



## A REVIEW ARTICLE ON AYURVEDIC APPROACH IN THE MANAGEMENT OF TRIGEMINAL NEURALGIA

**Dr Pooja Shivashimpar**

PG Scholar, Department of Kayachikitsa AyurvedaMahavidyalaya and Hospital Hubballi, Karnataka, India

**Dr Prashanth A S**

Department of Kayachikitsa AyurvedaMahavidyalaya and Hospital Hubballi, Karnataka, India

### ABSTRACT

Trigeminal neuralgia is characterized by severe, stabbing pain in the lower face and jaw that feels like an electric shock. This pain is brought on by irritation of the trigeminal nerve. This affects women more frequently than men. Trigeminal neuralgia is always treated initially with anti-convulsant drugs. Surgery is typically advised for people who continue to feel discomfort despite receiving the best medical care. The most intrusive surgical method for treating trigeminal neuralgia is called microvascular decompression (MVD), although it has substantially lower success rates and frequently worsens the symptoms. In Ayurveda it is compared to Anantavata which is one of the 11 forms of shirogogas described by Acharya Sushruta. It is Vatapradhana sannipatika vyadhi. Despite the sufferer experiencing the most agonizing pain possible, it is categorized as sadhyavyadhi. The main treatments for Anantavata include siravedha and vata-pitta shamana. The primary goal of treatment is to reduce the crippling agony. Pain is decreased by the successful pacification of the three vitiated doshas in Shirah Pradesha by Nasya, Lepa, Parisheka, Kavalagraha, and Shirovasti etc. The vitiated Vata dosha is calmed by all of these modalities, which finally controls the other two doshas. Significant pain relief is produced by oral medicines combined with localized Ayurvedic therapy. The current article discusses the Ayurvedic approach to trigeminal neuralgia.

**KEYWORDS :** Trigeminal neuralgia, Anantavata, Shirogoga

### INTRODUCTION

Trigeminal neuralgia is a neurological illness that causes a stabbing pain in the cheek, eye, and lower area of the face due to irritation or pressure on the trigeminal nerve (the fifth cranial nerve to leave the skull). It is characterized by excruciating paroxysms of pain in the lips, gums, cheek or chin and very rarely, in the distribution of the ophthalmic division of the fifth nerve. The pain seldom lasts more than a few seconds or a minute or two but may be so intense that the patient winces, hence the term tic. The paroxysms, experienced as single jabs or clusters, tend to recur frequently, both day and night for several weeks at a time. They may occur spontaneously or with movements of affected areas evoked by speaking, chewing or smiling. Another characteristic feature is the presence of trigger zones, typically on the face, lips or tongue that provoke attacks; patients may report that tactile stimuli - e.g. washing the face, brushing the teeth or exposure to a draft of air - generate excruciating pain<sup>1</sup>.

People who have herpes zoster, hypertension, or multiple sclerosis are more likely to get TN. Pain is typically brought on by compression of the Trigeminal nerve pathway in 80–90% of cases.

Trigeminal neuralgia is relatively common, with an estimated annual incidence of 4-5 per 100,000 individuals. Middle-aged and elderly persons are affected primarily and approximately 60% of cases occur in women<sup>1</sup>.

Anantavata is a condition of the head in which all three doshas get instantly vitiated and cause excruciating agony on one side of the face. One of the eleven forms of shirogogas described by Acharya Susruta is anantavata<sup>2</sup>. The illness is of the Vatapradhana sannipatika but sadhya kind. The vitiated tridoshas get lodged in manya or greevaparshwa and cause excruciating pain in the temporal region, eyeball, frontal region, and root of nose<sup>3</sup>.

About 80 to 90 percent of individuals who use anti-convulsants like carbamazepine experience at least partial pain alleviation. The majority of patients have side effects such as nausea, tiredness, amnesia, unsteadiness, and dizziness. Sometimes they are more uncomfortable than the pain itself,

to the point where the sufferer must stop taking them. Additionally, these medications are not always effective over time. It is necessary to take larger doses or more medications at once. Surgical intervention is used to treat patients who stop responding to medicines<sup>4</sup>. According to experts, symptoms deteriorate over time and become less sensitive to medicine, even when the dose is increased and more agents are added.

Adopting safe and effective treatment approaches in such patients is an urgent need. Trigeminal neuralgia can be treated in Ayurveda by pacifying tridosha.

### METHODOLOGY

Materials were collected from classical texts of Ayurveda, textbooks of contemporary science, published articles from periodicals, research journals and electronic database.

### Ayurvedic Treatment Approach In Trigeminal Neuralgia

Ayurvedic management of Trigeminal Neuralgia is based on pacifying Tridosha. Tridosha pacification is accomplished through external therapies and internal drugs, followed by a Vata- Pittahara diet. Acharya Susruta primarily indicates Siravedha and Vata-Pitta Shamana in the management of Anantavata. Anantavata follows a similar treatment plan as Suryavarta<sup>5</sup>. In Suryavarta, nasyakarma, lepa, parisheka, kavalagraha, and shirovasti are all effective. It is recommended that the patient eat food that has been prepared with lots of milk and ghee<sup>6</sup>.

