



Case study

Effect of Successful Outcome of Ayurvedic Treatment of Trigeminal Neuralgia: A Case Study

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Abstract

Trigeminal neuralgia is the most painful condition ever known to medical world. It is also called as a 'suicidal disease', as large proportion of subjects commit suicide to get rid of this condition. This is a condition in which there is sudden, severe, unilateral, paroxysmal, excruciating pain initiated by touching a trigger zone. Almost 50-75% patients respond to Carbamazepine & Phenytoin, but for a few, surgical intervention to decompress the Trigeminal nerve may be indicated. Most patients find partial relief with medical therapies or surgical procedures, although they become less responsive over a period of time & relapses are very common. Thus Modern medicine has limited options to treat this dreadful entity so called as suicidal disease. Here is a case study presented of a successful Ayurvedic management of a case of Trigeminal neuralgia. This case study may give a ray of hope to thousands of sufferers of Trigeminal neuralgia with the assurance that such a dreaded condition could be effectively managed by Ayurveda without surgical intervention.

Key words: Ayurvedic, management, Trigeminal neuralgia, Ardhava bhedak.

Introduction

Trigeminal neuralgia is regarded as the most painful & unbearable pain that is known to the medical world. The Trigeminal nerve, the fifth cranial nerve is in close proximity with Trigeminal artery & vein. Sometimes there is pressure created by the artery/ vein that causes the nerve to malfunction. The pressure on the nerve may wear away the protective outer layer (myelin sheath) of the nerve, that produces the symptoms. Modern Medicine describes Trigeminal neuralgia (Tic Douloureux) as a condition characterized by

excruciating paroxysms of pain in the lips, gums, or chin and very rarely in the distribution of the ophthalmic division of the 5th cranial nerve. The pain seldom lasts for more than few seconds or a minute or two. The paroxysms recur frequently both day & night for several weeks at a time. The adequate stimulus to a trigger zone for precipitating an attack is tactile one and possibly tickle, rather than a noxious or thermal stimulus. The diagnosis is based on clinical criteria. Trigeminal neuralgia is initiated by touching a 'Trigger zone'. This disorder occurs almost

exclusively in middle aged & elderly persons¹. It is estimated that 1: 15000 suffer from Trigeminal neuralgia. Many cases respond to Carbamazepine & Phenytoin. Most widely used surgical procedure is Radio frequency Thermal Rhizotomy. Some surgeons prefer Injection of Glycerol in Meckle's cave. Either of these procedures produces temporary relief in 95% patients but pain recurs in substantial proportion of patients in some point of time. These procedures have a major drawback that it carries a risk of partial numbness over face pain and corneal denervation with secondary keratitis may occur. Another surgical intervention is micro vascular decompression, a major surgical procedure, requiring several days of hospitalization & there is risk to 7th & 8th nerve damage. Most patients find partial relief with medical therapies or surgical procedures, although they become less responsive over a period of time & relapses are very common¹. Thus Modern science does not have satisfactory treatment for this dreadful condition but Ayurved has great strength & potential to manage this condition.

Case Study

This 51 year old male patient was suffering from paroxysms of excruciating pain on Left side of face for last 10 months. The paroxysms used to occur on touch to Lt. side of face, while taking food, while brushing the teeth, while shaving & used to last for 45 seconds to 3 minutes. The muscles of the Lt. side of the face used to suddenly go in to spasm followed by lacrimation in Lt. eye. He was desperately seeking treatment for this unbearable condition. He was admitted in to a reputed hospital in Pune for a period of one week in the month Oct 2015 where they carried out all the necessary tests including MRI. Finally the disorder was diagnosed as Trigeminal neuralgia. He was told that Carbamazepine was the only drug that can give him relief and therefore they started Carbamazepine 200 mg OD for 3 days followed by 200 mg BD, patient responded to treatment initially but after 3 months

the patient developed severe delayed hypersensitive reaction to the drug & the drug had to be withdrawn. Then he was referred to a famous corporate hospital in Pune where the renowned neurosurgeon advised him to undergo micro -vascular decompression surgery and the cost of surgical treatment was told to be 1.74 to 2.30 Lacs depending on admission in general ward or private room, but he was cautioned that the surgical procedure may produce permanent numbness to the Lt. side of face and hearing may be lost. After knowing the side effects of the surgical treatment, he was in a state of dilemma, whether to go for surgery or if there was any other remedy. He tried all types of remedies but of no avail & was very much frustrated, when one of his friends referred him to me for further treatment.

The discharge card notes at the reputed hospital in Pune on 7/10/2015 were as follows:-

Chief complaints on admission: Pt. admitted with c/o Lt. sided excruciating facial pain+ radiating from forehead to mandible region pain - off and on

Investigations: Most of the investigations were normal except SGOT-83 units/L

MRI brain on 5th Oct 2015: Age appropriate mild cerebral atrophy with periventricular ischemic changes. For clinical correlation.

