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Ayurvedic Management of Trigeminal Neuralgia (Anantavata): A Case Report

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ABSTRACT

Trigeminal neuralgia (TN) is a chronic neuropathic pain disorder characterized by recurrent unilateral, electric shock–like facial pain along the trigeminal nerve distribution. Despite pharmacological advances, some patients experience inadequate pain relief or medication-related adverse effects. In Ayurveda, TN is correlated with *A*nantavata, and Urdhwajatrugata Vata Vyadhi. We report a case of an 80year old male diagnosed with TN based on International Classification of Headache Disorders. The patient had persistent facial pain despite low-dose carbamazepine. An 8day inpatient Ayurvedic intervention was administered, including *Nasya*, external therapies and internal medications. Pain severity was assessed using the Visual Analogue Scale (VAS). Pain intensity decreased from a baseline VAS score of 7/10 to 2/10 at discharge, representing a 5 point reduction over the treatment period. No adverse events were observed during the short-term follow-up.Ayurvedic interventions effectively pacified aggravated *Vata-Pitta* and stabilized neural conduction through anti-inflammatory, neuroprotective and *Rasayana* effects. *Nasya* targeted the trigeminal pathways, while internal medicines reduced oxidative stress and neural inflammation. Unlike conventional therapy, this holistic approach addressed the root pathology without side effects. In this case, short-term symptomatic improvement in TN coincided with an 8-day treatment. The result proved to be effective based on clinical assessment.

Figure : 00 References : 12 Tables : 03
KEY WORDS : Anantavata, Ayurveda, Case Report, Trigeminal neuralgia.

Introduction

Trigeminal neuralgia is a neurological disorder characterized by intense painful episodes on the face; this pain is originated by the trigeminal nerve which spread all the face where the trigeminal nerve supplies its sensory supply.[10] It is one of the most physical and psychological condition also known as tic doloureaux.[2,5] It does the negative impact on the quality of life, result in problem such as weight loss, disturbed sleep, depression.[7,9] The annual incidence of TN is estimated at approximately 4–5 per 100,000 individuals, with higher prevalence reported in women than men.[11] According to the International Headache Society (ICHD-3), TN may occur idiopathically or secondary to structural pathology and is often triggered by innocuous stimuli such as chewing or facial touch.[3]

The medicines used to control the trigeminal neuralgia and to improved quality of life are carbamazepine, phenytoin, gabapentin and clonazepam, but there is side effect of these medications, even after taking these drugs for such a long time, there are no significant changes in the patient. Surgery is normally recommended only after medication has proved ineffective. In *Ayurveda*, all conditions in which headache is prodromal symptoms are included in *Siroroga*.[6] In *Anantvata* all the three *Doshas* get aggravated together and produce pain on the face.

Case

An 80 yrs old male patient presented with main complain of sudden pain like electric shock on left side of the face which gets aggravated on touch. Frequent ulcer on left side of buccal cavity with burning sensation was also there for 6 months. The Onset of pain was acute with gradual worsening & episodic in nature. The pain was increased with movements like speaking, chewing, and smiling, while washing the face and brushing the teeth. The sharp pain used to last for 1 to 2 minutes following continuous dull pain, and the episodes tend to occur within 1 to 2 hours, VAS score was six at the time of admission. The patient consulted to some

allopathic hospitals in 2020 and took allopathic treatment, (100 mg of carbamazepine daily) but was experiencing acute painful episodes almost daily. The pain also affected his quality of life both physically and mentally and there is no history of trauma, insect bite, new food intake no family or genetic history was found related to this condition.

History of past illness

The patient had a history of temporomandibular joint pain previously (about 20 years ago) which was treated and had resolved. Patient is known case of Diabetes mellitus on medication: tab voglibose (0.2mg) (1OD) since 20yrs. Not a known case of hypertension & thyroid disfunction.

Surgical history

Underwent cataract surgery (2005-2006), Underwent Glaucoma surgery (2015), Inguinal hernioplasty – 2 years ago. No history of herpes zoster, no history of dental ailment.

