

# Management of Anantavata Through Ayurvedic Neurotherapeutics: A Case Based Exploration of Trigeminal Neuralgia

**Dr Pooja Soni V<sup>1</sup>, Dr Mamatha K V<sup>2</sup>, Dr Chandana P<sup>3</sup>**

<sup>1</sup>First year Post Graduate Scholar, Department of PG Studies in Shalakya Tantra, Shri Dharmasthala Manjunatheswara Institute of Ayurveda and Hospital, Bengaluru, Karnataka, India

<sup>2</sup>Guide, Professor and HOD, Department of PG Studies in Shalakya Tantra, Shri Dharmasthala Manjunatheswara Institute of Ayurveda and Hospital, Bengaluru, Karnataka, India

<sup>3</sup>Assistant Professor, Department of PG Studies in Shalakya Tantra, Shri Dharmasthala Manjunatheswara Institute of Ayurveda and Hospital, Bengaluru, Karnataka, India

## Abstract

Trigeminal neuralgia (TN) is a severe neurological condition characterized by a sudden, usually unilateral, brief, stabbing, recurrent pain in the distribution of one or more branches of the fifth cranial nerve, often described as one of the most excruciating pain syndromes known to medicine. From Ayurvedic perspective, this disorder aligns closely with Anantavata, a disease affecting the Trigeminal Nerve due to aggravated tridosas. This study describes a case report of a female patient of age 68 years diagnosed with trigeminal neuralgia who attended the Shalakya Tantra OPD of SDMIAH, Bengaluru. Successful management was observed by Ayurvedic treatments like Marsha Nasya, Shirodhara, Jaloukavacharana, Sthanika pichu, Patra pinda sveda, Sarvanga abhyanga, Gandusha and Vidhagni Karma along Shamanoushadis. Clinical outcomes demonstrated significant pain relief, improved nerve function, and enhanced overall well-being without dependency on conventional analgesics. Patient was assessed before and after treatment along with follow up using Defence and Veterans Pain Rating Scale (DVPRS). This study highlights the efficacy of Vataraktahara chikitsa and its neuroprotective role and the potential of Ayurveda as a complementary approach for neurological conditions in Shalakya Tantra.

**Keywords:** Anantavata, Trigeminal neuralgia, Raktamokshana, Vidhagni karma

## INTRODUCTION

Trigeminal nerve is the 5<sup>th</sup> (V) cranial nerve and is also known as Trifacial nerve. It is the largest of the twelve cranial nerves and has a broad territory of distribution. It is a mixed nerve with both motor and sensory fibres.<sup>1</sup> Trigeminal neuralgia (Tic Douloureux) is a frequent, excruciating paroxysm of pain in lips, gums, cheeks or chin lasting for seconds to minutes.<sup>2</sup> Trigeminal neuralgia (TN) presents a prevalence rate estimated between 0.03% and 0.3%, underscoring its relatively rare but clinically significant occurrence.<sup>3</sup> Notably, there is a female predominance, with a male-to-female ratio ranging from 1:1.5 to 1:1.7, suggesting potential hormonal or anatomical contributors to sex-based vulnerability.<sup>4,5</sup> Classic TN is predominantly observed among the elderly population, with the peak incidence reported between 50 and 60 years of age. This age distribution may reflect degenerative vascular changes or age-

related susceptibility to neurovascular compression. Regarding anatomical distribution, the maxillary (V2) and mandibular (V3) branches of the trigeminal nerve are most frequently involved. Isolated involvement of the ophthalmic (V1) branch is comparatively rare, occurring in less than 5% of cases.<sup>6</sup>

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. The vitiated tridoshas get lodged in manya or greevapارشwa 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.<sup>7</sup>

## PATIENT INFORMATION

**CASE REPORT:** A 68-year-old female patient presented to the Outpatient Department of Shalakya Tantra at SDM Institute of Ayurveda and Hospital with chief complaints of sharp, shooting pain localized to the right side of her face for 1 year.

**HISTORY OF PRESENTING COMPLAINT:** Patient reported being asymptomatic until one year ago, following her initiation into a swimming class. Approximately one month into the activity, she began experiencing sudden, severe, and intermittent pain described as an electric shock-like sensation lasting from a few seconds to two to three minutes. These painful episodes progressively intensified over time and were triggered by routine activities such as brushing teeth, washing the face, eating, speaking, and touching the affected area. The escalating frequency and severity of symptoms significantly impaired her daily life, prompting her to seek medical intervention.

