

## MANAGEMENT OF TRIGEMINAL NEURALGIA THROUGH PANCHAKARMA THERAPY – A CASE REPORT

Dr. Seema Bahatkar<sup>1</sup>, Dr. Anita Patil<sup>2</sup> and Dr. Pallavi Kailas Wagh\*<sup>3</sup>

<sup>1</sup>HOD, <sup>2</sup>Associate Professor, <sup>3</sup>PG Final Year

Panchakarma Dept, R. A. Podar (Ayu) Medical College Worli, Mumbai-18.

Article Received on  
18 July 2020,

Revised on 08 August 2020,  
Accepted on 28 August 2020

DOI: 10.20959/wjpr202010-18531

### \*Corresponding Author

**Dr. Pallavi Kailas Wagh**

PG Final Year, Panchakarma

Dept., R. A. Podar (Ayu)

Medical College Worli,

Mumbai-18.

### ABSTRACT

Trigeminal Neuralgia is a chronic neuropathic pain condition that affects the trigeminal i.e. 5<sup>th</sup> cranial nerve. The intensity of the pain can be physically or mentally incapacitating that's why it is known as 'suicidal disease' as large proportion of subjects commit suicide to get rid of this condition. TN is rare and statistical data regarding it is limited. The estimated annual incidence is 12.6 per 100000 persons per year. Its incidence increases with age. Treatment options include medicines-Anticonvulsant medicines, tricyclic antidepressants such as amitriptyline, surgery and complementary approaches. Several neurosurgical procedures are available to treat TN. Usually complementary approaches are used in combination with drug

treatment, which includes low impact exercise, yoga, creative visualization, aroma therapy, or meditation. As per *Ayurvedic* classics this condition has close proximity with a *shiroroga Anantvata*, which is *sannipatik* in nature. The name itself indicate the extremely vitiated *vatadosha*. In the present study a case of 65 years old male patient suffering from TN since 4 years is treated successfully with *Ayurvedic Panchakarma* therapies like *Virechan* and *Nasya karma*.

**KEYWORDS:-** Trigeminal neuralgia, *Anantvata*, *Virechan*, *Marsha Nasya*.

### INTRODUCTION

Trigeminal nerve is the 5<sup>th</sup> and the largest of 12 cranial nerves. Trigeminal nerve (fifth cranial) provides sensation to the anterior half of the head and skin of the face.<sup>[1]</sup> Its motor part innervates the pterygoid masticatory muscles and masseter. There are 3 major branches of the nerve.<sup>[2]</sup>

- 1) Ophthalmic (v<sub>1</sub>) – Sensory
- 2) Maxillary (v<sub>2</sub>) – Sensory
- 3) Mandibular (v<sub>3</sub>) - Sensory and Motor

Trigeminal Neuralgia (TN) is a unilateral disorder characterized by brief electric shock-like pains which are abrupt in onset and termination, limited to the distribution of one or more divisions of the trigeminal nerve.<sup>[3]</sup> The ‘typical’ or ‘classic’ form of the disorder (Type 1 or TN 1) causes extreme sporadic sudden burning or shock like facial pain that lasts anywhere from a few seconds to as long as 2 minutes per episode. The ‘atypical’ form of the disorder (Type 2 or TN 2) is characterized by constant aching, burning, stabbing pain of somewhat lower intensity than type 1.<sup>[4]</sup> Chewing, speaking, washing the face, tooth brushing, cold winds or touching a specific ‘trigger spot’ e.g. upper lip or gum may all precipitate an attack of pain. TN more commonly affects females and patients over 50yrs of age. The pain rarely occurs bilaterally and never simultaneously on each side; occasionally more than one division is involved.<sup>[5]</sup>

Treatment may include medicines, brain surgery or radiation therapy. Carbamazepine is the drug of choice but over the time high doses may be required. It treats the condition very well but can have undesirable side effects such as dizziness and drowsiness. Patients may have to continue treatment lifelong. If medications no longer control TN pain or side effects are intolerable then surgery is the option. But it is risky as it may lead to complications like dysesthesia after surgery.<sup>[6]</sup>

Ayurveda classical texts have described 11 types of *Shiroroga*.<sup>[7]</sup> Trigeminal neuralgia can be correlated with *Anantavata* in Ayurveda context. In *Anantavata*, there will be intense pain at manya (carotid artery region), nape of the neck, twitching near chicks, lock jaw and pathology of eyes.<sup>[8]</sup> The present study is an attempt to evaluate the efficacy of *Ayurvedic* treatment modalities like *Virechana* and *Nasya* in the management of Trigeminal neuralgia.

