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Case Study

A CASE REPORT ON AYURVEDIC MANAGEMENT OF *ANANTAVATA* W.R.T TO TRIGEMINAL NEURALGIA

Prakruthi G[1]*, Sankanagoud Patil[2]
*[1]Associate Professor, Department of Shalakya Tantra, [2]Professor & HOD, Department of Swasta Vritta
Rajashekaraiah Institution of Ayurveda Medical Sciences and Hospital, Solur, Ramanagar, Karnataka, India.

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ABSTRACT

In conditions like *Anantavata* (a condition caused by simultaneous aggravation of all three *Doshas*, marked by severe pain in the head and facial region), where all three *Doshas* are simultaneously aggravated, patients experience intense pain in the neck, eyes, brows and temples, accompanied by pulsating discomfort in the cheeks and restricted jaw movement. Trigeminal neuralgia, a condition characterized by recurrent, unilateral, electric shock-like pain confined to the trigeminal nerve's divisions, often presents with sudden onset and abrupt cessation, and can be triggered by otherwise innocuous stimuli. **Patient information**: A 74-year-old female patient presented with a longstanding history of severe, shock-like pain localized to the left side of her face. **Therapeutic intervention**: To evaluate the effectiveness of Ayurvedic therapies in such cases, a single case study was conducted focusing on *Nasya* (therapeutic nasal administration of medicated oils) as a treatment modality for *Anantavata* in the context of trigeminal neuralgia. The selected treatment regimen was administered consistently over a period of eight consecutive days. **Results**: The outcome of this therapeutic intervention was systematically observed and documented to evaluate its effectiveness in alleviating the patient's symptoms- particularly focusing on the intensity, frequency and duration of facial pain. Over the course of the eight-day treatment, the patient showed a marked reduction in pain severity and frequency, along with noticeable improvements in jaw movement and facial muscle relaxation. By the end of the treatment period, significant and consistent relief was observed in all major signs and symptoms. **Conclusion**: Based on the present case study, it can be concluded that the *Nasya karma* along with oral medicines can be used as potential therapeutic protocol in managing *Anantavata* as correlated with trigeminal neuralgia, offering a complementary approach to conventional treatment strategies.

INTRODUCTION

Ayurveda (the ancient Indian science of life) is practiced with the goal of achieving *Sampurna Swasthya* (complete health) and fulfilling the four *Arthas* (human pursuits): *Dharma* (righteous living), *Artha* (wealth), *Kama* (desire), and *Moksha* (liberation). The term "Ayurveda" is derived from the word "*Ayu*" (life) and "*Veda*" (authentic, real knowledge). Ayurveda thus represents the authentic science or knowledge of life.[1]

Our *Acharyas* have elucidated that the *Shiras* (head) serves as the abode of *Prana* (vital life force) and is referred to as *Uttamanga* (the highest or most vital part of the body). It is intricately connected to all sensory and motor organs, as well as the *Pranavaha Srotas* (channels responsible for the movement of vital life energy), similar to the relationship between sunrays and the sun. The nose (*Nasa*) acts as the primary gateway to the *Shiras*, where *Kapha* (one of the three fundamental bio-energies) is predominantly located and its vitiation leads to various *Shirorogas* (disorders of the head).[2,3]

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Headache, characterized by pain or discomfort traversing from the orbit to the occipital region, originates from pain-sensitive structures both within and outside the cranium. While commonplace, headaches pose significant disruption, prompting patients to seek immediate treatment across various specialties. From ENT to psychiatry, neurology, internal medicine and ophthalmology, patients navigate multiple disciplines in pursuit of effective management. A meticulous assessment comprising comprehensive history-taking, thorough clinical examination, and judicious employment of diagnostic modalities is crucial for accurate diagnosis and subsequent treatment.

