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Conceptual study of *Anantavata* with special reference to its *Trigeminal neuralgia*.

Rupali K. Maladhure (Dangore)*¹, Alka S.Charde²

¹PG Scholar,

²HOD and Guide,

Department of Rachana Sharir, Bhausaheb Mulak Ayurved Mahavidyalaya,

Nandanvan, Nagpur-440009, Maharashtra, India.

*Corresponding author: dr.rupali.dangore@gmail.com ; Mobile No: 9970168584

ABSTRACT:

Trigeminal neuralgia is a chronic pain condition that affects the trigeminal nerve, which carries sensation from face to the brain. If anyone has this condition, even mild stimulation of face such as from brushing teeth or putting on makeup may trigger a jolt of excruciating pain. Trigeminal neuralgia affects women more often than men and it's more likely to occur in people who are older than 50 years. Trigeminal neuralgia also called as Tic Douloureux, the function of trigeminal nerve is disrupted. This disorder is not fetal but can be debilitating. Due to the intensity of the pain, some individuals may avoid daily activities or social contact because they fear an impending attack. According to *Ayurveda* trigeminal neuralgia can be

understood as *Anantavata*. It is explained as diseases of head involving simultaneous vitiation of all tridosha producing sever pain at unilateral side of face. The present article deals with the *Ayurvedic* approach to the trigeminal neuralgia as *Anantavata*. *Ayurvedic* management of trigeminal neuralgia is based on pacifying *tridosha*.

KEY WORDS – Trigeminal neuralgia, Trigeminal nerve, Pain, Trigger, *Tridosha*, *Anantavata*.

INTRODUCTION:

Trigeminal Neuralgia is a chronic pain condition that affects the trigeminal nerve, which carries the sensation from face to the brain. Trigeminal Neuralgia also called as Tic Douloureux, the

trigeminal nerves function is disrupted. This disorder is not fetal but can be debilitating. Due to the intensity of the pain, some individuals may avoid daily activities or social contacts because they fear an impending attack. If anyone has this condition even mild stimulation of face such as from brushing teeth or applying makeup may trigger a jolt of excruciating pain. Trigeminal Neuralgia affects women more often than men and its more likely to occur in people who are older than 50 years. Trigeminal Neuralgia is unilateral disorder characterized by brief electric shock like pain which is abrupt in onset and termination limited to the distribution of one or more division of trigeminal nerve¹. The pain rarely occurs bilaterally and never simultaneously on each side; occasionally more than one division is involved².

According to *Ayurveda* Trigeminal Neuralgia can be understood as “*Anantavata*”, one among the 11 types of *Shiroroga* having similar clinical presentation³. *Anantavata* explained only in *Charaka* and *Sushruta Samhita*. *Sushrutacharya* explained in *Sushrut Uttertantra* 25 *Shirorog Vidnyaniya Adhyaya* and its *chikitsa* explained in *Sushrut Uttertantra* 26 *Shirorog Pratishedha adhyaya*. *Acharya Charaka* explained in *Charak Siddhistan* 9 *Trimarmiyasiddhi adhyaya*. It is

explained as disease of head involving simultaneous vitiation of all *Tridoshas* producing severe pain at unilateral side of face. *Ayurvedic* management of Trigeminal Neuralgia is based on pacifying *Tridosha*.

Trigeminal neuralgia:

Trigeminal neuralgia (TN) is a chronic pain condition that affects the trigeminal or 5th cranial nerve, one of the most widely distributed nerves in the head. TN is a form of neuropathic pain (pain associated with nerve injury or nerve lesion.) The typical or "classic" form of the disorder (called "Type 1" or TN1) causes extreme, sporadic, sudden burning or shock-like facial pain that lasts anywhere from a few seconds to as long as two minutes per episode. These attacks can occur in quick succession, in volleys lasting as long as two hours. The “atypical” form of the disorder (called "Type 2" or TN2), is characterized by constant aching, burning, stabbing pain of somewhat lower intensity than Type 1. Both forms of pain may occur in the same person, sometimes at the same time. The intensity of pain can be physically and mentally incapacitating.

The trigeminal nerve is one of 12 pairs of nerves that are attached to the brain. The nerve has three branches that conduct sensations from the upper, middle, and lower portions of the face, as well as

the oral cavity, to the brain. The ophthalmic, or upper, branch supplies sensation to most of the scalp, forehead, and front of the head. The maxillary, or middle, branch stimulates the cheek, upper jaw, top lip, teeth and gums, and to the side of the nose. The mandibular, or lower, branch supplies nerves to the lower jaw, teeth and gums, and bottom lip. More than one nerve branch can be affected by the disorder. Rarely, both sides of the face may be affected at different times in an individual, or even more rarely at the same time (called bilateral TN)⁴.

There are [12 cranial nerves](#) in the body, all originating in the brain. They come in pairs and connect different body areas and organs to the [brain](#). Cranial nerves can transmit two types of information:

- **Sensory information** includes details about smells, sights, tastes, touch, and sounds to the brain.
- **Motor information** refers to signals that affect the movement or activity of muscles and glands.