**Personal history:** Appetite – Reduced, Bowel – constipated, Micturition – 7-8 times/day, Sleep – disturbed

### Ashtavidha Pariksha:

Nadi	Vata pradhana tridosa	Sabda	Vyaktha
Mala	Sthabdha	Sparsa	Anushna seetha
Mutra	Peetha	Drik	Vyaktha
Jihwa	Aliptha	Akruti	Krusa

### Dasavidha Pariksha:

Prakruti	Vata kaphaja	Satva	Madhyama
Vikruti	Vata pradhana tridosa	Satmya	Sarva rasa satmya
Sara	Madhyama	Vayah	Vrudha
Samhanana	Madhyama	Aharasakthi	Avara
Pramana	Madhyama	Vyayama sakthi	Avara

## CLINICAL FINDINGS

### General examination:

Pallor	Absent
Cyanosis	Absent
Oedema	Absent
Pulse rate	78 bpm

History of past illness- K/C/O Hypertension for 15 years Under Tab Telma 80mg and Tab Cilacar 10mg

**Trigeminal nerve examination:**

**Other cranial nerves – No abnormalities detected**



## DIAGNOSIS

On the basis of signs and symptoms, diagnosed as:

Ayurvedic diagnosis - Anantavata

Modern diagnosis - Trigeminal neuralgia

## THERAPEUTIC INTERVENTION

External therapies	Details	Internal medications	Dose
1. Nasya	• Mahatiktaka grutha	1. Balaguduchyadi Kashaya	• 10ml with 20ml of lukewarm water; Before food, twice a day
2. Shirodhara	• Balaguduchyadi taila		• 1-0-1; After food
3. Patra pinda sveda	• Panasa patra	2. Cap. Palsineuron	• 1-1-1; After food
4. Jaloukavacharana (Once for 20 min)	• Site – Dakshina chibuka pradesha	3. Cap. Aswagandha	• 5ml BD; After food
5. Sarvanga abhynga	• Dhanwantara taila	4. Syrup Manasa	• 2-2-2; Before food
6. Sarvanga parisheka	• Dashamoola Kashaya	5. Sootasekhara rasa	
7. Gandoosha	• Sahacharadi Taila		

Date	Supportive therapies (depending on patient condition)
10.5.2025	<ul style="list-style-type: none"> <li>• Anuloma DS (Stat)</li> <li>• Gandharvahastadi eranda taila – 3ml</li> </ul>
11.5.2025	<ul style="list-style-type: none"> <li>• Matravasti with Gandharvahastadi taila -30ml</li> </ul>
12.5.2025	<ul style="list-style-type: none"> <li>• Matravasti with Balaguduchyadi taila – 80 ml</li> <li>• Vidhagnikarma at area V1 (right)</li> <li>• Sthanika pichu (Dakshina chibuka pradesha) with Balaguduchyadi taila</li> </ul>
13.5.2025	<ul style="list-style-type: none"> <li>• Vidhagnikarma at area V2 (right)</li> </ul>
14.5.2025	<ul style="list-style-type: none"> <li>• Vidhagnikarma at V3 (right)</li> </ul>



Figure 2, 3, 4 : Vidhagni karma in V1 , V2 and V3 areas ( root of trigeminal nerves )

## OUTCOMES

### Based on Defence and Veterans Pain Rating Scale (DVPRS)<sup>8</sup>

Sl. No	Symptoms	BT	AT	FU 1
1	Pain over right temporal	7	1	1
2	Pain over right frontal	9	1	1
3	Pain over right cheeks	9	1	1
4	Pain over right eyes	0	0	0