CD Heart report -Normal study

TMT report dated 6/10/2015- The stress test +ve for inducible myocardial ischaemia

Final diagnosis: Trigeminal neuralgia with unstable Angina (TMT +ve)

He was admitted in the 20 bedded Ayurvedic Research ward attached to Sassoon General hospital- the teaching hospital of B.J. Medical College, Pune on 5th Aug 2016.

On admission he was having same complaints- Lt. sided excruciating facial pain radiating from forehead to mandibular region pain occurring in paroxysms. The paroxysms used to occur on touch to Lt. side of face, while taking food, while brushing the teeth, shaving & used to last for 5-10 minutes. There was a refractory period between two paroxysms/ Veg.

There was lacrimation of Lt. eye seen during paroxysms that indicated that his ophthalmic division was also involved apart from maxillary & mandibular division of Trigeminal nerve.

H/o Hypertension since 10 years

No H/o Herpes zoster, No H/o Dental ailment

Swakul history:- Daughter having H/o Brain tumor

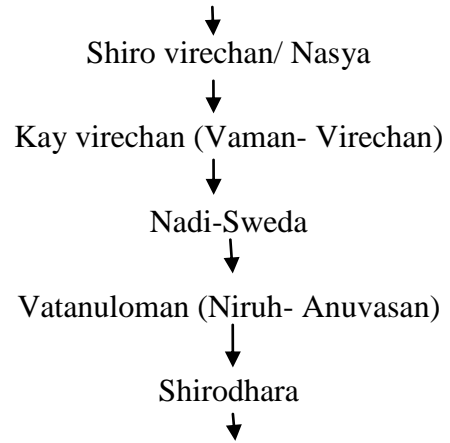
Son having H/O A. Glomerulonephritis.

Samprapti (Pathology): Granthkaras (Authors of classical literature) mentioned similar entity as Ardhava bhedak in which unilateral, cutting, shooting, penetrating, burning pain occurs in spasms in the forehead, eyes, cheek & lower part of the face. Mahadevan L² mentioned Trigeminal neuralgia as 'Anantvatam' but description as mentioned by Charakacharya fits more appropriate to Ardhava bhedak. Vd. Kasture H.S. also confirmed Trigeminal neuralgia as Ardhava bhedak³.

Vayu is called as *Tantra-Yantra dhar*. It has complete control over all physiological activities & it takes part in to all *kriyas* in the body. Any derangement in function of any organ is due to vitiated *Vayu/Vat*⁴. As per Charakacharya this disorder occurs due to Kaphavrutta Vata. Vat vridhhi in Kapha sthan occurs due to Ati-sevan of *Rukshadi aahar*, *Adhyashan*, *Mal-Mutradi Vegavrodh*, excessive sex, *Ati-shram*, *Anil sevan*, living in *sheet/ humid climate* leads to vitiated *Vat* which combines with *Kapha* and settles in to half portion of *Shir Pradesh* & produces unilateral, cutting, shooting, penetrating excruciating pain as *Sheet guna* not only increases *Vayu* but also increases *Kapha*, too⁵.

Chikitsa sutra: Charakacharya mentioned the chikitsa sutra for Vata- prakop as, '*Sneho anilam hanti, Mrudu karoti Deham, Malanam vinihanti sangam*'⁶.

Nidan parivarjan (Removal of causative factors)



Pathya-apathya (DOs & Dont's)

- *Nidan parivarjan* & *Pathyaapathya* were advised to make necessary changes in life style. He has to refrain from *Vat-prakopaj aahar- Vihar*.e.g. He was advised not to travel on 2 wheeler, not to use A.C., and *vegavrodh*, *Atishram* (excessive work) were to be avoided. Patient was asked to wear scarf while travelling or to put small cotton balls in both the ear passages to protect him from the cold. Pt was asked to blow balloons & chew chewing gums to exercise his maxillary & oral muscles.
- He was advised not to take *Ruksha* / spicy aahar & advised freshly prepared *Laghu, supachya* & *Snigdha aahar*.
- For Shodhan of the vitiated *Kapha-Saddho-vaman* (induced vomiting) was induced following *Sansarjan krama*. After 3 days of *Saddho vaman*, we started *Sitopaladi choorna* + *Avipatkar choorna* 1TSF BD before meals along with warm water was continued. *Sitopaladi choorna* + *Avipatkar choorna* combination reduces the *Samata in Ras & Rakta*, thereby reduces the *Strotorodh* (blockages) & in turn *Vat-prakop* was reduced.
- Cap Palsinuron 1 BD along with Maharasnadi kwath 3 TSF BD after meal
- Vagbhat had said that... *Nasa hi shirso dwaram*...⁷. *Nasya* digests *Kapha* & *Aam* & directs the Vata Anuloman in proper way. Its action is also of *Shodhan* in

nature. From 1st day onwards Shiro-virechan/ Nasya was executed by *Shadbindu* tail 2-2 drops in each nostril followed by Snehan & Nadi-swed for 5 days and thereafter by *Panchendriya vardhan tail*. *Vacha choorna Udvartan* was applied after Nasya.

