

ROLE OF PANCHAKARMA CHIKITSA IN THE MANAGEMENT OF ANANTAVATA
W.S.R TRIGEMINAL NEURALGIA- A SINGLE CASE STUDY¹*Tejaswini Hegde, ²Seetharamu M. S., ³Muralidhar P. Pujar and ⁴Vishak P. Dhanvanthri¹Post Graduate Scholar, Department of Panchakarma, SDM College of Ayurveda and Hospital Hassan.²Assistant Professor, Department of Panchakarma, SDM College of Ayurveda and Hospital Hassan.³Professor, Department of Panchakarma, SDM College of Ayurveda and Hospital Hassan.⁴Post Graduate Scholar, Department of Panchakarma, SDM College of Ayurveda and Hospital Hassan.

*Corresponding Author: Tejaswini Hegde

Post Graduate Scholar, Department of Panchakarma, SDM College of Ayurveda and Hospital Hassan.

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ABSTRACT

Anantavata disease, a subtype of *shiroroga*, primarily manifests due to *tridosha* dominance, impacting the *manya* area and resulting in severe pain, concentrated in the regions of *ghata*, notably affecting the *akshi*, *akshibhru*, and *shankha*. This ailment bears resemblance to trigeminal neuralgia, characterized by intense pain stemming from the trigeminal nerve, which divides into three branches towards the eye, cheek, and jaw, originating near the upper ear. In current case study a female patient of age 53 years having symptoms of sharp shooting pain in right side of head, difficulty in opening mouth, difficulty in chewing food items, earache, tenderness in frontal and maxillary region for 6 years. The patient was treated with *Panchakarma* and oral medications for 12 days. She continued medications of *shamana* for 3 months showing significant results. Later the patient was admitted for the same which showed remarkable result.

KEYWORDS: *Panchakarma*, *Anantavata*, Trigeminal neuralgia.

INTRODUCTION

Trigeminal neuralgia, which is also known as Suicidal disease, causes sudden, severe pain in areas like the lips, gums, cheek, or chin, and rarely in the eye area. The pain usually lasts only a few seconds to a minute or two but is so intense that it can make the person wince, which is why it's sometimes called "tic." These painful episodes can happen often, both day and night, for weeks at a time. They may happen on their own or be triggered by actions like talking, chewing, or smiling. People with this condition also have specific areas on their face, lips, or tongue that, when touched, cause painful attacks. Simple activities like washing the face, brushing teeth, or feeling a breeze can trigger intense pain.

Trigeminal neuralgia is fairly common, affecting about 4 to 8 out of every 100,000 people each year. It mostly affects middle-aged and older adults, and about 60% of cases are in women. The pain usually starts suddenly and can last for weeks or months before it stops on its own. While the pain may stay away for a long time in some people, it often comes back eventually.

Trigeminal neuralgia can be managed with medications such as carbamazepine and lamotrigine. If these medications are ineffective, surgical intervention may be

required. However, surgery can be expensive and may have potential side effects. As an alternative, the condition may also be managed through Ayurvedic principles, which offer a more holistic and potentially less invasive approach.^[1]

In *Ayurveda*, Trigeminal Neuralgia is believed to be similar to *Anantavata*, one of the 11 types of *Shiroroga*, as it shows comparable symptoms.^[2] The symptoms and causes of *Anantavata*, as described by *Acharya Sushruta*, closely resemble those of Trigeminal Neuralgia. In *Anantavata*, the term "*Ananta*" means endless, referring to the severe pain in the eyes, temples, and jaws. "*Vata*" indicates the dominant involvement of the *Vata Dosha*. Initially, there is an imbalance of the three *Doshas*, which starts irritating the *Manya Nadis*, causing intense pain at the back of the neck. The *Doshas* then settle in the eyes, jaws, and temples, leading to pulsating pain in the upper jaw. This condition can eventually cause lockjaw, neck stiffness, and various eye disorders.^[3] The present case study is an attempt to evaluate the efficacy of Ayurvedic treatment in the management of *Anantavaata* with *Vaatahara* and *Brihmana* line of treatment.

AIMS AND OBJECTIVES

To evaluate the efficacy of Ayurvedic Management of *Anantavata* w.s.r to Trigeminal Neuralgia.

MATERIALS AND METHODS

A 53-year-old female patient of *Anantavata* was selected from the OPD, Department of PG Studies in Panchakarma, SDM College of Ayurveda and Hospital, Hassan.