### Shodhana

#### Deepana

Adopted primarily as a poorvakarma before beginning any Panchakarma process for agni empowerment. The ability of digestion, including metabolism, is essential for strength, health, longevity, and vital breath. Deepana dravyas also pacify Vata dosha because of their ushna guna.

### Snehapana

Purana ghrita is effective against shira, karna, and akshi disorders and possesses shodhana property. Milk nourishes body tissues because it is snigdha, ojovadhaka, and dhatuvardhaka. Godugdha, which is jeevaneeya, rasayana, and balya, when ingested in sufficient quantities with

goghrita reduces Pitta and Vata.

### Abhyanga And Swedana

Mukhabhyanga with Ksheerbala taila, sarshap taila prevents and corrects disorders caused due to Vata. Along with regulating the activities of Pitta and Kapha, Vata also regulates all the sensory and motor functions of the nervous system. Therefore, for an individual to be healthy and happy, Vata should always remain in equilibrium. The two sense organs associated with Vata are hearing and touch, via the skin. Skin is the main sensory organ through which, with the help of abhyanga, Vata can be balanced. Pain is reduced by stimulation of touch nerve fibers, which, in turn, reduce the transmission of pain impulses to the brain. Local reflexes triggered by the strokes reduce muscle spasm and tension. Swedana increases localized blood flow.

### Sadyovirechana

Aulomana and mala shudhi are made possible by virechana with Avipattikara churna and Gandharvahastadi eranda taila.

### Shodhana Nasya

Nasal passage is referred to as the entrance to the head. The best treatment for Anantavata is nasya with karpasasthyadi taila, ksheerbala taila, ashwagandhaadi taila, and anutaila. Shodhana nasya and brumhana nasya are effective in reducing pain and avoiding its recurrence. All of the doshas in the urdhwajatrugata region are pacified by pratimarsha nasya with ksheerabala 101 avarita taila.

### Gandusha and Kavala

The disorders of the neck, head, ears, mouth, and eyes are treated with gargles containing dashmoola kwatha, tila taila, mamsa rasa, ghrita, and ksheera, which also lessens praseka, or excessive salivation.

### Shiropichu

By cellular absorption via the transdermal route and circulation, shatapaka bala taila, or Brahmi Ghrita, has effects on the Central nervous system. The lukewarm oil kept on the anterior fontanelle is easily absorbed through the scalp's thin skin and enters the brain cortex.

### Dhumapana

The individual who regularly inhales medicated smoke is not affected by disorders of the voice, nose, or mouth, pallor of the face, pain, or decrease or loss of function of the ears, mouth, or eyes, stupor, or hiccups.

### Matrabasti

As with mahanarayana taila, prasarini taila nourishes the entire body up to moordha through the siras present in guda, which is regarded as the moola of shareer. Due to its balya and brimhana properties, matra basti efficiently treats vata disorders.

### Internal Medicines

Dhanadanayanadi kashaya  
Pathyakshadhatryadi kashaya  
Ashtavarga kashaya  
Poornachandrodaya rasa  
Ekangavira rasa

### DISCUSSION

Pain is caused by increased Rooksha and Sheethaguna of Vata. Chalaguna of vata is deranged and produces Hanugraha and Gandaparwakampa.

Touch is the most pervasive sense among the five, and it is inextricably linked to the mind. Thus, massage provides benefits for balancing Vata dosha in addition to having an impact on the brain, which governs all nerve activity. The gate-

control theory states that mukhabhyanga can lessen the amount of pain that the brain perceives. Naadi swedana in midru form relieves nerve pressure by causing local muscles to relax, boosting blood flow, and removing chemicals that arouse pain receptors.

### CONCLUSION

Along with vata-pittahara pathya, the vata-hara, balya, brumhana, and tridosahara dravya all play a significant part in the critical line of treatment for Trigeminal neuralgia. Various Panchakarma therapies produce significant effects in individuals suffering from debilitating pain, consequently enhancing the patient's quality of life. For further scientific confirmation and standardization, these Ayurvedic therapy approaches must be extensively embraced. Ayurveda plays a vital part in easing Trigeminal Neuralgia symptoms and guarding against complications and recurrence.

### REFERENCES

1. Anthony S. Fauci. [et al.], Harrison's principles of internal medicine, Vol 2, part 13, chapter 371, 17<sup>th</sup> edition pg 2583
2. Vaidya Jadavji Trikamji Acharya. Sushrutasamhita, Uttara sthana, Chapter 25, Verse number 3-4. Varanasi; Chaukamba Orientalia. Reprint edition 2014. Page no 654
3. Vaidya Jadavji Trikamji Acharya. Sushrutasamhita, Uttara sthana, Chapter 25, Verse number 13 - 14. Varanasi; Chaukamba Orientalia. Reprint edition 2014. Page no 655
4. Edited by Parveen Kumar, Michael Clark, Kumar and Clark's Clinical medicine, Chapter 22, 8<sup>th</sup> edition 2012, Page no 1111
5. Vaidya Jadavji Trikamji Acharya. Sushrutasamhita, Uttara sthana, Chapter 26, Verse number 30. Varanasi; Chaukamba Orientalia. Reprint edition 2014. Page no 657
6. Vaidya Jadavji Trikamji Acharya. Sushrutasamhita, Uttara sthana, Chapter 26, Verse number 36 - 38 . Varanasi; Chaukamba Orientalia. Reprint edition 2014. Page no 658