Current status: On a verbal pain rating scale, in which zero represents no pain and 10 is defined as the worst pain possible, the intensity of pain episodes was rated as 10 out of 10.

Clinical Findings

- Vital signs stable
- Neurological examination: Cranial nerves largely intact
- Trigeminal nerve: Facial hyperesthesia on the left side (V2–V3 distribution); jaw jerk reflex was brisk (+++), noted as a clinical finding but without associated motor weakness
- TMJ: Mild tenderness on palpation

On location examination – No lacrimation, nasal discharge or other abnormalities were detected, but mild swelling was present on left side of face & at extra auricular region, temporomandibular tenderness was noticed, on physical examination.

Cranial nerve Examination

Olfactory nerve: No significant finding.

Optic nerve: No significant finding.

Oculomotor nerve: No significant finding.

Trochlear nerve: No significant finding.

Trigeminal nerve: Motor part: On palpation of masseter & trigeminal muscles. No abnormalities detected but mild swelling was noted, Jaw jerk +++.

Sensory part: Corneal reflex: normal, Sensation over face: hyperesthesia, Associated with shocking sensation all over the left side of face specially on cheek.

Abducens nerve: No significant finding.

Facial nerve: No significant finding.

Vestibulocochlear nerve: No significant finding.

Glossopharyngeal nerve: No significant finding.

Vagus nerve: No significant finding.

Accessory nerve: No significant finding.

Hypoglossal nerve: No significant finding.

Diagnostic Assessment

Based on International classification of headache disorder, 3rd edition (ICHD-3) diagnostic assessment for trigeminal neuralgia: **In Tabel no. 01**, it meets almost all ICHD-3 Diagnostic criteria. (Tabel no. 01).

Investigations: Hb – 13.2%
ESR – 30mm/hr
CRP – 13mg/dl

Therapeutic intervention

Table-2: Treatment Protocol and Observations

Internal medicines

1) Tab bosnea 1-1-1(A/F)
2) BalagudhuchyadhiKashaya 2tsp-2-2tsp (A/F)
3) TriphalaChurna + GodhantiBhasma + Akikapisthi (1tsp-1tsf-1tsp) (B/F)

Treatment compliance and adverse events:

Patient tolerated the therapy well and no ADR (adverse drug reaction) was noticed.

Outcome and Follow-Up

At discharge (Day 8), VAS score decreased from 7/10 to 2/10, representing a 5-point absolute reduction. The patient subjectively reported fewer pain episodes and improved comfort during chewing and speaking. No adverse events were observed during the treatment period.

No post-discharge follow-up data were available; durability of improvement could not be assessed.

Vas scale: Table-3.

Follow Up

After the completion of treatment patient got almost complete relief from TN symptoms. The patient got same relief after the first sitting of nasya therapy. Felt great relief in pain after the second and third follow up. During the second follow up same medications prescribed and the third follow up also same medications prescribed. Along with nasya therapy, medicines for Shaman chikitsa were given. As this treatment is more concentrated to treat the symptoms of T.N. patient followed the above intervention for the total duration of months with regular follow up. Patient did not leave the treatment in this 3 months duration and followed all the

TABLE -1 :

	Criterion	Case Findings	Status
A	≥3 attacks	Episodes occur almost daily for 6 months	Fulfilled
B	Unilateral trigeminal distribution	Left side of face (V2-V3 predominant)	Fulfilled
C1	Duration <2 minutes	Pain last 1-2 minutes, then dull ache	Fulfilled
C2	Severe intensity	Described as “electric shock-like” and sharp	Fulfilled
C3	Shock/stabbing quality	Electric shock like pain	Fulfilled
C4	Triggered by innocuous stimuli	Triggered by chewing, brushing teeth, touch, smiling, washing face	Fulfilled
D	No neurological deficit	Cranial nerves intact except jaw jerk +++	Fulfilled
E	Not better explained by another disorder	Dental, sinus.	Fulfilled

advised given to him. He got relieved from all the symptoms just in 3 months.