CASE STUDY

A 53-year-old female patient came to panchakarma OPD, SDMCAH Hassan on 15/12/2023 with the chief complaint of right sided headache, difficulty in opening mouth, chewing food, earache since 6 years associated with pain in low back radiating to bilateral lower limbs and pain in neck radiating to bilateral upper limbs. Headache gets aggravated on exposure to cold, eating cold items and in morning hours.

The patient was suffering from all the above complaints since 6 years. She consulted to local hospital and after MRI scan and nerve conduction test, she was diagnosed as trigeminal Neuralgia.

Patient was under allopathic medication continuously for 6 years. The patient experienced relief with allopathic treatment, but symptoms recurred upon discontinuation. As the pain was not reduced, she was suggested for surgery. As she refused surgery she visited SDMCAH Hassan for further advice.

Past History

Nothing significant.

Medical history

Carbox 300 in 4 divided doses
Gabagesic-NT 400 once at night
Rexite plus once a day
EC Pan Dsr once a day

Personal History

Bowel- Regular (Once a day)
Appetite- Good (Difficulty in chewing food)

Treatment given- 1st Visit**Panchakarma Procedures**

1 st -3 rd day	Sar. Abhyanga with ksheerabala taila+ Jambeerapinda sweda									
4 th -6 th day	Sar. Abhyanga with Ksheerabala taila+ Patra pinda sweda									
7 th -12 th day	Sar. Abhyanga with Ksheerabala taila+ Shastika shali pinda sweda									
1 st - 2 nd day	Mukhabhyanga with KB 101 f/b panasa patra sweda f/b Nasya with karpasatyadi taila 6 drops e/n									
3 rd - 12 th day	Mukhabhyanga with KB 101 f/b panasa patra sweda f/b Nasya with brihat chaghalyadi Ghrita									
	D3	D4	D5	D6	D7	D8	D9	D10	D11	D12
	20	24	28	32	36	40	44	48	50	54

Shamana medicines

Formulation	Dose	Anupana
1 st 12 days-		
Gandharvahastadi taila	15ml at evening	With milk
Brihat vata Chintamani	2-0-2 A/F	With warm water
Dhanvantara cap	4-0-4 B/f	With milk

Micturition-Regular

Sleep- Disturbed due to pain

Investigations

CT Brain – Normal

Dashavidha Pareeksha

Prakruti- Vata Pitta

Vikruti- Tridoshaja (vata pradhana)

Sara- Avara

Samhanana- Avara

Satwa - Avara

Satmya- Avara

Aharashakti -Abhyavarana shakti- Avara

Jarana shakti -Madhyama

Vyayama shakti- Avara

Vaya- Madhyama

Pramana- Avara

Astasthan Pareeksha

Nadi – 78/min

Mutra- Prakruta (4-5 times a day)

Mala – Prakruta (1 time a day)

Jiwha- Prakruta (Alipta)

Shabda- Prakruta

Sparsha- Prakruta (Tenderness in maxillary region)

Drik- Prakruta

Akruti- Prakruta

Nidana panchaka

Nidana- aharaja-Atyanta alpa bhojana, Ati ruksha bhojana

Viharaja- Exposure to place of ushna and ruksha guna of vayu

Poorvaroopa- Avyakta

Roopa- shooting pain in right side of head, difficulty in opening mouth, difficulty in chewing food items, earache, tenderness in frontal and maxillary region

Upashaya/ Anupashaya – Nothing specific

Samprapti- Due to Nidana sevana, vitiates Tridosha affecting Manya, causing severe pain in ghata and particularly in Akshi, Bhru and Shankha pradesha. The localized tridosha causes Netra rogas, Hanu ghraha and kampa in ganda parshwa.

External procedures

Procedure	Drugs
Lepa	Eranda patra+Milk
Shiropichu	Kalyanaka Ghrita

2. Ksheerabala 101 E/A to face
3. Mahamasha Taila E/A
4. Swamala compound 10-0-10gm with milk B/F
5. Avipattikara Choorna 0-0-5gm B/F