Trigeminal neuralgia (*TN*), initially recorded by Nicholas André in 1756, is delineated in the ICHD-3 beta as a condition characterized by "recurrent unilateral brief electric shock-like pains, abrupt in both onset and termination, limited to the distribution of one or more divisions of the trigeminal nerve and triggered by innocuous stimuli." The disease imposes substantial disability and exerts a profound socioeconomic impact on the quality of life for affected individuals. Predominantly afflicting those aged over 50, *TN* displays a higher prevalence among females, with a ratio of 3:2 and an incidence rate of 4.3 per 100,000 persons annually.

Although the pathophysiology is difficult to track, it is postulated that the pain in *TN* arises from demyelination of the trigeminal nerve's cranial segment, particularly near its origin at the root entry zone (*REZ*) within the brainstem. Demyelination, potentially induced by vascular compression, tumors, multiple sclerosis, or postherpetic neuralgia, triggers abnormal depolarization and ectopic impulse formation, leading to ephaptic transmission.

Diagnosis depends on recognizing hallmark features such as sharp, shooting, paroxysmal, unilateral facial pain accompanied by allodynia along the trigeminal nerve's distribution. Remarkably, the maxillary (*V2*) and mandibular (*V3*) divisions are most commonly affected, while in only 4% of cases the ophthalmic division (*V1*) is implicated. Pain episodes, lasting from milliseconds to seconds, may intensify with innocuous stimuli like facial washing, brushing, chewing, shaving, or exposure to cold drafts.

Trigeminal neuralgia can be classified diagnostically as "classic trigeminal neuralgia" (*CTN*), "secondary trigeminal neuralgia" (*STN*) and "idiopathic trigeminal neuralgia" (*ITN*). Imaging techniques, preferably specialized magnetic resonance imaging (*MRI*), aid in validating the diagnosis.

Initial management typically involves medical interventions, with surgical or minimally invasive approaches reserved for cases non-responsive to adequate medical therapy- defined as a trial of at least three drugs, including carbamazepine, at optimal doses. [4,5]

Anantavata as per different *Acharyas*

Lakshanas (Symptoms)[6,7]

As per *Acharya Sushruta*, the simultaneous aggravation of all the three *Doshas* manifests as intense pain in the nape of the neck, eyes, brows and temples. Additionally, there is throbbing discomfort in the cheek regions, accompanied by restricted movement of the lower jaw and ocular ailments.

According to *Acharya Charaka*, the vitiation of all the three *Doshas* due to factors like prolonged fasting, excessive grief, extreme dryness, cold exposure and inadequate food intake precipitates severe pain in the carotid and neck areas, as well as in the regions of the brows and temples. This imbalance also triggers twitching sensations in the neck, ocular disorders and stiffness in the jaw muscles.

Chikitsa (treatment)[8,9]

According to *Acharya Sushruta*, the recommended treatments for *Anantavata*, akin to *Suryavarta*, involve the administration of *Nasya*. Additionally, dietary prescriptions advocate the consumption of predominantly arid region animal meats, rice boiled with milk and *Ghrita* (clarified butter) and dishes such as *Madhumastaka Samyava* (sweet bolus preparation) and *Ghritapura* (ghee-enriched food), which pacify *Vata* and *Pitta Doshas* due to their sweet nature. Other therapeutic interventions include *Siravyadha* (venesection).

In line with *Acharya Charaka's* teachings, treatments such as *Siramokshana* (bloodletting), *Suryavarta Chikitsa*, *Uttarabhaktika Sarpi Pana* (consumption of ghee after meals), *Shira* and *Kaya Vireka* (head and body purgation), *Shiropichu* (therapeutic oil pad on the head), *Upanaha* (poultice) with *Jangala Mamsa* (meat of animals from arid regions) and *Ghrita Ksheera Sechana* (pouring of ghee-milk mixture) are recommended. Additionally, the use of *Jeevaniyagana Dravya Siddha Ghrita* (medicated ghee prepared with revitalizing herbs) for *Nasya* administration is advocated.