BT – Before treatment, AT – After treatment, FU 1 – Follow up after 1 week

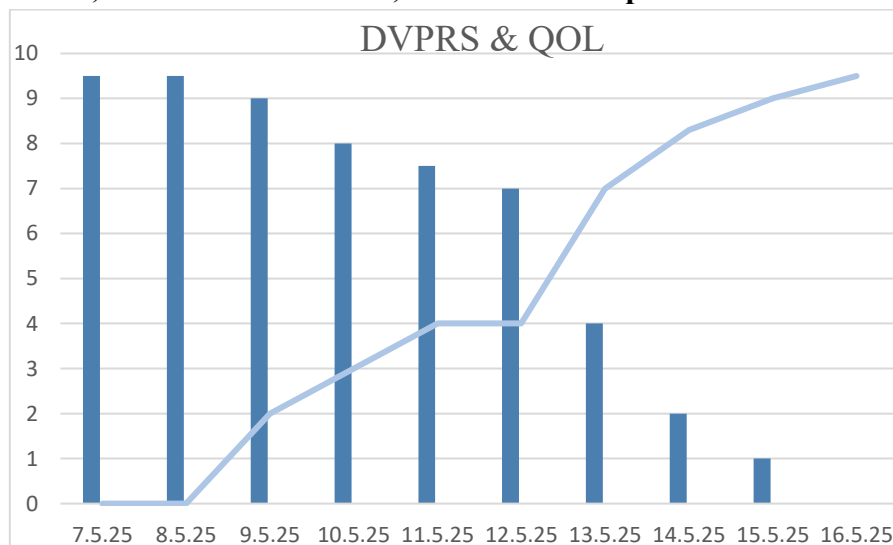


Figure 5: Observation chart depicting the scores of DVPRS scale and Quality of Life

## RESULT

The patient had significant reduction in DVPRS and no recurrent attack post treatment

## DISCUSSION

In the present case, the patient manifests symptoms during Vata Kala, a period inherently predisposed to Jeerna Avastha, Ojokshaya, and diminished Vyadhi Kshamatwa. The individual's residence in Jangala Desha (Rajasthan), which is dominantly Vata Bhooyishta, further contributes to systemic Vata Prakopa. Additionally, the presence of Aharaja, Viharaja and Manasika Nidanas has gradually exacerbated the Vata and Raktha imbalance within the Sharira. The involvement of Vyanjaka Nidana, notably exposure to Jalakreeda (swimming class), appears to have acted as a precipitating factor—heightening the

derangement of Vata Dosha. This cascade of events likely facilitated Sthanasamshraya of aggravated Vata in Urdhwajatru Pradesha, culminating in the manifestation of Anantavata. The adopted treatment protocol was derived from the classical principles of Vata Vyadhi and Vatarakta Chikitsa. It primarily aimed at the elimination of vitiated Sharirika Doshas through systemic purification and pacification techniques. In parallel, localized therapeutic interventions were employed to address Sthanik Dushti, targeting the specific site of affliction. Moreover, rejuvenative therapies (Rasayana Chikitsa) were integrated into the protocol to restore vitality, enhance Ojas, and support immunological resilience—thereby promoting overall systemic recovery and long-term health preservation.

Nasya is one of the five principal therapeutic procedures within the Panchakarma system of Ayurveda. It involves the administration of medicated substances through the nasal route following localized Abhyanga (oil massage) and Swedana (fomentation). The nasal cavity is traditionally considered the gateway to the cranial region (Shirah Pradesha) making Nasya the most effective therapeutic intervention (Chikitsa Upakrama) for disorders pertaining to the head and neck. Upon administration, the medicament facilitates the elimination of morbid Doshas and pacifying aggravated Vata. This mechanism underscores its pivotal role in neurotherapeutic applications within Ayurvedic practice.<sup>9,10</sup> In this case, Mahatikthaka ghrutha has been taken as the nasya dravya which has pittahara and vatahara property. The medicine helps to bring down the pitta and vata that has been aggravated in this condition.<sup>11</sup>

Application of Shirodhara i.e. the prolonged application of continuous stream of warm liquid to the forehead will mildly dilate the blood vessels. It increases blood flow to varied regions and aids in regulating the brain's blood supply. It also brings down vata and pitta because of the action of medicine and dharakarma.<sup>12,13</sup> Balaguduchyadi taila has been selected for this procedure. This taila helps in the reduction of pain, swelling and association of rakta in vatagada conditions.<sup>14</sup> Sarvanga abhyanga with Dhanwantara taila<sup>15</sup> which has the property of balya, brimhana and rasayana brought down vata prokopavastha and sarvanga parisheka helped in reducing the provoked pitta also. Patra pinda swedana with panansa patra also helped in bringing down the vata and pitta, thus relieving pain because of the snigdha, Madhura and brihmana gunas.<sup>16</sup> Considering pakwasaya as the most important sthana of Vata, Matravasti that has been given as a supportive therapy helped in bringing apana vayu anulomata which relieved the constipation state and also helped in improving the overall wellness of the patient.