Discharge medicines

1. Alert capsules 0-0-2 A/F

2nd visit**Panchakarma Procedures**

Day 1	1.Sarvanga Udwartana + Dashamoola kwatha parisheka 2.Sadyovirechana with Gandharvahastadi taila 50 ml + Nirgundi Kashaya 100ml				
Day2 – Day4	1.Sarvanga Abhyanga with Mahamasha taila + Dashamoolakwatha parisheka 2.Matra basti with Amritaprasha Ghrita 50ml + Mahamasha taila 50 ml 3.Panasapatra sweda followed by ksheeradhooma				
Day5- Day 12	1.Sarvanga Abhyanga with Mahamasha taila + Shashtikashalipinda sweda 2.Panasapatra sweda followed by ksheeradhooma 3.Shiropichu with Mahamasha taila 4.Annalepa to face 5.Dwikala Nasya with Ksheerabala 101 drops				
	Day 5	Day 6	Day 7	Day 8	Day 9
	M- 20	M-36	M- 42	M- 12	M-12
	E- 20	E-36	E- 42	E- 12	E-12
Day 12	Siravyadha to forehead				

Shamana medicines

1. Narasimha rasayana 1tsp- 0 – 1tsp B/F
2. Marmani vati For external application

Discharge medicines

1. Ksheerabala 101 drops 4-0-4 with milk B/F
2. Ekangaveera rasa 2-0-2 A/F
3. Brihatvata Chintamani rasa 1-0-1 A/F
4. Tab Niagrim 1-0-1 A/f
5. Pathyadi khada 10ml-0-10ml B/f
6. Avipattikara choorna + Godanti Bhasma 0-0-1tsp B/F with hot water

OBSERVATION AND RESULTS

Patient was asked to follow up after 15 days of 1st visit. On the day of follow up patient was moderately relieved from symptoms. After 2nd admission patient was given with discharge medicines and asked to follow up after 30 days. During these 30 days patient had not got a single episode of pain and the symptoms were also significantly reduced by 90 %.

DISCUSSION

Anantavata is a type of head disorder primarily caused by Vata dosha, which involves an imbalance of all three doshas. Acharya Sushruta described 11 types of head disorders, and Anantavata closely matches the symptoms experienced by patients with Trigeminal Neuralgia. Here patient complains vata pradhana symptoms so mainly vatahara and brihmana treatment was planned. Shodhana is the main line of treatment.^[4] The first step in treatment is Snehana and Swedana, which are the main methods for controlling Vata dosha. Snehana Nasya is considered the best for conditions affecting the upper part of the body, as it is the main pathway to the

head.^[5] For Nasya, Karpasastyadi Taila was used for two days. This oil has qualities that are guru, snigdha, balya, and ushna, which help balance the Vata dosha.^[6] From the 3rd to the 12th day, Brihachagalyadi Ghrita was used. It is known for vatahara, balya and shoshahara, as it contains chaga mamsa (meat of a goat).^[7] The maximum dose of Nasya given was 54 drops which is almost equal to the Snehana nasya dose mentioned in classics. Shamana medications such as Gandharvahastadi Taila, Dhanvantara Capsules, and Brihatvata Chintamani rasa were administered, primarily aimed at promoting Vatanulomana and alleviating Vata. External application with Eranda patra and milk is mainly helpful in reducing localized vata. Discharge medications include drugs with Vatahara, Vatanulomana, and Brihmana properties. The patient experienced moderate relief after the first visit. During the second visit, treatment began with Sadyovirechana using Gandharvahastadi Taila along with Nirgundi Kashaya to promote Vatanulomana. Sarvanga Abhyanga and Shiropichu was done with Mahamasha Taila which is having effects on neuromuscular and musculoskeletal systems and has been mentioned in the context of Vata vyadhi chikitsa. Its formulation includes a blend of potent herbs such as Masha (black gram), Dasamoola (a group of ten roots), Ashwagandha, Eranda (castor), and Gokshura, Chaga mamsa combined with sesame oil and cow's milk.^[8] Nasya with Ksheerabala 101 helps in Rasayana, Jeevaneeya, Brimhaneeya and Indriyaprasadana.^[9] External Procedures like Annalepa helps to alleviate Vata and Produce Brihmana action. Siravyadha is mentioned as ardha chikitsa according to sushruta and it is beneficial in Shiroroga which are Pittaja Shiroroga, Raktaj Shiroroga, Suryavarta, Ardhabheda, Anantvata in avarana and samsrista

dosha.^[10]

CONCLUSION

The patient responded very well to the *Ayurvedic* treatment based on reducing *Vata* and *Brihmana* to the body. After following therapies like *Snehana*, *Swedana*, *Nasya*, and use of specific herbal oils and medicines, there was a 90% improvement in symptoms, and no pain was reported during the follow-up period. This shows that *Anantavata*, a condition similar to Trigeminal Neuralgia, can be effectively managed with a well-planned *Ayurvedic* approach focused on balancing *Vata* and nourishing the body.

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