Discussion

Trigeminal neuralgia is a chronic neuropathic pain disorder often refractory to pharmacological treatment. From an ayurvedic standpoint, the condition can be correlated with *Anantavata*, a *urdhwajatrugatavatavyadhi* characterised by *toda* (pricking pain), *bheda* (splitting pain) in *mukhapradesha*, involving the craniofacial region. The pathogenesis involves *vata-pittaprakopa* due to *ruksha*, *laghu* and *Tikshnaahara-vihara*, along with *mansikanidanas* such as *chinta* and atichintana. These factors disturb *vyanavayu* and *pranavayu* along with *sadhakapitta*, leading to hypersensitivity in the craniofacial region supplied by trigeminal nerve

This case describes short-term symptomatic improvement in a patient with trigeminal neuralgia following an intensive, multimodal *Ayurvedic* intervention. From an *Ayurvedic* perspective, the condition was interpreted as *Anantavata*, involving *Vata-Pitta* aggravation in the craniofacial region.

However, TN is known to exhibit spontaneous remission and fluctuating severity.[4] Given the uncontrolled design, short treatment duration, and absence of long-term follow-up, the observed improvement may reflect natural disease variation, placebo response, attention effects, or regression to the mean rather than a specific therapeutic effect. Additionally, the patient had received subtherapeutic dosing of carbamazepine prior to presentation, limiting conclusions regarding treatment refractoriness.

Sampraptivighatana: The treatment adopted in this case aimed at *vata-pittashamana*, *srotoshodhana* and *vataanulomana*. In the treatment of *anantavata* all *acharyas* mention *Nasya”Nasa hi shirasodwaram”* (nose is gateway to the head) and *Anantavata* is also a *udwajatrugata* disorder, in such condition *nasya* is indicated due to significance of nose at the gateways of head and *murdha* ,[12]*nasya* with *mahatiktakaghrita* in the dose of *arohanakrama* (ascending order) in each nostril was administered for eight days and before administration the *nasya* massage of face with *balagudhuchyadhitaila* is done for ten to 20 min. The *mahatiktakaghritanasya* acts directly on

TABLE -2 :

<table>
<tr><th>S. No.</th><th>Treatment Given</th></tr>
<tr><td>1.</td><td>Koshtashodhana with Ghandarvahastaditaila (50ml) + triphalakashaya (60ml) (First Day)</td></tr>
<tr><td>2.</td><td>Sarvangaabyanga with Kheerabalataila f/b Bashpasweda</td></tr>
<tr><td>3.</td><td>Mukhaabhyanga with balagudhuchyadhitaila f/b Nasya with mahatiktakaghrita
<table>
<tr><td>01/04</td><td>02/04</td><td>03/04</td><td>04/04</td><td>05/04</td><td>06/04</td><td>07/04</td><td>08/04</td></tr>
<tr><td>20*E/N</td><td>40*E/N</td><td>60*E/N</td><td>70*E/N</td><td>80*E/N</td><td>90*E/N</td><td>90*E/N</td><td>90*E/N</td></tr>
</table></td></tr>
<tr><td>4.</td><td>Kavala with balagudhuchyadhitaila</td></tr>
<tr><td>5.</td><td>Pichu to left mandibular region with balagudhuchyadhitaila</td></tr>
</table>

shirashritasrotas, pacifying *vata* and *pitta* through its *tiktarasa*, *snigdhaguna* and *sheetaveerya*. The intervention might have contributed to reducing neural hyperexcitability and local inflammatory processes at the site of trigeminal nerve irritation. *Mukhaabhyanga* with *balaguduchyaditaila* and *pichu* on the affected mandibular region improved *rasa-raktasanchara* (microcirculation), alleviated *rukshata* and reduced the irritation of *snayu* and *sira*. It directly influences *urdhwajatrugatavata* through tactile stimulation of *marma* points such as *apanga*, *avarta*, *shankha* and *phana*, which are functionally related to trigeminal nerve branches. These local therapies are described to exert *snehana*, *mardana* and *vatashamaka* effects, which can modulate peripheral nerve irritability and promote healing.

