilwadi taila* followed by instillation of six drops of *karpasastyadi taila* to each nostril was given. Along with this *shiropichu* was advised with *shatapaka bala taila*. *Dashamoola yavagu* and *ghrita bhojana* (food mixed with ghee) were advised as diet. On tenth day, *pratimarsha nasya* with *ksheerabala 101 taila*, two drops to each nostril, *Pathyadi kada*, tablet *Brihat vata chintamani* (without gold) twice daily were prescribed. The dose of carbamazepine was reduced to 400 mg.

### Follow-up and Outcomes

On first follow up after 15 days, single episode of pain was noticed. The same medications were continued with 200 mg of carbamazepine. One second follow up after one month, there were no episodes. Hence Carbamazepine was stopped and patient was advised to continue *pratimarsha nasya* and *pathyadi kada* for another 1 month. There was significant improvement in quality of life and subjective well being was noticed.

### Treatment Chart

Includes Internal and external modes of Panchakarma therapies for recommended period along with disease specific palliative therapeutics. (Table 1).

### Scoring of Visual Analogue Scale

The scale was used to assess the severity of pain before, during and after treatment (Table 2).

**Table 1: Treatment Chart.**

Date	Treatment	Medicines	Remarks
12/04/16	<i>Sadyovirechana</i>	<i>Avipattikara churna</i> 20 gm with hot water	8 vega, pain aggravated on 2nd day
from 13/04/16 to 20/04/16	<i>Mukhabhyanga (mridu) Marsha nasya</i>	<i>Asanabilwadi taila</i> <i>Karpasastyadi taila</i> : 8 drops for 7 days	Single episode of pain on 3 <sup>rd</sup> day
	<i>Shiropichu</i>	<i>Shatapaka bala taila</i>	Sleep improved
	<i>Pathya</i>	<i>Dashamoola yavagu</i> twice daily, <i>Ghrita bhojana</i>	
22/04/16 onwards	<i>Shamanaushadhi-Pratimarsha nasya</i>	<i>Ksheera bala 101 taila</i> 2 drops daily Tab BVC 1-0-1 <i>Pathyadi kada</i> 50 ml BD B/F	Single episode of pain, first follow up
		<i>Ksheera bala 101 taila</i> 2 drops daily <i>Pathyadi kada</i> 50 ml BD B/F	No further episode, 2nd follow up

**Table 2: Scoring of Visual Analogue Scale.**

Days	Episode	Scoring (VAS)
First day	Nil	2
Second day	One episode	4
During <i>nasya</i>	One episode	2
Tenth day	Nil	1 (mild twitching pain)
Follow up	1st: one episode 2nd: No episode	1st: 1 2nd: 0

## DISCUSSION

Ayurvedic management of Trigeminal neuralgia is based on pacifying *tridosha* [4]. In the present case, severe pain was chief complaint. Hence the case was evaluated as *vata pradhana tridoshaja* condition. *Vatahara, balya, brumhana, tridoshahara dravya* play a major role along with *vata pittahara pathya*. Since the condition was chronic, there was an accumulation of morbid *dosha*. Hence *sadyovirechana* was given on the first day. Nasal route is said to be the doorway to head. Hence *nasya* is the best treatment of choice for all diseases pertaining to head and neck. *Shodhana nasya* followed by *brumhana nasya* helps in alleviating pain and preventing the recurrence. Mode of action of *Shiropichu* can be described locally as well as systemically. In *Shiropichu*, oil form is used which has good dense concentration with longer duration of contact. Also, the skin over the scalp is thin as compared to other parts of the body and local effect is based on cellular absorption of drugs through transdermal route. Systemically, cellular absorption and circulation has effects on CNS. According to the modern medicine, local application like ointment passes through the stratum corneum into the blood vessel and reaches the appropriate organ. Similarly the oil

kept on anterior fontanelle can be absorbed and easily reaches the brain cortex [5]. *Pathyadi kada* contains *deepana, pachana, teekshna, shoolahara dravya*. It is a specifically indicated formulation for diseases of head [6]. *Vatahara, shoolahara* property of *Brihat vata chintamani rasa* helped in reducing pain as well as number of episodes. *Rasayana* property of the same prevents relapse of disease by nourishing all bodily tissues starting from *rasa dhatu* (fluids of body, first result of metabolism) [7].

Ayurvedic treatment has improved the signs and symptoms of trigeminal neuralgia on parameters of visual analogue scale. Dose of carbamazepine was reduced in tapering manner which was the main aim of treatment. This mode of management helped the patient to get rid of adverse reaction of the drug. Along with this reduction in intensity and episode of pain were also attained.

## REFERENCES

1. Manish Singh K, *et al.* *Trigeminal Neuralgia*. Updated: Nov 28, 2016, Medscape.  
[http://www.ninds.nih.gov/disorders/trigeminal\\_neuralgia/trigeminal\\_neuralgia.htm](http://www.ninds.nih.gov/disorders/trigeminal_neuralgia/trigeminal_neuralgia.htm)
2. Agnivesha Charaka Dridhabala. *Charaka Samhitha* with *Ayurveda Deepika* Commentary by Chakrapani Dutta. Siddhi Sthana, *Vatavyadhi Adhyaya* 6/10-11. Vaidya Yadavjitrikamji Acharya, editor. Varanasi: Chukambha Sanskrit Sansthan; Reprint 2011; 616p.
3. Acharya YT. *Sushruta Samhita* with *Nibandha Sangraha*, Commentary of Shri Dalhanacharya and Nyaya Panchika of

- Shri Gayadasa, Uttaratanttra, Shioroga Pratishedha 26/13-14. Varanasi: Chaukambha Surabharati Prakashan; 2003; 655p.
4. Chaudhari R. *Sachitra Shalakya Vijnana, Shioroga*. Varanasi: Chaukambha Orientalia; Reprint 2013; 368p.
  5. Kiran Raj. A Conceptual Study of *Shiropichu* in the Management of *Shirahshoola*. *International Ayurvedic Medical Journal* {online} 2017 {cited May, 2017}. Available from: [http://www.iamj.in/posts/images/upload/1588\\_1594](http://www.iamj.in/posts/images/upload/1588_1594)
  6. Pandith Sharangdhara. *Sharangdhara Samhita* with Commentary *Deepika of Adhamalla and Gudhartha Deepika* of Kashirama, *Madhyamakhandha, Kwatha Kalpana* 2/143-145. 5th Edn. Pandith Vidyasagar PS, editor. Varanasi: Chaukambha Orientalia; 2002; 162p.
  7. Kaviraja Shri Ambiakadatta Shastri. *Bhaishajya Ratnavali, Vatavyadhi Rogadhikara* 26/145-148. 14th Edn. Shri Rajeshwaradatta Shastri, editor. Varanasi: Chaukambha Sanskrit Sansthan; 2001; 385p.

#### Cite this Article

Kavyashree K, Savitha HP. Ayurvedic Approach to Trigeminal Neuralgia: A Case Report. *Research and Reviews: A Journal of Ayurvedic Science, Yoga and Naturopathy*. 2018; 5(2): 1–4p.