- Granthakaras have remarked that *Basti chikitsa* is the half chikitsa in Vata disorders. Further in *Marmaghat* also *Basti Chikitsa* is very effective. In this condition *Pratilom* of Vat occurred due to *Malamutradi Vegdharan* (avoiding call for urination, defecation), therefore to achieve *Vatanuloman*, Yog Basti/ medicated enema was started in the form of *Niruh* containing *Dashmool+ Erandmool* (root of *Ricinus communis*)+ *Rasana* (*Inula recemosa*) Quath 350 ml + *Saindhav* (Rock salt) 3 g + *Madhu* (Honey) 3 ml + *Narayan* tail 10 ml/ *Bala tail* 10 ml.

Anuvasan was given in the form of *Sahachar tail* 40 ml per rectum alternate daily.

As the sleep was very much disturbed due to frequent paroxysms of excruciating pain; there was *Vata prakop* due to *Ratro jagran*; therefore it was decided after 7 days of treatment, to start *Shirodhara* treatment firstly for 15 min, gradually extended by 2 min everyday up to 45 min, followed by *Nasya* & as there was good response noted the period of *Shirodhara* was tapered off gradually to 15 min & finally stopped after 30 days.

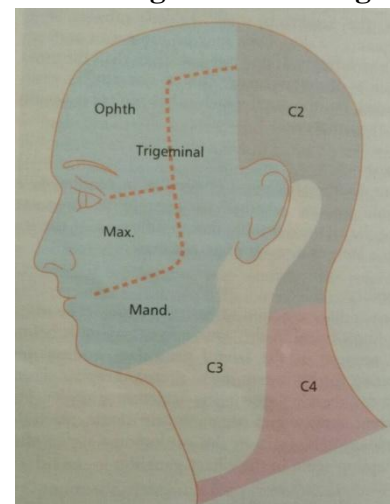
- *Ashwagandha* (*Withania somnifera*) + *Bala* (*Sida cordifolia*)+ *Kavachbeej* (*Mucuna pruriens*) + *Gokshur* (*Tribulus terrestris*) + *Guduchi* (*Tinospora cordifolia*) choorna (powder form) 25 g each + Tab Brihat vat chintamani 1g divided in to 100 doses, one dose twice daily (1 dose after breakfast & after dinner along with *Koshna jal*/warm water). This chikitsa was for *Balya*, *Rasayan* and *Apunarbhav chilkitsa* of *Majjavah strotas*. It is said that, wherever there is pain, there

is obstruction in the strotasas (systems). This Ayurvedic treatment restored the imbalance of *Vat* and improved microcirculation in the nerve. That relieved pain. There are 3 *Marmas* (*Vital organs*) mentioned in Ayurveda, namely Heart, Brain & *Vrikka* (Kidney). When one *Marma* is affected the other two also notice some derangement in their function. Similarly drugs acting on Brain also have therapeutic effect on other two *Marmas*. This treatment had potential to correct the derangement in function of heart. Therefore patient did not experience any symptoms of ischaemia of heart though his TMT test was positive earlier.

Pt responded very well to Ayurvedic line of treatment and the intensity of pain & its frequency reduced substantially within 15 days. Patient was completely free of all the symptoms within 8 weeks. Now after 4 months of treatment only *Nasya* & oral medicines have been continued to prevent recurrence of symptoms.

Follow-up:- Pt. is being followed up every month. There has been no recurrence of symptoms for last 9 months. Thus this case study has opened a door to thousands of poor sufferers of Trigeminal neuralgia with a hope that Ayurvedic treatment can play a major role in conservatively treating this dreadful condition and that too, at a very nominal cost.

Area affected in Trigeminal neuralgia



References

1. M. Flint Beal, Stephen L. Hauser: Common disorders of Cranial nerves. Chapter 367: Harrison's Principles of Internal Medicine. Mc Graw Hill. 15th International edition Vol.2. 2003: 2421-22
2. L.Mahadevan:"Ayurvedic Practical Prescriber". Sarada Mahadev Iyer Ayurvedic Educational & Charitable trust, Derisanamcope-629851, Dist. Kanyakumari (T.N.); 3rd Revised Edition. March, 2016: Chapter 37:174-177
3. Vd. Kasture Haridas Shridhar: "Tri - marma chikitsa" (Dwitiya khand) Shiromarma Rog Vidnyan. 8th Chapter 1st edition, Chaukhamba Krishnadas Academy, Varanasi. 2011: 72-73.
4. Charak samhita by Agnivesa; Edited by Vaidya Jadhavji Trikamji Acharya. Chaukhamba publications. Reprint 2016. Sutra sthan. Chapter 12/8:79
5. Charak samhita by Agnivesa; Edited by Vaidya Jadhavji Trikamji Acharya. Chaukhamba publications. Reprint 2016. Siddhi sthan. Chapter 9/74-78:721
6. Charak samhita by Agnivesa ;Edited by Vaidya Jadhavji Trikamji Acharya. Chaukhamba publications. Reprint 2016. Siddhi sthan. Chapter 1/7: 678
7. Sarth Vagbhat; edited by Dr. Ganesh Krishna Garde (Marathi 2015 edition). Chaukhamba Surbharti Prakashan, Varanasi. Sutra sthan. Chapter 20/1:85.