Jalaukavacharana was selected as a treatment protocol because it is used as 'bloodletting' or cleansing of impure blood which comes under rakthamokshana.<sup>17</sup> This helps in treating the vitiated sthanika pitta. The leech in its saliva has got a chemical known as hirudin which has got anti-inflammatory and analgesic effects.<sup>18,19</sup> Platelet derived growth factor (PDF) is assumed to play an important role in producing signals of neuropathic pain which is inhibited by hirudin.<sup>20</sup>

Viddhagni Karma represents a unique therapeutic modality that integrates two classical Ayurvedic procedures: Vyadhana Karma and Agnikarma. Agnikarma is traditionally regarded as one of the most effective interventions for the management of painful conditions, particularly those affecting the musculoskeletal system.<sup>21</sup> Vyadhana Karma or Viddha Karma, involves a sterile technique in which hollow needles are inserted at anatomically specific points to induce analgesia, primarily through the stimulation of endogenous endorphin release. By this treatment, rakthamokshana is induced giving relief to the sthanika pitta dushti and agnikarma, because of the ushna, Sukshma, teekshana, ashukari guna pacifies vata and kapha doshas. gives relief from pain. Rooted in ancient Ayurvedic principles, Viddha Karma has evolved into two distinct methodological formats—namely, the Indian method and the Chinese method. The Chinese approach is based on the belief in a vital energy force, known as 'Chi,' which is



considered essential for sustaining life. This concept closely parallels the Indian notion of 'Prana,' a life force believed to pervade all living entities. In Chinese medicine, Chi is said to flow through defined pathways referred to as acupuncture meridians. Viddhagni Karma, as a contemporary refinement of Agnikarma, operates on principles akin to acupuncture. Accordingly, it has been selected as the primary intervention in the present study.<sup>22</sup>

Shamanoushadis given for the patient during the treatment course and also as discharge medicines has a samprapthi vighataka property which helped in pacifying the aggravated doshas to normalcy. The internal medications are having the guna of Rasayana, Balyam, Brimhanam, Jeevanam, Medhyam and Sarva Indriya Prasadnam which aligns vata-pitta hara chikitsa and improve the vyadhi kshamatva and ojas of the patient.

## CONCLUSION

Trigeminal Neuralgia (TGN) is a severely debilitating condition that can drastically diminish quality of life through episodes of intense, electric-shock-like facial pain. Despite centuries of exploration and significant advancements in understanding its pathophysiology, conventional treatment options often remain limited by their recurrence rates and adverse effects. The integration of Ayurvedic modalities—particularly Vidhagni karma, as demonstrated in this case study—offers a promising therapeutic alternative. Grounded in the concept of Anantavata, Vidhagnikarma not only provides targeted relief from pain through sthanika tridosha shamana but also supports neurological wellbeing supported by other bahya and abhyntara chikitsa. The principles of adopting vatarakta hara chikitsa provided significant reduction in patient symptoms. The patient's marked improvement, as reflected by reduced scores on the Defence and Veterans Pain Rating Scale (DVPRS) and minimal recurrence, highlights the efficacy of Panchakarma interventions when aligned with classical diagnostic frameworks.

## REFERENCES

1. Singh, G.P. (2019). Anatomy of Trigeminal Nerve. In: Rath, G. (eds) Handbook of Trigeminal Neuralgia. Springer, Singapore. [https://doi.org/10.1007/978-981-13-2333-1\\_2](https://doi.org/10.1007/978-981-13-2333-1_2)
2. Longo DL, Fauci AS, Kasper DL, Hauser SL, Jameson JL, Loscalzo J. Trigeminal neuralgia, Bell's Palsy and other cranial nerve disorders: Harrison's Manual of Medicine. 18th edition New York: McGraw-Hill Education; 2013.p.1234
3. Foley PL, Vesterinen HM, Laird BJ, et al. Prevalence and natural history of pain in adults with multiple sclerosis: systematic review and meta-analysis. *Pain*. 2013;154(5):632–642. doi: 10.1016/j.pain.2012.12.002
4. Katusic S, Beard CM, Bergstralh E, Kurland LT. Incidence and clinical features of trigeminal neuralgia, Rochester, Minnesota, 1945–1984. *Ann Neurol*. 1990;27(1):89–95. doi: 10.1002/ana.410270114
5. Chanchal, Narender & Singh, Dayashankar & Tiwari, Amit & Singh, Jayvindra & Mishra, Rajesh & Scholar, M & Professor, Associate. (2024). Trigeminal Neuralgia (Anantavata) and its Ayurvedic Management: Case Study. *Indian Journal of Ancient Medicine and Yoga*. 13. 163-168. 10.21088/ijamy.0974.6986.13420.14.
6. Xu, Risheng et al. "Trigeminal Neuralgia: Current Approaches and Emerging Interventions." *Journal of pain research* vol. 14 3437-3463. 3 Nov. 2021, doi:10.2147/JPR.S331036
7. Acharya YT (2003) *Susrutha. Susrutha Samhita with Nibandhasangraha Commentary of Sri*