## CASE REPORT

This is a case report of 65yrs old male patient who came to the opd of Panchakarma R A podar ayurved hospital (reg. no. 201) on January 2020. patient had following complains-

1. Severe, brief, electric shock like pain at left half of the face, which aggravates by chewing, facewash with cold water, cold winds, speaking, during early morning hours, after sunset of and with any type of movements.

2. Patient also had depressed mood and disturbed sleep.

Above symptoms were aggravated from 1 year. Onset of pain was acute with gradual worsening and episodic in nature without nausea and vomiting since last 8 yrs. Duration of pain was 5 min to 1hr. According to patient, initially the sharp lancinating pain occurred 2-3 times in a week which persists for 2-3 minutes, but gradually the duration and frequency both were increased.

He had history of DM since 5 years taking treatment for that.

He had not H/O HTN/ B.A.

He had taken modern medicines since 8 years and was prescribed with modern medicine Tb Carbamazepine 400mg BD and Tb Gabapentin; But did not get significant relief. His CT and MRI were normal. Patient came to our institute for taking *Ayurvedic* treatment.

### Personal history

**Diet-** Vegetarian, Appetite- Moderate, Bowel- Regular, slightly loose, Micturition – normal,

**Sleep-** Disturbed, fatigue on awakening, Addiction- tobacco chewing since 30 yrs.

### Planning of management

Only herbal medications or other topical procedures are not beneficial for sustained pain relief in this case. So, here first of all Shodhana is required for pacification of *Dosha*. Treatment can be planned – *Virechana- Marsha nasya – Pratimarsha nasya* as follows-

### Treatment schedule

#### Method of drug administration

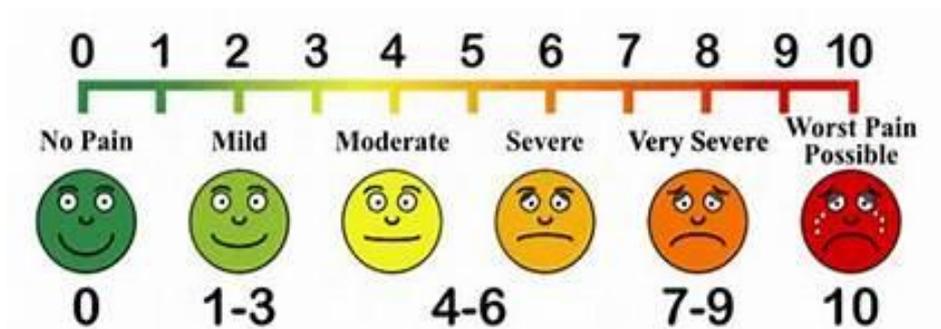
Sr. no.	Procedure	Duration	Medication
1.	<i>Deepan Pachan Anuloman</i>	5 days	<i>Arogyavardhini vati</i> 500mg <i>Vyanodane</i>
2.	<i>Snehapana</i>	5 days	<i>Yashtimadhu ghrita</i> started with 30ml; on 5 <sup>th</sup> day, 150ml is given by increasing 30ml each day which achieved <i>Samyak snigdha lakshana</i> .
3.	<i>Vishranti din</i>	3 days	<i>Sarvang snehan swedan</i>
4.	<i>Virechana</i>	1 day	<i>Virechana</i> was given by <i>Triphala kwath</i> – 100ml Castor oil – 50ml <i>Maardvik phant</i> - 50ml
5.	<i>Sansarjan krama</i>	5days	<i>Peyavilepadi krama</i>
6.	<i>Marsha nasya</i>	7days	<i>Marsha nasya</i> with <i>Anutail</i> was given 8 drops in each nostrils.

7.	<i>Gandush</i>	7days	<i>Marsha nasya</i> was followed by <i>Gandush</i> with warm water.
8.	<i>Pratimarsha nasya</i>	14days	<i>Pratimarsha nasya</i> with <i>Yashtimadhu taila</i> was given – 2-2 drops in each nostril.

