

MULTIFACETED TREATMENT REGIMEN IN AYURVEDA MANAGEMENT OF ANANTAVATA W.S.R TO TRIGEMINAL NEURALGIA – A CASE REPORT

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ABSTRACT

Anantavata is mentioned in Classics is a Tridoshaja vyadhi^[1] found to be very common in Society without any radical cure. In modern counterpart symptomatic relief is given through antispasmodic drugs Carmazepine 100 mg bd, tds, and even q.i.d when not responding to this sugery is advised. While in Ayurveda intervention significant relief is restored by proper management strategy i.e. Raktamokshana, VirechanaNasya Shamana Chikitsa^[2], and quality of life is improved to a great extent.

KEYWORDS: Anantavata, Carbamazepine, Raktamokshana, Virechana, Nasya.

INTRODUCTION

Anantavata is Tridosajvyadhi in which Manya Pradesh, Prastha Pradesh, posterior part of greevapradesha^[3] is affected with

excruciating paroxysms of pain in lips gums, cheeks, chin, ophthalmic division of 5 th nerve more than seconds or minutes. Paroxysms may be single jabs or clusters. Trigger factors are speaking, chewing, smiling.^[4]

Tactile Stimuli - washing the face brushing the teeth, exposure to air sneezing

In the present study the case was diagnosed as Anantavata and patient was administered with Shodhana (Virechana), Vatapittahara Shamana therapy, Brimhana Nasya, Jalaaukaavacharana, the results were found promising and significant.

CASE PRESENTATION

46 yr old female patient was registered from opd got admitted in hospital with chief complaints of Severe excruciating pain in the left cheek area of the face associated with mild stiffness, difficulty in chewing hard food since two years, pain even aggravated on washing face with cold water .before commencement of ayurveda treatment patient was already taking 200 mg Q.I.D dose of Tegretol(Carbamazepine) since two years. During the course of treatment he observed giddiness and problem in balancing which relieved on withdrawing Carbamazepine. He was on irregular medication thereafter. Patient was advised even for Invasive procedure and the pain was relieved for 1-2 hours after medication then again it got aggravated and such paroxysmal attacks occurred very frequently every 1-2 hour then she decided to approach for Ayurvedic Intervention.

Therapeutic Intervention

Stage	Treatment Given	Dose	Follow up outcomes	Duration
First	Virechana karma	Snehanapan done with Tiktakaghrita until the attainment of Samyaksnighdhalakshana Nimbamritadieranda tail - 50 ml Trivrataavaleha- 50 gm	Total 34 vegas observed Samsarjana karma planned as par shiddhi Neuralgic pain was reduced significantly Trigetrol (carbamezipine) dose was reduced from 800mg daily to 400mg daily	18 days
Second	Shamana aushadhi- 1.Vrihatavata chinta mani rasa-	125 mg bd	Tab. Trigretol was tapered out completely Pain was remenant only for few minutes in 24 hrs	15 days
	2.Cap. Palsinuron	1 tds		
	3. Avipattikarachurna (10 gms) siddha paniya	10 gms		
	4. Mahakalyankaghritam	15 ml as shaman sneha		
Second	Jalaukaavacharana	3 Leeches were applied on the face (in the dermatome of trigeminal nerve)	Pain was reduced from few minutes to few seconds	4weeks
Third	Navana Nasya with Ksheerabala tail	5ml each nostrils	80% remission of disease with minimal pain	7 sittings alternate days
Fourth	Shamana aushadhi		90% remission of disease with minimal pain	15 days
	1. Avipattikarachurna (10 gms) siddha paniya	10 gms		
	2. Mahakalyankaghritam	15 ml as shaman sneha		

DISCUSSION

Principle Ayurvedic management of Trigeminal Neuralgia is based on raktamokshana along with Suryavarta Chikitsa i.e. Sarpir outtarbhaktikam, Sirovirechana, Kayavirechana, Sirovasti, Sirodhara, Brimhana Nasya.

In Anantavata Virechana Karma does the necessary Srotosodhana Karma thereby clearing the Avarana of kapha and pitta and Vata anulomana.

Brihatvata Cintamani rasa when given with suitable anupana pacifies all types of Vatavyadhi. Specially Vata pitta shaman in nature.^[5]

Cap Palsinuron is a patent drug with combinations of Ekangaveera rasa, Mahavatvidhwansana rasa Sutasekhara rasa, Sameerapannaga Rasa, Lajjalu swarasa all these drugs are tridosha shamaka especially VK shaman and are Nadi balya(Nervine Tonic).

Avipattikara Churna- Pacifies amlapitta janya agnimandya, Vatanadi shola.^[6]

Mahakalyanaka Ghrita pacifies Sannipata roga, Brimhanakaraka.^[7]

Jalauka Avacharana does the necessary Samprapti vighatana by pacifying the raktadushti and relieving the pressure in engorged blood vessels surrounding Trigeminal nerve and thus relieving the pain.

Nasya with Ksheerabala taila gives the direct nourishment to Trigeminal nerve and pacifies vata thus relieving the neuralgic pain.

CONCLUSION

From the above results we can conclude that after giving approx. Three months of multifaceted regimen there was significant relief in sign and symptoms of the disease and quality of life was also improved. Thus in future this treatment plan can be given in large sample size to establish the its efficacy.

Declaration of patient consent

The authors certify that they have obtained a patient consent form, where the patient has given her consent for reporting the case along with the images and other clinical information in the journal. The patient understands that her name and initials will not be published and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

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Conflicts of interest

There are no conflicts of interest.

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