

AYURVEDIC MANAGEMENT OF TRIGEMINAL NEURALGIA: A CASE STUDY

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ABSTRACT

Described as one among the most painful conditions known to mankind, trigeminal neuralgia (TN) is a neuropathic disorder characterized by episodes of intense pain in the face, originating from the trigeminal nerve. Even after the availability of newer and newer medicines along with surgical advancement coupled with novel techniques, there is lack of promising results against this ailment. But this distressing condition can be well managed by adopting the time-tested healing system of medicine i.e. Ayurveda. This case study throws light on Ayurvedic management of the predicament. This study presents the case of a middle-aged woman who, despite neurosurgical decompressive surgery, radiofrequency ablation therapy, as well as

multiple specialty referrals including dentistry and a specialist pain clinic review, continued to experience frequent, severe and disabling episodes of right-sided facial pain, attributing to trigeminal neuralgia. Her symptoms rapidly responded to a trial of Ayurvedic therapy and the benefits remained well sustained with *Vata Pitta Shamak* medicines prescribed on the line of treatment of *Anantavata*-the Ayurvedic equivalent of TN.

KEYWORDS: Trigeminal neuralgia, Ayurveda, Anantavata.

INTRODUCTION

One of the challenges in primary care is the management of patients with chronic painful diseases who have not responded to the standard treatment regimens.. Such conditions tend to

have a high morbidity and /or mortality. Trigeminal neuralgia (TN) is a typical example of such a condition.

Trigeminal Neuralgia is a neuropathic disorder characterized by episodes of intense pain in the face, originating from the trigeminal nerve. It has been described as among the most painful conditions known to humankind.^[1] It is estimated that 1 in 15,000 or 20,000 people suffer from TN, although the actual figure may be significantly higher due to frequent misdiagnosis. In a majority of cases, TN symptoms begin appearing more frequently over the age of 50. It is more common in females than males.^[2]

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. 10–12% of cases are bilateral (occurring on both the left and right sides of the face). Trigeminal neuralgia most commonly involves the middle branch (the maxillary nerve or V₂) and lower branch (mandibular nerve or V₃) of the trigeminal nerve^[3], but the pain may be felt in the ear, eye, lips, nose, scalp, forehead, cheeks, teeth, or jaw and side of the face.

This disorder is characterized by episodes of intense facial pain that last from a few seconds to several minutes or hours. The episodes of intense pain may occur paroxysmally. To describe the pain sensation, patients may describe a trigger area on the face so sensitive that touching or even air currents can trigger an episode; however, in many patients the pain is generated spontaneously without any apparent stimulation. The attacks are said by those affected to feel like stabbing electric shocks, burning, pressing, crushing, exploding or shooting pain that becomes intractable. The cause of trigeminal neuralgia is not fully understood. It is thought to be due to irritation or compression of the trigeminal nerve root by neighboring arteries. This is the basis for neurosurgical decompression procedures. In Ayurveda, TN can be well correlated with *Anantavata* owing to the marked similarities of the clinical presentations of these two disease entities. *Anantavata* is one of the eleven diseases of head affecting the quality of life of masses very badly.

CASE REPORT

A 62-year-old woman reported the Shalakya OPD of Patanjali Ayurvedic Hospital in December 2013 with a seven-year history of recurrent, right-sided facial pain, in the distribution of all three branches of the trigeminal nerve. As per the patient, these episodes

occurred initially on average two to three times per week and were characterized by brief episodes of unilateral right-sided sharp lancinating pain, lasting initially on an average for less than one minute. But progressively duration and frequency both were increased and predominantly affecting the maxillary and mandibular divisions of the trigeminal nerve. Attacks were typically triggered by actions such as washing her face or smiling. There were no other features associated with these attacks; in particular there were no associated headaches or visual disturbance. She had no prior history of headache and there was no family history of trigeminal neuralgia. Her neurological and dental examinations, a computed axial tomography scan of brain and sinuses, and routine blood tests were all normal.

The patient initially commenced on gabapentin (up to 1200 mg daily) to which carbamazepine (up to 800 mg daily) was later added owing to significant benefit. Following a neurosurgical assessment, she underwent decompression of her right trigeminal nerve, nine months after the initial onset of her symptoms. Unfortunately, her symptoms worsened following this and she was referred for radiofrequency ablation 14 months after the decompressive surgery. This resulted in some permanent numbness in her right infra-orbital area instead of any relief. She was then referred to a specialist of pain clinic and was treated with a combination of dothiepin (75 mg daily), pregabalin (600 mg daily) and nimesulide (200 mg daily). This regime resulted in a transient improvement in her symptoms.

Ayurvedic Management

As stated above, on the basis of resemblance of signs and symptoms, TN can be correlated with *Anantavata*. Therefore, management was planned accordingly. The patient was switched on to two week I.P.D treatment followed by Yoga and then internal medicines were prescribed. The details are as follows.

Treatment during the First week

Nasya with the Ksheerbala Taila

Thalam with Nimbamritadi Erand Taila

Jalneti with Triphala, Mulethi, Bala and Saindhava Lavana

Tratak and Yognindra

Treatment during the Second week

Sirodhara with Mahanarayana Taila

Mukhalepa with Triphala, Rasna, Lodhra, Manjishta, Raktachandana, Madhuka etc mixed with the milk

Karnpurana with Dhanwantantra Taila

Matravasti with Mahanarayan Taila

Jalauka Avacharana.

DISCUSSION

Ayurvedic treatment given judiciously can certainly relieve the patient from the problem of TN. *Nasya with the Ksheerbala Taila & Talam with Nimbamritadi Errand Taila* results into regularization of predominantly deranged *Vata Dosha* which is responsible for any type of pain.^[4] *Jalneti with Triphala, Mulethi, Bala and Saindhava Lavana* has inherent capacity of alleviation of vitiated *Tridosha*. *Tratak and Yognindra* brought about enhancement of pain threshold and subsequently subsidence of the presenting symptoms.

By virtue of its *Vatashamaka* and soothing properties, *Sirodhara with Mahanarayana Taila* further alleviated the vitiated *Vata*. Again, *Mukhalepa with Triphala, Rasna, Lodhra, Manjishta, Raktachandana, Madhuka etc mixed with the milk*, obviously is very much capable of diminishing the increased *Pitta* owing to its *Pittashamaka* property. *Karnpurana with Dhanwantantra Taila, Matravasti with Mahanarayan Taila* and *Jalauka Avacharana* resulted into complete removal of rest offenders and were responsible for non-recurrence of the agonizing symptoms of TN.

CONCLUSION

It will be imperative to recommend here that if a patient of TN go for Ayurvedic treatment in the initial stage of the problem, better results in short duration are anticipated. This particular healing system is also free from the undesirable side effects of antiepileptic drugs, antidepressants, and analgesics. Do's and Don'ts should be properly abided during and after the treatment.

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