Patient information

A 74-year-old female patient visited the Shalakya Tantra OPD reporting a history of shock-like pain localized to the left part of her face persisting for eight years, often leading to feelings of irritation and stress. The severity is such that the patient is sometimes unable to consume even semisolid food. Each attack lasts for about 30 minutes. The pain episodes were associated with redness and watering of the eyes occasionally.

Remarkably, she had no history of Diabetes Mellitus, Hypertension, or any other systemic illnesses. The patient reported no significant stress or contributory lifestyle factors. The pain was characterized as electric shock-like in nature. Notably, there was no familial history of similar complaints. Initially, she found relief with T. Tegritol medication; however, its efficacy diminished over time, prompting her visit to our hospital. The patient underwent hernia operation 6 months prior and cataract operation 2 years prior for both eyes. She attained menopause at the age of 45.

Clinical findings

Systemic examination reveals no significant changes with respect to the respiratory system, cardiovascular system, central nervous system, or gastro-intestinal system. Tenderness was present in the left part of the face.

Visual Acuity

VA	Distant Vision	Near Vision
BE	6/12p	N6P
RE	6/12p	N6P
LE	6/24p	N9

Intervention

- *Deepana–Pachana* (appetizer and digestive therapy): 3 days– *Chitrakadi Vati* (2 tablets, morning and night, before food).
- *Nasya Karma*: 8 days
- *Sarvanga Abhyanga* (full-body oil massage) and *Bhaspa Sweda* (steam sudation): *Murchita Tila Taila* (medicated sesame oil) – 4 days
- *Sthanika Mukha Abhyanga* (local facial massage) and *Sweda* (sudation): *Murchita Tila Taila* and *Phanasa Patra Sweda* (steam with jackfruit leaves) – 3 days
- *Nasya Karma* with *Ksheerabala 101* (medicated milk-processed oil): 6 - 8 drops in each nostril – 7 days
- *Gandusha* (oil pulling): *Dashamula Taila* (medicated oil of ten roots) – 8 days

Oral Medications

- Tablet *Brihat Vata Chintamani Rasa* (1 tablet, night, after food)
- *Dashamula Rasnadi Kashaya* (decoction of ten roots and *Rasna*) – 3 tsp, morning and night, before food
- *Narasimha Rasayana* (rejuvenating formulation) – 1 tsp, morning, before food.

The treatment intervention in the present case is explained in Table 1

Table 1: Treatment intervention

Date/Follow up	Medicines advised	Status on signs and symptoms
14-02-2024	*Dashamula taila – Kavala* – Once daily *Dashamula rasnadi kashaya* - 3-tsp, morning and night, before food – 15 days Tablet *Brihat vata Chintamani rasa* - 1-tab, night, after food – 10 days *Narasimharasayana* - 1-tsp, morning, before food – one month	The intensity and duration of pain reduced significantly (No pain at all for the past two days).
11-03-2024	*Dashamula taila – Kavala* – Once daily *Dashamula rasnadi kashaya* - 3-tsp, morning and night, before food – 15 days	The intensity and duration of pain reduced significantly Rarely she notices the pain with minimal intensity.
09-08-2024	*Dashamula taila – Kavala* – Once daily *Dashamula rasnadi kashaya* - 3-tsp, morning and night, before food – 15 days Tablet *Brihat vata chintamani rasa* (1-tab, night, after food – 10 days *Pranadhara drops* – Application in the oral cavity – As and when the patient feels pain *Neurocare drops* – 4 drops, morning with milk, before food – 10 days	Started noticing pain in left part of the face mainly in nose, oral cavity, difficulty in brushing the tooth.
04-12-2024	--	No pain at all from the past 5 months.

Nasya Karma [10,11]

Nasya Karma facilitates rapid therapeutic effects with less/minimal medication volume. This treatment modality holds paramount importance in addressing various disorders affecting *Urdhwajatru* (the region above the clavicle).

