



Ayurvedic Intervention in the Management of *Anantavata* W.S.R. to Trigeminal Neuralgia

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Review Article

Volume 4 Issue 2

Received Date: June 06, 2020

Published Date: June 26, 2020

DOI: 10.23880/jonam-16000246

Abstract

Trigeminal neuralgia is characterized by intense, stabbing, electric shock-like pain in the lower face and jaw caused due to irritation of the trigeminal nerve. *Anantavata* is among 11 types of *sirorogas* explained by *Acharya Susruta*. It is *Vatapradhana sannipatika* disease. Although it causes most excruciating pain to the patient, it is classified under *sadhya vyadhi*. TN has a higher incidence in women than men. *Siravedha* and *Vata-Pitta shaman* are mainly indicated in treatment of *Anantavata*. *Nasya, lepa, parisheka, kavalagraha, shirovasti* effectively pacify all the three *doshas* vitiated in *shirah pradesh*; thereby reducing pain. Acute pain episodes of trigeminal neuralgia can be managed with *nasya karma, ksheera dhooma, ghritha pana, lepa* and *karna poorana*. Patient is advised to consume food processed with large quantity of milk and *ghrita*. Oral medications along with local application of *Ayurveda* therapies produce significant relief in pain. All these modalities pacify the vitiated *Vata dosha*, eventually controlling the other two *doshas*. Anti-convulsant medications are always the first line of treatment for trigeminal neuralgia. Surgery is mainly indicated in patients who experience pain despite best medical management. Microvascular decompression (MVD) is the most invasive surgical procedure for treating trigeminal neuralgia, but has much lower success rates or may worsen the pain in many cases. Trigeminal neuralgia cannot be cured permanently. The main aim of treatment is to alleviate the debilitating pain. Ayurvedic treatment modalities like *nasya karma, ghritha pana, lepa* and *karna poorana* give salutiferous effects by breaking the *samprapti* of disease on the whole.

Keywords: *Anantavata*, Trigeminal Neuralgia; *Nasya*; *karnapoorana*; Pain

Introduction

Trigeminal neuralgia is a neuropathic condition characterized by intense, stabbing, electric shock-like pain in the lower face and jaw due to irritation of the trigeminal nerve. Pain is usually restricted to half side of the face. It sometimes involves the area around the nose and above the eye. Pain occurs in the area of distribution of CN V, which sends branches to the forehead, cheek and lower jaw. The pain is triggered by touching the painful area of the face, as well as activities such as shaving, rubbing, brushing teeth, moving face to talk, cold wind on the face, etc [1]. It has an annual incidence of approximately 4.3 in 100,000 in the

general population and only 3% of those cases present with bilateral involvement [2]. The annual incidence for women is approximately 5.9 cases/100,000 women [3]. For men, it is approximately 3.4 cases/100,000. Persons with multiple sclerosis, hypertension, herpes zoster are more commonly suspected to develop TN. In 80-90% of cases, the pain is usually caused by compression of the Trigeminal nerve route [4]. *Anantavata* is a disease of head in which all three *doshas* are instantaneously vitiated which produce severe pain in unilateral side of face [5]. *Anantavata* is among 11 types of *sirorogas* explained by *Acharya Susruta*. It is *Vatapradhana sannipatika* but *sadhya* type of disease. The

vitiated tridoshas get lodged in *manya* or *greevaparswa* and produce severe intolerable pain at the back of neck, in the eye ball, frontal region, and root of nose and in temporal region. It also causes *hanugraha*, *netrarogas* and *gandaparswakampa* [6]. These clinical features indicate involvement of all three branches of CNV.

Anti-convulsants like carbamazepine provide at least partial pain relief in about 80 to 90 percent of patients. Side effects like dizziness, drowsiness, forgetfulness, unsteadiness and nausea are experienced by most of the patients. They are sometimes more troubling than the pain itself, sometimes to the extent that patient has to discontinue them. Moreover, these drugs do not always remain effective in due course of time. Higher doses or more medicines have to be taken together. Patients who become unresponsive to medications are treated surgically. Experts find that symptoms worsen over time and become less responsive to medication, despite increasing dose and adding further agents [7]. Its need of the hour to adopt harmless and effective treatment modalities in such patients. Ayurveda, through *Panchakarma* and by use of various drug formulations, has much to offer in that regard. In Ayurveda, Trigeminal neuralgia can be managed by pacifying *tridosha* [8]. Pacification of *tridoshas* is successfully achieved through external therapies and internal medications followed by *Vata- Pittahara* diet [9]. *Siravedha* and *Vata-Pitta Shamana* is mainly indicated in the management of *Anantavata* by *Acharya Susruta*. Line of treatment of *Anantavata* is similar to that of *Suryavarta*. *Nasyakarma*, *lepa*, *parisheka*, *kavalagraha* and *shirovasti* are effective in *Suryavarta* [10]. Food processed with large quantity of milk and ghee should be consumed by the patient. To balance the dryness, larger amounts of oil are used. *Nasya karma*, *ksheera dhooma*, *ghrita pana*, *lepa* and *karna poorana* are effective in reducing acute pain episodes of trigeminal neuralgia. *Ratrijagarana*, cold exposure, intake of cold and *Vatavardhaka ahara* should be avoided by the patient. *Dashamoola yavagu* and *ghrita bhojana* nourishes all body tissues. *Rasayana* drugs work by correcting the *dhatu vyapara* (tissue nutrition). *Dhatu* is primarily responsible for the transportation of nutrients to all body cells.