## OBSERVATIONS AND RESULTS

### Assessment criteria- Subjective assessment

1. Pain intensity measured by VAS scale- Before and After treatment.



2. Frequency of pain and its grades.

Frequency of pain	Grade
No	0
Alternate week	1
Twice weekly	2
Every 2 to 3 days	3

3. Duration of pain- Before and after treatment.

### Assessment score

No.	Criteria	Before treatment	After treatment
1.	Pain intensity	8- Very severe	3 - Mild
2.	Frequency of pain	Grade3	Grade 1
3.	Duration of pain	5min to 1hr	5-15 min

## DISCUSSION

Trigeminal neuralgia was considered as *Anantavata* in this case study. Acharya *Sushruta* mentioned it is a *Tridoshaja* disease.<sup>[9]</sup> According to Acharya *Vagbhata*, it is due to the vitiation of *Vata* alone.<sup>[10]</sup> *Anantavata* presents as intense pain at *manya* (carotid artery region), nape of the neck, twitching near checks, lock jaw and pathology of eyes.

*Vamana* is contraindicated in *Shiroroga*, but *Virechana* is indicated in *Shiroroga* by all Acharyas. Acharya *Charaka* mentioned *Mridu virechana* in *Vatvyadhi*. So, initially *Deepan-Pachan* treatment was given for *Aampachana*.<sup>[11]</sup> Then, *Snehapana* was done as a *poorvakarma* of *Virechana*. *Snehapana* work at a level of *sukshma* srotasa, also it shifts the *doshas* from *shakhas* to *koshtha* so that they can be easily removed from the body.

*Yashtimadhu ghrita* was chosen for *Snehapana*. *Yahtimadhu ghrita* has *Vranaropana*, *Dahshamana*, *Vata-pitta shaman*, *Vedanashamana* properties. *Yashtimadhu* is considered as best drug for *Ropana* and it has analgesics property also.

The drugs which eliminates *Pakvam* (digested) and *Apakvam* (undigested) *Mala* or *Doshas* by making them watery through the lower gut is known as *Rechana*.<sup>[12]</sup> The forcible expulsion of vitiated *Pitta* or *Kapha* associated *Pitta* through the anal route is called *Virechana*. After *Snehana* (Oleation) and *Swedana* (Sudation) *karma*<sup>[13]</sup> the process is followed by induction of *Virechana* by *virechana kalpas* according to *Agni* and *Koshtha* of patient. Here, patient was *Mridukoshthi*. *Sharangadhara* recommended that the *Mridu virechana* drugs are *Draksha*, castor oil, etc., should be used in *Mridukoshthi* patients. Also *Triphala* is effective in *Mridukoshthi*<sup>[14]</sup> Hence, we chose *Triphala kwath*, Castor oil and *Maardvik phanta* for this case.

Properties of *virechana* drugs are *Vyavayi*, *Vikasi*, *Ushna*, *Teekshna*, *Sukshma*. Due to dominance of *Prithvi* and *Jal Mahabhutas* in *Virechana* drugs and their potent *Adhobhaghara prabhava*, the vitiated *doshas* are made to pass through anal route and are expelled out of body.<sup>[15]</sup> After *Virechana karma*, *Sansarjan krama* has been given according to *Madhyama shuddhi* i.e., 5days for maintenance of *Agni*.<sup>[16]</sup>

After 7 days, *Marsha nasya* with *Anutaila* was given in the dosage of 8 drops in each nostril for 7 days. Facial massage with *Til Taila* was done for 10 to 20 minutes followed by *Nadi Sweda* for 10 minutes prior to *nasya* and *Gandush* with warm water was given after *Nasya*. The procedure of *Nasya karma* includes cleansing the head from any morbid *Doshas* by way of administering the medicine through the nasal route because nose is the doorway of head.<sup>[17]</sup> This therapy is very beneficial as all the channels of head are getting clean and open through *nasya karma*.<sup>[18]</sup> It eliminates *Aama* and toxins from nose, mouth, eyes and paranasal sinuses. *Anantavata* is *urdhwajatrugata vikara*. In *urdhwajatrugata vikara*, *Nasya* is specific line of treatment. So, drug administered by *Nasya* can reach to *Shira* and pacifies *Vata*. *Nasya* with *Anutaila* seems beneficial.