Procedure

***Purva Karma*– Preparatory Phase**: Following an assessment of the patient's *Deepana-Pachana*, preparatory measures such as *Mukhabhyanga* followed by gentle massage to the palms and soles, and *Bhaspa Sweda* are administered. Subsequently, the patient is advised to lie down in supine position with the head inclined downwards.

***Pradhana Karma*– Main Procedure:** The prescribed *Aushadha Dravya* (medicated substance) with specified *Matra* (dosage) for *Nasya* is carefully instilled into both the nostrils using a dropper. The patient is instructed to inhale deeply to enable the medicine's passage into *Gala Pradesha* (throat).

***Paschat Karma*– Post-procedure Phase:** Any residual medicine that reaches the throat is expectorated by the patient. The patient is allowed to rest in supine position for a short period followed by cleansing the mouth and face with *Sukoshna Jala* (lukewarm water). Finally, the patient undergoes *Dhumapana* (inhalation of medicinal fumes) and *Kavalagraha*, which completes the procedure.

RESULTS

Follow Up and Outcomes

Notable improvement in the patient's condition was seen after the completion of the scheduled treatment plan (*Nasya Karma*) and *Shamanaoushadis* (palliative medications) over the course of eight days. There was a significant alleviation of headache symptoms compared to pre-admission status, accompanied by a noticeable improvement in the patient's overall quality of life. In particular, the patient ceased the intake of T. Tegritol entirely, suggestive of the therapeutic efficacy of the treatment. A subsequent follow-up conducted after a month revealed a remarkable absence of pain, demonstrating the prolonged and sustained effectiveness of the treatment protocol.

In a nut shell, from February 14, 2024, the patient experienced a significant reduction in the intensity and duration of pain, with no pain reported at all for the preceding two days. However, by March 11, 2024, the patient began noticing a recurrence of pain, specifically on the left side of the face, primarily affecting the nose and oral cavity, and reported difficulty while brushing the teeth. Encouragingly, as of December 4, 2024, the patient reported being completely pain-free for the past five months.

DISCUSSION

According to *Acharya Sushruta*, *Prana* (life force) represents the union of *Agni* (fire), *Soma* (moon), *Vayu* (air), *Pancha Indriyas* (five senses) and *Pancha Mahabhutas* (five great elements), constituting vital energies which are essential for sustenance of life. These vital energies are predominantly seated within the *Shiras* (head), diligently safeguarding against any injuries or afflictions. Trigeminal neuralgia manifests as recurrent unilateral electric shock-like pains, characterized by sudden onset and cessation, localized to specific divisions of the trigeminal nerve and precipitated by innocuous stimuli. In Ayurveda, this condition aligns closely with the clinical manifestations of *Anantavata* (a neurological disorder), wherein the vitiation of *Tridoshas* (three bodily humors: *Vata*, *Pitta*, *Kapha*) leads to excruciating pain in the carotid and neck regions, as well as the areas around the eyebrows and temples. Additional symptoms include *Spandana* (muscle twitching), *Netra Rogas* (ocular disorders) and *Hanugraha* (lockjaw) which causes difficulty in swallowing. *Nasya Karma* (nasal therapy), a therapeutic intervention involving the administration of medicated substances through the nasal route, is emphasized as the primary treatment modality, complemented by specific *Pathya* and *Apathyas* (dietary regulations and other regimens) to alleviate the signs and symptoms and restore balance between the *Doshas*.

The probable mode of action of *Nasya Karma* depends on the pivotal role of the nasal passages which are considered as the gateway to the *Shiras*. Maintaining clear nasal passages and paranasal sinuses is essential for the optimal functioning of the brain, because these channels facilitate the transportation of *Prana* (life force) to the brain and surrounding structures and also filter out potentially harmful airborne substances or allergens. Moreover, numerous nerves originating from the *Shiras* extend their endpoints into the inner nose, allowing *Aushadha Dravyas* applied to this area to effectively disseminate their potency throughout the *Shiras*. This dissemination may occur either directly through these nerves or indirectly by stimulating them to produce the desired therapeutic effects.