Methodology

Anantavata predominantly involves *Vata dosha*. Shamana treatment including use of *Pathyadi kwatha*, *Saptavinshati Guggulu*, *Brihata vata chintamani rasa* is very effective in its management. *Deepana*, *pachana*, *teekshna*, *shoolahara* property of *Pathyadi kwatha* effectively reduce diseases of head [11]. *Brihat vata chintamani rasa* has *Vatahara*, *shoolahara* property due to which it reduces frequent pain. Use of *Ekangveer Rasa* and *Rasayana* like *Brahmi vati* (*swarna yukta*) prevents relapse of disease by nourishing all bodily tissues starting from *rasa dhatu*.

Shodhana Perspective

Deepana

Adopted mainly as a *poorvakarma*, before commencement of any *Panchakarma* procedure for the empowerment of *agni* [12]. Strength, health, longevity and vital breath are dependent upon the power of digestion including metabolism [13]. *Deepana dravyas* by virtue of their *ushna guna* also pacify *Vata dosha*.

Snehapana

Purana ghrita possess *shodhana* property and is effective in diseases of *shira*, *karna*, *akshi* [14]. Milk is *snigdha*, *ojovardhaka*, *dhatuwardhaka* and thus nourishes body tissues [15]. Being *jeevaneeya*, *rasayana* and *balya*, *godugdha* when consumed with *goghrita* in large quantity mitigates *Vata* and *Pitta*. *Rasnadashamoolaghritam* alleviates *Vata dosha*.

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 [16]. Skin is the main sensory organ through which, with the help of massage, *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 [17]. *Swedana* increases localized blood flow.

Sadyovirechana

Virechana with *Avipattikara churna*, *Gandharvahastadi eranda taila* enables *anulomana* and *mala shudhhi*.

Shodhana Nasya

Nasal route is said to be the doorway to head [18]. *Nasya* with *karpasasthyadi taila*, *ksheerbala taila*, *ashwagandhaadi taila anutaila* is the best treatment of choice for *anantavata*. *Shodhana nasya* followed by *brumhana nasya* helps in alleviating pain and preventing its recurrence. *Pratimarsha nasya* with *ksheerabala 101 avaritita taila* pacify all *doshas* of *urdhwajatrugata part*.

Gandusha and Kavala

Mouth gargles with *dashmoola kwatha*, *tila taila*, *mamsa rasa*, *ghrita* and *ksheera* cure diseases of the neck, head, ears,

mouth and eyes and reduce *praseka* – excess salivation [19].

Shiropichu

With *shatapaka bala taila*, *Brahmi Ghrita* has effects on CNS by cellular absorption through transdermal route and circulation. The lukewarm oil kept on anterior fontanelle is absorbed through the thin skin over the scalp and easily reaches the brain cortex.

Dhumapana

Disorders of voice, nose and mouth, pallor of the face, pain and diminution or loss of function of the ears, mouth and eyes; stupor and hiccup do not affect the person who inhales medicated smoke regularly [20].

Matrabasti

With *mahanarayana taila*, *prasarini taila* nourishes the whole body upto *moordha* through the *siras* existing in *guda*, which is considered as the *moola* of *shareer*. *Matra basti* effectively cures *Vata* diseases as it is *balya* and *brimhana* [21].

Results

TN with mild pain can be cured through shamana chikitsa while in *bahudoshawastha* Panchakarma is effective. The sense organ of touch is the most pervading of all the sense organs, and has an inseparable association with the mind. Thus, massage is not only useful for controlling *Vata dosha*, but also has an effect on the brain, from where all activities of nerves are controlled. According to gate-control theory, *mukhabhyanga* can reduce the pain perceived by the brain. *Naadi swedana* in *mridu* form reduces pressure on nerves by initiating a relaxation of local muscles, increasing blood flow, and removal of chemicals that stimulate pain receptors.

Discussion

Vatahara, *balya*, *brumhana*, *tridosahara dravya* along with *vata -pittahara pathya* play a major role in the crucial line of treatment of TN. Various *Panchakarma* therapies give dramatic results in patients suffering from debilitating pain, thereby improving the quality of life of patient. These Ayurvedic treatment modalities must be adopted widely for further scientific validation and standardization.

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