- Dalhanacharya and Nyayachandrika Panjika of Sri Gayadasacharya Utharatantra Chapter 25/ 14. Reprint (Edn.), Varanasi Chaukhamba Surabharati Prakashan, pp: 655.
8. Dannecker EA, Darchuk KM, Shigaki CL, Palmer WM, Korte PT, Turner EK. The Use and Perceptions of the Defense and Veterans Pain Rating Scale by Nursing Personnel. *Pain Manag Nurs*. 2024 Apr;25(2):113-121. doi: 10.1016/j.pmn.2023.09.001. Epub 2023 Oct 14. PMID: 37845129.
  9. Pt. Kashinathshashtri and Dr. Gorakhnath chaturvedi, Charak samhita of Charaka with Vidyotini Hindi commentary, Sidhi sthana Reprint edition ; 2013 chapter 9 verse 86 Varanasi; chaukhamba bharati academy, 2013; 1069.
  10. Bhaishajya Ratnawali, Shree Ambikadatta Shastri, Adhyaya 29, Sutra 181- 189, Chaukhamba Prakashana
  11. Diksha, Himanshu, Purohit S. Effect of Nasya in Trigeminal Neuralgia (a case study). *World Journal of Pharmaceutical and Medical Research*. 2020; 6(6): 225-227
  12. Patil V.C Principles and Practice of Panchakarma, Chaukhamba Publication; Edition; Reprint 2016. pp.162
  13. Sharma, Ravi & Rai, Girish & Parida, Akhilanath. (2022). A Therapeutic Efficacy of Shirodharain Ayurveda: A Review Study. *International Research Journal of Ayurveda & Yoga*. 05. 172-176. 10.47223/IRJAY.2022.5929.
  14. Sahasrayoga. 2021.
  15. Kaviraaja Atrideva Gupta edited Vidyotini Hindi commentary of Astangahrdayam Sharira Sthana 2 chapter and 47-52 Shloka reprint edition 2021. pg. 247 & 248.
  16. M. S \*Seetharamu, Goud KM, D M S. A CLINICAL STUDY TO EVALUATE THE EFFICACY OF PANASA PATRA SWEDA AS POORVA KARMA FOR NASYA IN ARDITA W.S.R TO FACIAL PALSY. *Int J Ayu Pharm Res* [Internet]. 2019Feb.3 [cited 2025Aug.2];6(11). Available from: <https://www.ijaprs.com/index.php/ijapr/article/view/1080>
  17. Dingari Lakshmanacharya. The Shalaky Tantra Diseases of Eye head and ENT. Chaukhamba Sanskrut Sansthan, Varanasi, Edition 2011. Vol 2. pp no: 24.
  18. Yadav YR, Nishtha Y, Sonjjay P, Vijay P, Shailendra R, Yatin K. Trigeminal Neuralgia. *Asian J Neurosurg*. 2017 Oct Dec;12(4):585-597. doi: 10.4103/ajns.AJNS\_67\_14. PMID: 29114270; PMCID: PMC5652082.
  19. García PS, Gulati A, Levy JH. The role of thrombin and protease-activated receptors in pain mechanisms. *Thromb Haemost* 2010;103:1145-51
  20. Jalaukavacharna in Management of Trigeminal Neuralgia With Special Reference To Anant Vata- A Case Report] [www.ijaar.in](http://www.ijaar.in) : IJAAR VOL VII ISSUE II MAY - JUNE 2025 Page No: 98 103
  21. Viddhagni an innovative ayurvedic pain management technique, by Dr. Uday.V. Kulakarni, publisher- Ayurvarta Prabhodini 2017.
  22. Nagaratna & Srinivas Masalekar: Vidhaagni Karma In Achilles Tendinitis – A Case Study. *International Ayurvedic Journal* {online} 2020 Available from: [http://www.iamj.in/posts/images/upload/3144\\_3147.pdf](http://www.iamj.in/posts/images/upload/3144_3147.pdf) {cited March, 2020}