Transmucosal nasal drug delivery has emerged as an encouraging approach for non-invasive systemic administration of various therapies, especially *Nasya Karma*. It is progressively proclaimed that many drugs exhibit superior bioavailability when delivered via the nasal route compared to oral administration. The rich vasculature and highly permeable structure of the nasal mucosa enhance the bioavailability of the drugs administered, which bypass the hepatic first-pass metabolism and avoid degradation in the

gastrointestinal tract, ultimately leading to steady and improved therapeutic outcomes.[12]

Prior to commencing any *Shodhana* or *Shiroshodhana*, it is imperative to establish *Deepana* (digestive enhancement) and *Pachana* (digestive metabolism). To achieve this, *Chitrakadi Vati*, a formulation renowned for its digestive properties, was administered. This ensured optimal preparation of the digestive system before commencing the *Nasya Karma*.

Murchita Tilataila (processed sesame oil) was used for the *Sarvanga* (full-body) or *Sthanika* (local) *Abhyanga* (massage). *Murchita Tilataila* comprises *Tilataila* (sesame oil), along with potent herbs such as *Manjishta* (*Rubia cordifolia*), *Haridra* (*Curcuma longa*), *Lodhra* (*Symplocos racemosa*), *Musta* (*Cyperus rotundus*), *Nalika* (Onosma echioides), *Amalaka* (*Emblica officinalis*), *Haritaki* (*Terminalia chebula*), *Vibhitaki* (*Terminalia bellirica*), *Suchipushpa* (*Convolvulus pluricaulis*), *Vatankura* (*Ficus benghalensis*) and *Hriviera* (*Pavonia odorata).* The medicament is predominantly having *Vata-Shamaka* (pacifying *Vata*) *Guna* (qualities) which plays a pivotal role in mitigating severely aggravated *Vata Dosha* (air element), thereby aiding in overall treatment efficacy.

Phanasa Patra (*Artocarpus heterophyllus*) was utilized topically to administer *Mukha Sweda* (facial fomentation) to alleviate pain and inflammation through *Swedana* (sudation/sweating). The active constituent in *Phanasa Patra* is beta-sitosterol, which is a steroid compound and exerts potent anti-inflammatory effects when applied externally, contributing to symptom relief in the present condition.[13]

The formulation *Ksheerabala Taila 101* contains *Bala* (*Sida cordifolia*), *Ksheera* (milk) and *Tila Taila* (sesame oil). The medicament was administered in the form of *Nasya* which is renowned for its *Vatahara* (pacifying *Vata*), *Balya* (strengthening) and *Rasayana* (rejuvenating) *Gunas* (qualities). This medication is particularly efficacious in managing as *Dheerakalina Anantavata* (chronic conditions), yielding optimal therapeutic outcomes.

The ingredients of *Dashamula Taila* include *Bilva* (*Aegle marmelos*), *Shyonaka* (*Oroxylum indicum*), *Gambhari* (*Gmelina arborea*), *Patala* (*Stereospermum suaveolens*), *Agnimantha* (*Clerodendrum phlomidis*), *Shalaparni* (*Desmodium gangeticum*), *Prishnaparni* (*Uraria picta*), *Brihati* (*Solanum indicum*), *Kantakari* (*Solanum xanthocarpum*), *Gokshura* (*Tribulus terrestris*), *Ardraka* (*Zingiber officinale*), *Nirgundi* (*Vitex negundo*), *Pippali* (*Piper longum*), *Pippalimula* (*Piper longum* root), *Chavya* (*Piper retrofractum*), *Chitraka* (*Plumbago zeylanica*), *Shunti* (*Zingiber officinale*), *Maricha* (*Piper nigrum*), *Jiraka* (*Cuminum cyminum*), *Krishnajeeraka* (*Carum carvi*), *Sarshapa* (*Brassica juncea*), *Saindhava* (rock salt), *Yavakshara* (*Hordeum vulgare*), *Trivrit* (*Operculina turpethum*), *Haridra* (*Curcuma longa*), *Daruharidra* (*Berberis aristata*), *Taila* (oil) and *Jala* (water). The medicament is acclaimed for its exceptional efficacy in pacifying aggravated *Vata Dosha*. *Dashamula Taila* serves as the classic therapeutic solution, treasured for its *Balya* (strengthening) and *Rasayana* (rejuvenating) properties. In the present case, its application in the form of *Kavala* (gargling) further strengthens the muscles of the oral cavity and alleviates pain associated with the condition typically caused due to the aggravated *Vata Dosha*. The patient was advised to do *Kavala* (gargling) repeatedly or as needed for pain relief.