After *Marsha nasya*, *Pratimarsha nasya* with *Yashtimadhu taila* in the dosage of 2 drops in each nostril for 14 days was given as it can be given daily and even in all the seasons at morning and evening. It is also beneficial in disturbed sleep.<sup>[19]</sup>

## CONCLUSION

In the present scenario, there are so many disorders which don't have permanent cure with modern remedies. *Ayurveda* provides many great tools to deal with these diseases. *Ayurvedic Panchakarma* treatment like *Virechana*, *Marsha nasya* and *Pratimarsha nasya* found to be useful in the management of Trigeminal Neuralgia. It reduces the intensity of pain, frequency of pain and duration of pain in Trigeminal Neuralgia.

## REFERENCES

1. Zakrzewska JM, Patsalos PN. Long term cohort study comparing medical (oxcarbazepine) and surgical management of intractable trigeminal neuralgia. *Pain*, 2002; 95: 259-66.
2. Macleod's clinical examination edited by Graham Douglas, Fiona Nicol, Colin Robertson, 13: 251.
3. Sreenivasan P, Raj S V, Ovalath S. Treatment options in Trigeminal neuralgia- An update. *European Journal of General Medicine*, 2014; 11: 209-216.
4. [https:// en.m.wikipedia.org](https://en.m.wikipedia.org).
5. Lindsay KW, Bone I. Neurology and neurosurgery illustrated. Section III – Facial pain – Trigeminal neuralgia. 4<sup>th</sup> ed., Edinburgh: Churchill livingstone; 2004: 161.
6. Aspi F. Golwalla, Sharuka A. Golwalla. *Medicine for Students*, chapter Mumbai: The Nation Book Depot, 2003; 461: 7-3.
7. Sushruta, Sushruta Samhita with Nibandhasangraha Commetry of Sri Dalhanacharya and Nyayachandrika Panjika of Sri Gayadasacharya, Uttartantra chapter edited by Yadavji Trikamji Acharya., Varanasi. Chaukhamba Surbharti Prakashan, 2009; 654: 25-1.
8. Agnivesha, elaborated by Charaka and Dridhabala commentary by Chakrapani, Charaka Samhita, Trimarmeeya siddhi adhyaya, by Vaidya Yadavji Trikamji Acharya and Narayana Ram Acharya. Varanasi: Chaukhamba Orientalia, 2008; 722: 9-84-85.
9. Sushruta, Sushruta Samhita with Nibandhasangraha Commetry of Sri Dalhanacharya and Nyayachandrika Panjika of Sri Gayadasacharya, Uttartantra chapter by Yadavji Trikamji Acharya., reprint Varanasi. Chaukhamba Surbharti Prakashan, 2009; 655.
10. Vagbhata, Ashtanga Hridaya, commentary by Arunadatta and Hemadri, Uttar tantra, Shiro roga pratishedham adhyay, by Paradkar H.S., Chaukhamba Prakashana; Nint, 2005; 861: 24-9.
11. Dr Shrivastav Shailaja, Sharangdhar Samhita, Chaukhamba prakashan, madhyam khand adhyaya, 4(1,2): 46.

12. Dr Shrivastav Shailaja, Sharangdhar Samhita, Chaukhamba prakashan, madhyam khand adhyaya, 4(8): 47.
13. Vaidya Yadavji Trikamji, Charaka Samhita commentary Ayurved Deepika by Chakrapanidatta, chaukhamba publications, sutra, 1941; 87: 14-5.
14. Shri Sharangdharachya, Sharangdhar Samhita commentary Dipika by Aadhamalla, Chaukhamba Publications, Uttar Khanda, 2013; 314: 4-14-15.
15. Vaidya Yadavji Trikamji, Charaka Samhita commentary Ayurveda Dipika by Chakrapanidatta, Chaukhamba publications, kalpasthan, 1941; 651: 1-5.
16. Vaidya Yadavji Trikamji, Charaka Samhita commentary Ayurveda Dipika by Chakrapanidatta, Chaukhamba publications, Siddhithana, 1941; 678: 1-11.
17. Paradkar H.S, Vagbhat, Ashtang Hridaya Commentary Sarvangasundara by Arundatta and Ayurveda rasayani by Hemadri, Nirnay Sagar Publications, Sutrasthan, 1939; 287: 20-1.
18. Vaidya Yadavji Trikamji, Charaka Samhita commentary Ayurveda Dipika by Chakrapanidatta, Siddhithan, 1941; 722: 9-88.
19. Paradkar H.S, Vagbhat, Ashtang Hridaya Commentary Sarvangasundara by Arundatta and Ayurveda rasayani by Hemadri, Nirnay Sagar Publications, Sutrasthan, 1939; 292: 20-26.