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Case Study

AYURVEDIC MANAGEMENT OF TRIGEMINAL NEURALGIA WITH SPECIAL REFERENCE TO *ANANTAVATA* ON QUALITY OF LIFE

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ABSTRACT

Trigeminal neuralgia, also known as Tic Douloureux, is a condition characterized by unilateral, lancinating facial pain affecting the branches of the trigeminal nerve. Clinically, it manifests as excruciating paroxysms of pain localized in the lips, gums, cheeks, or chin. While trigeminal neuralgia is predominantly idiopathic, it is also indicative of action potentials in pain-sensitive fibers of the fifth cranial nerve root before it enters the brainstem. **Case:** A 39-year-old male patient presented with left-sided facial pain persisting for two years at the Government Ayurveda College and Hospital, Nagpur. The pain was predominantly distributed across the left cheek and chin, radiating towards the jaw region. The patient underwent Ayurvedic interventions for a duration of 2 months. Notable improvements were documented using the visual analogue scale (VAS) for pain and the hospital anxiety and depression scale (HADS). Observations from this case underscore the efficacy of Ayurvedic interventions in alleviating acute paroxysms of pain associated with classical trigeminal neuralgia and enhancing the overall quality of life for affected individuals. Present case was diagnosed as suffering from *Anantavata,* addressed through four sessions of leech therapy, alongside the administration of *Ekangaveer Ras*, *Mahavatavindwas Rasa*, *Guduchi Stawa*, *Ashwagandha Churna,* and *Rajata Bhashma*,with a local *Panchakarma* procedure.

INTRODUCTION

Trigeminal Neuralgia is a relatively prevalent condition, with an estimated annual incidence of 4-8 cases per 100,000 individuals, disproportionately affecting females compared to males, often attributed to idiopathic origins. The overall estimated annual incidence of TN is approximately 12.6 per 100,000 persons, with its prevalence escalating with advancing age.[1] This condition elicits sharp or paroxysmal pain resulting from the demyelination of large, myelinated fibers or compressive pathology affecting the branches of the nerve. The fibers become hyperexcitable and electrically coupled with smaller, poorly myelinated fibers. A frequent etiology involves the compression of the trigeminal nerve root by vascular structures, commonly the superior cerebellar artery or tortuous veins. The gold standard in the management of trigeminal neuralgia is carbamazepine. In the context of *Anatavata*, the simultaneous aggravation of the three doshas manifests as pain in the neck, eyes, brows, and temples, accompanied by throbbing discomfort in the lateral aspects of the cheeks, impaired movement of the lower jaw, and ocular disturbances.[2]

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Patient Information

A 39-year-old male patient attended the outpatient department of Government Ayurveda College and hospital, Nagpur, with complaints of sharp pain radiating from the left jaw to the cheek region lasting from 30 seconds to roughly 2 minutes. The patient had been experiencing pain for 5-6 years due to the trigeminal neuralgia nerve lesion. Patient was on allopathic medicine but had a disturbed quality of life, facing the pain through the working hours, making him unsatisfied and stressed. So, patient adopted for Ayurvedic interventions to reduce the pain as well as the quality of life.

Treatment timetable and Protocol

S.No	Therapy	Drug	Doses
1	*Raktamokshana* [3]	Leech therapy [4]	1 sitting in 7 days for a total of 4 sittings.
2	*Samana Chikitsa*	*Ekangaveer Ras* 1 BiD *Vatavindwasa Ras* 10gm [5] *Guduchi satwa* 20gm *Ashwangandha churna* 50gm *Rajat Bhasma* 2gm [6]	For 15 days For 30 days
3	Procedure - *Kukutanda Swedan* once a day for a continuous 15 days.		

RESULT

Parameter	Test score	Day 0	Day 15	Day 30	Day 45
VAS score [7]	VAS score	8	5	4	2
Frequency of acute episodes	Frequency of acute episodes	Hours	2-4 hrs	2-4 hrs	Once a week

Clinical outcomes on HADS score

HADS score [8]	Day 0	Day 15	Day 30	Day 45
Depression	8	6	6	6
Anxiety	12	11	8	6

DISCUSSION

Pain is one of the most debilitating aspects of such conditions, significantly impacting the sufferer's quality of life. This pain is often related to neurovascular compression of the trigeminal nerve, with its demyelination playing a key role in the experience of pain. While the exact mechanism of pain generation in trigeminal neuralgia remains unclear, it is believed that the hyperexcitability of the demyelinated nerve contributes to the pain. The primary goal of treatment for *Trigeminal Neuralgia* is to manage this pain. Leech remove vitiated blood, so they act like microvascular decompression and also cause an anesthetic action. Leech therapy itself should much relief in the pain along with *Samana* medications. *Anantvata* is a *Tridosaj Vyadhi* but the predominant *Dosha* can play a major part. In Ayurveda, pain is viewed as a manifestation of aggravated *Vata.* The *Udravjatrugata Vatavaha Siras* are present in total 32 numbers. *Vitiated Vata* in this *Siras* can cause pathogenesis for *Shoola*. To control this, various therapies are utilized, including *Sneha* (oleation), *Samana* (palliative procedures), *Brimhana* (nourishing procedures), and *Rasayana* (rejuvenation therapy). In the present case, *Vata-kaphahara, Shamana*, *Brimhana*, and *Rasayana* treatments were planned to control the pain. For internal use, the combination of *Vatavindwasa Rasa*, *Guduchi satwa*, *Ashwangandha churna*, and *Rajat Bhasma* was used. The overall all effect of this combination includes *Vedana sthapak*, *Tridoshahara*, *Medhya, Balya, Deepana Pachana* properties.

CONCLUSION

The quality of life was improved, and the severe pain paroxysms in CTN were lessened due to the Ayurvedic treatments utilized in this instance. Additional clinical studies may be carried out to determine the results of these observations, and these treatment methods can be employed in clinical practice to manage such instances.

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Author's Contribution Statement

P.V.V: Data curation, Writing original draft, Methodology and Validation.

J.D.G: Conceptualization, Reviewing and editing, Supervision.

Declaration of patient consent

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

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