Pranadhara Drops- Application in the oral cavity - As and when the patient feels pain *Karpura* (*Cinnamomum camphora*– camphor), *Pudina* (*Mentha spicata*– mint), *Yavani* (*Trachyspermum ammi*– ajwain), *Shatapushpa* (*Anethum graveolens*– dill), *Lavanga* (*Syzygium aromaticum*– clove), *Nilgiri* (*Nilgiritragus hylocrius*– eucalyptus), *Twak* (*Cinnamomum zeylanicum*– cinnamon).

***Shamanoushadhis* includes**

a. *Dashamula Rasnadi Kashaya* includes *Bilva* (*Aegle marmelos*), *Shyonaka* (*Oroxylum indicum*), *Gambhari* (*Gmelina arborea*), *Patala* (*Stereospermum suaveolens*), *Agnimantha* (*Clerodendrum phlomidis*), *Shalaparni* (*Desmodium gangeticum*), *Prishnaparni* (*Uraria picta*), *Brihati* (*Solanum indicum*), *Kantakari* (*Solanum xanthocarpum*), *Gokshura* (*Tribulus terrestris*), *Amruta* (*Tinospora cordifolia – Guduchi*), *Eranda* (*Ricinus communis*– castor), *Rasna* (*Pluchea lanceolata*), *Nagara* (*Zingiber officinale*– ginger), *Daru/Devadaru* (*Cedrus deodara*– Himalayan cedar), characterized by its *Katu Rasa* (pungent taste), *Katu Vipaka* (pungent post-digestive effect), *Laghu-Ruksha Guna* (light and dry qualities), *Ushna Veerya* (hot potency) and *Tridoshahara Guna* (balancing all three doshas) outcomes as a potent therapeutic agent especially in *Vata-Kaphaja* (*Vata* and *Kapha*-related) diseases. Demonstrating anti-inflammatory, antioxidant and analgesic actions, *Dashamula Kashaya* effectively mitigates *Vata Dosha* and finds applicability in various *Vata* disorders. Research studies further validate its anti-inflammatory, pain-relieving, neuroprotective and antioxidant effects.[14,15]

b. *Brihat Vata Chintamani Rasa* includes *Swarna Bhasma* (calcined gold), *Rajata Bhasma* (silver ash), *Abhraka Bhasma* (mica ash), *Loha Bhasma* (iron ash), *Pravala Bhasma* (coral calcium), *Mukta Bhasma* (pearl calcium), *Suta Bhasma* (mercurial

ash), *Gandhaka* (purified sulfur) and *Kumara* (Aloe vera). It represents a comprehensive therapeutic solution targeting *Anantavata* (a chronic neurological disorder) under *Vataroga* (neurological disorders). Endowed with properties such as *Medhya* (nervine tonic), *Rasayana* (rejuvenating), *Lekhana* (scraping), *Balya* (strengthening), *Kshayagna* (promoting tissue regeneration) and *Ojovardhaka* (enhancing vitality), this formulation exhibits protein-scavenging, anti-inflammatory and neuroprotective attributes. Its unique formulation facilitates crossing of the blood-brain barrier, thereby exerting targeted therapeutic effects on neurological disorders.[16]