Sarvangaabhyanga was perfomed daily using *kheerabalataila*, followed by *bashpasweda*. *Kheerabalataila* contains *bala* (sida cordifolia) processed in *ksheera* and *tilataila*, act as a potent *vatahara* and give the *bala* to *snayu-mamsa*, it also provides *snigdhaguna* to counter *ruksha* and *sheetaguna* of aggravated *vata*, and gentle massage improves peripheral circulation, nourished *dhatus*, and promotes secretion of endorphins and parasympathetic activation, resulting in pain reduction and relaxation. *Bashpasweda* further facilitated *srotoshodhana* and reduced *sanga* in *srotas*, leading to enhanced local metabolic activity. The combined effects of *snehana* and *swedana* thus helped in restoring *Dosha-samyata* and neural function.

Shamana medications: internal medicines played a crucial role in sustain the therapeutic benefits, *balaguluchyadhiKashaya* acts as *tridoshashamak* and *rasayana*, *bala* present in it strengthens *snayu* and *mamsa*, *majja* dhatu by providing *snigdha* guna and *guduchi* does *tridoshashamaka* and *Guduchi* exhibits potent anti-inflammatory, antioxidant and neuroprotective effects by inhibiting pro-inflammatory cytokines and oxidative stress marker[4] such action can modulate hyperexcitability and demyelination in the trigeminal nerve, stabilizing neural conduction and alleviating pain. Boswellia (bosnea) tablets: in trigeminal neuralgia, where perineural inflammation and vascular compression trigger demyelination of the trigeminal root, boswellia's anti-inflammatory and membrane-stabilizing properties help prevent further neural injury.[1,8] Its *katu-tiktarasa*, *ushnaveerya* and *vata-kaphahara* properties relieve stiffness (*stambha*) and pricking pain (*toda*). *Triphalachurna*: It supports *agniDeepana* and *srotoshodhana* while serving as a mild *rasayana*. It regulates ama *pachana* and maintains *koshthaShuddhi*, indirectly aiding *vataanulomana*. It has antioxidant and neuroprotective effects that protect neuronal cell from oxidative stress and mitochondrial dysfuction, both implicated in chronic neuropathic pain.[12]*Godanti Bhasma* is known for its ability to balance all three doshas, with a particular emphasis on *rakta* and *pitta*.[8]*Akikapishti* acts as *raktapittahara* reduced burning and tingling sensation often associated with neuralgia. in chronic trigeminal neuralgia, where anxiety and insomnia are common, *akikapishti* calming and adaptogenic effects, improving pain perception and quality of life. Together these formulations acted synergistically to relieve pain and improve functional integrity. conventional treatment with carbamazepine or gabapentin primarily aims to block

Table-3 :

Before treatment	After treatment
Seven	Two

sodium channels and suppress neuronal firing but these medicines have side effects like dizziness, drowsiness and hepatotoxicity. The ayurveda approach, in contrast targets root cause (*moolanidana*) and maintain doshas *samyak* and does dhatu *poshana*, without any adverse effects.

Limitations

- Single-patient case report
- Short treatment duration (8 days)
- No MRI to exclude secondary causes
- No standardized quality-of-life instruments
- No long-term follow-up
- Lack of laboratory safety monitoring

Conclusion

In this single case, an 8-day course of *Ayurvedic* interventions coincided with short-term improvement in trigeminal neuralgia symptoms without observed adverse effects. These findings are preliminary and hypothesis-generating. Controlled clinical studies with standardized diagnostics, adequate follow-up, and objective outcome measures are required before conclusions regarding efficacy or safety can be drawn.

Ethics Statement

Written informed consent for publication was obtained from the patient. Institutional ethics approval was not required for this single case report.

Conflict of Interest

The authors declare no conflict of interest.

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Data Availability

All relevant data are included in the manuscript.

CARE Checklist

The CARE checklist has been completed and submitted as supplementary material

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