Nerves that send sensory information are said to have sensory functions. Those that send motor information have motor functions. While some nerves have only sensory or motor functions, others can have both. The trigeminal nerve is one of the cranial nerves that has both sensory and motor function.

Cranial nerves are also classified using Roman numerals based on their location. The trigeminal nerve is also called cranial nerve V⁵.

Causes:

According to Ayurveda:-

*Upavasatishokatirukshasheetalpabhojonai: /
Dushta doshastrayo
manyapashchaddhatusu vedanam ||
(Ch. Si. 9-84)*

Due to *langhan, atishoka, atiruksha/sheet annapan, atyalpa bhojan tridoshas* aggravated and produced *Anatavata*⁶.

According to Modern⁷:-

1. The problem is contact between a normal blood vessel — in this case, an artery or a vein — and the trigeminal nerve at the base of your brain. This contact puts pressure on the nerve and causes it to malfunction.
2. Trigeminal neuralgia can occur as a result of aging, or it can be related to multiple sclerosis or a similar disorder that damages the myelin sheath protecting certain nerves.
3. Trigeminal neuralgia can also be caused by a tumour compressing the trigeminal nerve.
4. Some people may experience trigeminal neuralgia due to a brain lesion or other abnormalities.

5. In other cases, surgical injuries, stroke or facial trauma may be responsible for trigeminal neuralgia.

Symptoms:

- Episodes of severe, shooting or jabbing pain that may feel like an electric shock
- Spontaneous attacks of pain or attacks triggered by things such as touching the face, chewing, speaking or brushing teeth
- Bouts of pain lasting from a few seconds to several minutes
- Episodes of several attacks lasting days, weeks, months or longer — some people have periods when they experience no pain
- Constant aching, burning feeling that may occur before it evolves into the spasm-like pain of trigeminal neuralgia
- Pain in areas supplied by the trigeminal nerve, including the cheek, jaw, teeth, gums, lips, or less often the eye and forehead
- Pain affecting one side of the face at a time, though may rarely affect both sides of the face
- Pain focused in one spot or spread in a wider pattern
- Attacks that become more frequent and intense over time

Triggers

A variety of triggers may set off the pain of trigeminal neuralgia, including:

- Shaving
- Touching your face
- Eating
- Drinking
- Brushing your teeth
- Talking
- Putting on makeup
- Encountering a breeze
- Smiling
- Washing your face
- Being exposed to the wind

WHO IS AFFECTED?

Trigeminal neuralgia occurs most often in people over age 50, although it can occur at any age, including infancy. The possibility of TN being caused by multiple sclerosis increases when it occurs in young adults⁸.

Treatment:

Ananatavate *Kartavya:*
Suryavartaharo Vidhi /
Siravyadhashcha
Kartavyoanavataprashantaye //
Aharashcha *Vidhatavyo*
Vatapittavinashan: /
Madhumastakasanyavaghrutpurai
shcha Bhojanan //
(Su: Ut: 26-36,37)

According to *Sushruta* and *Charaka* the treatment of *Anantavata* is exactly same like in *Suryavarta*. *Acharya* told to do specially *Raktamokshan* by *Siravedha* for pain relief.

Aahara-specially *Vatapittagna dravya* included in *Madhuyukta poli*, *Sanyav (Lapashi/ Sheera)*, *Ghrutapur(Ghivar)*, etc.⁹

1. *Auttarbhaktik sneha* means ghee after meal.
2. *Shirovirechan* and *Mruduvirechan*.
3. *Swedan* at forehead by milk, *ghee*, for *Parisheka* and *Upnaha* used which is made up by *Mansa* of *Jangal prani* (wild animal).
4. *Shirobasti* made by *gruta (ghee)*, *tail (oil)*, *vasa (fat)*.
5. *Nasya* – drugs of *Jeevaniya Gan siddha* milk and *ghee + Maka ras + goat milk* in *samapramana*.
6. *Raktamokshan* by *Siravyadha*.
7. *Dahankarma* (cauterization) at *Gandapradesh*.
8. Internally – *Vatavidhvansa rasa*, *Samirapannag rasa*, *Sutashekhar rasa*, *Sarpagandha*, *Jatamansi*.¹⁰

CONCLUSION:

1. The *Ayurvedic* management explained in various *Samhitas* and classical texts are helpful for release the signs and symptoms of the disease *Anantavata* (Trigeminal Neuralgia).

2. All the treatments like *Snehan*, *Swedan*, *Shirovirechan*, *Mruduvirechan*, *Shirobasti*, *Nasya*, *Dahankarma*, specially *Raktamokshan* by *Siravyadha*, oral drugs helpful for vitiated *Vata* and *Pitta* in the body and relieving symptoms of *Anantavata* (Trigeminal Neuralgia).
3. Awareness should be created for the roll of *Ayurveda* in such type of disease especially concerned with *Ayurveda* where modern medicine has limited role.

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