c. The formulation *Narasimha Rasayana* includes a variety of potent *Aushadha Dravyas* (medicinal substances), known for their therapeutic and nutritional benefits. The ingredients are *Gayatri/Khadir* (*Acacia catechu*), *Shikhi/Chitrak* (*Plumbago zeylanica*), *Shimshapa* (*Dalbergia sissoo*), *Asana* (*Pterocarpus marsupium*), *Shiva/Haritaki* (*Terminalia chebula*), *Vidanga* (*Embelia ribes*), *Akshaka/Bibhitaki* (*Terminalia bellirica*), *Arushaka* (*Semecarpus anacardium*), *Ayas* (iron plates), *Ksheera* (cow's milk), *Bhringraja* (*Eclipta alba*), *Amalaki* (*Emblica officinalis*), *Navaneeta* (butter). These ingredients collectively contribute to pharmacological actions including antioxidant, anti-inflammatory, immunomodulatory, anti-aging, anti-cancerous, aphrodisiac and hepatoprotective properties. These attributes make *Narasimha Rasayana* a valuable formulation in both nutritional and therapeutic aspects, helping to combat disease while promoting overall well-being and vitality in the present case, especially for a patient suffering for many years.[17]

d. Neurocare Drops contain *Ksheera* (milk), *Tila Taila* (*Sesamum indicum*– sesame oil), *Bala* (*Sida cordifolia*), *Ashwagandha* (*Withania somnifera*), *Rasna* (*Pluchea lanceolata*), *Shatavari* (*Asparagus racemosus*), *Pippali* (*Piper longum*), *Guduchi* (*Tinospora cordifolia*), *Kushta* (*Saussurea lappa*) and *Eranda* (*Ricinus communis* – castor).

The *Shamanoushadhis* (palliative medicines) prescribed in the current condition primarily consist of *Vata* and *Kapha Shamaka Aushadha Dravyas* (herbs that pacify the *Vata* and *Kapha doshas*), which play a remarkable role in alleviating vitiated *Doshas* and facilitating *Dosha-Pratyanika Chikitsa* (treatment aimed at balancing the *Doshas*).

CONCLUSION

Anantavata (a neurological disorder akin to trigeminal neuralgia), compared to trigeminal neuralgia, represents a form of *Shirashula*, as elucidated in the present case study. The efficacy of *Nasya Karma* and *Shamanoushadhis* in managing *Anantavata* has been emphasized. Trigeminal neuralgia poses substantial disability and profoundly impacts the socioeconomic quality of life, particularly affecting individuals aged over 50 and exhibiting a higher prevalence among females. Following a course of *Nasya* combined with *Shamanoushadhis*, remarkable results were observed, characterized by the complete absence of pain. Therefore, further studies involving larger sample sizes and longer durations (with respect to follow-ups) are warranted to comprehensively elucidate the efficacy of the prescribed treatment modalities and draw more conclusive findings.

Patient perspective

I'm truly grateful for the treatment protocol recommended to me. The chronic pain I endured for years is now gone, and I'm enjoying a life free of discomfort. I sincerely recognize the positive changes and overall improvement in my well-being since undergoing this treatment.

Declaration of patient consent

The authors confirm that all necessary patient consent forms have been obtained. In the form, the patient has given consent for their clinical details to be used in this journal. The patient understands that their name and initials will not be published and that efforts will be made to keep their identity confidential. However, complete anonymity cannot be guaranteed.

REFERENCES

1. A Text Book of Padartha Vijnana Evam Ayurveda Itihasa, by Dr. Dingari Lakshmana Charya, Chaukhamba sanskrit pratishthan, 2021 edition, pp-464, pg-01
2. Agnivesha, Charaka Samhita, Ayurveda Deepika commentary – Chakrapani datta, Edited by Jadavji Trikamji acharya, Chowkhamba Krishnadas Academy, Varanasi, Reprint- 2015, Sutrasthana, Chapter-17, Verse-12, pp-738, pg-99
3. Agnivesha, Charaka Samhita, Ayurveda Deepika commentary – Chakrapani datta, Edited by Jadavji Trikamji acharya, Chowkhamba Krishnadas Academy, Varanasi, Reprint-2015, Sisshisthana, Chapter-09, Verse-04, pp-738, pg-716
4. Textbook of Ear, Nose, Throat and Head and Neck Surgery, by P.Hazarika, D.R. Nayak, R. Balakrishnan published by CBS Publishers and Distributors, 3rd edition, pp-920, pg- 389,390,391

5. IAN Textbook of Neurology, Arabinda Mukherjee, Jaypee-The health sciences publishers, New Delhi, Edition-2018, pp-902, pg-17
6. Sushruta Samhita of Sushruta with the Nibandha sangraha commentory of Sri Dalhanacharya, Chaukhamba Surabharati Prakashan, Varanasi, Edition-2019, Uttaratantra, Chapter- 25, verse-15, pp-824, pg- 655
7. Agnivesha, Charaka Samhita, Ayurveda Deepika commentary – Chakrapani datta, Edited by Jadavji Trikamji acharya, Chowkhamba Krishnadas Academy, Varanasi, Reprint-2015, Siddhisthana, Chapter-9, Verse-75, pp-738, pg-721
8. Sushruta Samhita of Sushruta with the Nibandha sangraha commentory of Sri Dalhanacharya, Chaukhamba Surabharati Prakashan, Varanasi, Edition-2019, Uttaratantra, Chapter- 25, verse-15, pp-824, pg- 655
9. Agnivesha, Charaka Samhita, Ayurveda Deepika commentary – Chakrapani datta, Edited by Jadavji Trikamji acharya, Chowkhamba Krishnadas Academy, Varanasi, Reprint-2015, Siddhisthana, Chapter-9, Verse-75, pp-738, pg-721
10. Panchakarma Procedures and Techniques, by Dr. Alka (Babbar) Kapoor, forward by Prof. Abhimanyu Kumar, Published at Chaukhamba Orientalia, Varanasi., Reprint edition 2019, pp-169, pg-81, 90
11. Panchakarma Illustrated, by Dr. G. Shrinivasa Acharya, Foreword by Prof. R. H. Singh, Chaukhamba Sanskrit Pratishthan, Delhi, Edition-2015, pp-459, pg-411
12. Panchakarma Therapy, by Dr.(Km.) Premavati Tewari, Chaukhamba Visva Bharathi, Varanasi, Edition 2013, pp-271, pg-165,166
13. Ayurvedic management of Bell's Palsy -A Case Report January 2023 Madhavi Jadhav Ll Dr Anoop Rakesh Hr, Journal of Ayurveda and Integrated Medical Sciences, May - June 2018, Vol. 3, Issue 3, pg.no-258
14. Dashamoola a systematic overview, poonam P Taru, Sabeena sayed, Pournima Kute, Malan Shikalgar, GIS Science journal, Volume-9, Issue-4, Page no-1334.
15. Parekar R.R., Bolegave S.S., Marathe P.A., Rege N.N. Experimental evaluation of analgesic, anti-inflammatory and anti-platelet potential of Dashamoola. J Ayurveda Integr Med. 2015; 6(1): 11–18. doi: 10.4103/0975-9476.146565.
16. Review of Brihat Vata Chintamani Rasa in the management of Pakshaghata (Stroke) Navami L R, Aniruddha S, Shrilatha Kamath T. – IAMJ.
17. Prem Sukh Bakoliya et al Int. J. Res. Ayurveda Pharm. 14(4), 2023, review article, A critical review of the therapeutic potential of Narasimha rasayana, DOI: 10.7897/2277-4343.1404119.

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***Address for correspondence**
Dr. Prakruthi G
Associate Professor,
Department of Shalakya Tantra
Rajashekaraiah Institution of Ayurveda Medical Sciences and Hospital, Solur, Ramanagar, Karnataka, India.
Email: prakruthikalpana@gmail.com

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