

Management of trigeminal neuralgia through Ayurveda : A case report

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Abstract

Trigeminal neuralgia (TN) is a debilitating neurological disorder characterized by recurrent, sharp, electric-shock-like facial pain, often triggered by routine activities such as chewing, speaking, or wind exposure. Although conventional medical and surgical treatments are available, many patients experience inadequate relief or symptom recurrence. This case report documents successful Ayurvedic management of TN in a 52-year-old male using a comprehensive therapeutic protocol, effectively preventing the need for invasive procedures.

The patient presented with persistent, throbbing pain over the right temporal region, aggravated by mastication and wind exposure. Based on clinical findings and Ayurvedic principles, the condition was diagnosed as *Anantavata*, reflecting Vata dosha aggravation affecting cranial nerves.

A multi-modal Ayurvedic treatment regimen was administered with the goal of pacifying *Vata dosha*, nourishing the nervous system, and alleviating pain.

1. Urdhwanga Abhyanga with Bala Taila

Performed to calm the nervous system and stabilize Vata in the head-neck region.

2. Nasya Karma with Anutaila

Strengthened cranial nerves, reduced pain, and balanced localized Vata.

3. Shirodhara with Narayana Taila

Promoted deep relaxation, reduced stress, and minimized pain episodes.

4. Thalam with Rasnadi Churna

Pacified local Vata, improved microcirculation, and reduced neuropathic discomfort.

5. Pratimarsha Nasya with Anutaila and steam inhalation

Enhanced cerebral circulation and facilitated Vata balance.

Internal Medications :

- **Lakshmilasa Rasa:** Neuroprotective and anti-inflammatory.
- **Yogaraja Guggulu + Dashamoola Kashaya:** Systemic Vata-shamana with analgesic action.
- **Cap. Palsinuron:** Supported nerve repair and reduced neuropathic pain.

After 20 days of treatment, the patient demonstrated significant improvement. There was a marked reduction in both the frequency and intensity of pain episodes, and surgical intervention was avoided. Overall neurological stability and emotional well-being were enhanced.

Key words : Trigeminal Neuralgia, Anantavata, Urdhwanga Abhyanga, Nadi Sweda, Anutaila Nasya, Shirodhara, Pratimarsha Nasya, Yogaraja Guggulu, Dashmool Kashaya, Cap Palsinuron, Lakshmilasa Rasa.

Trigeminal neuralgia (TN) is a chronic neuropathic disorder presenting with recurrent unilateral facial pain. The trigeminal nerve (fifth cranial nerve), responsible for facial sensations and mastication, becomes hyperactive due to factors such as vascular compression, demyelination, or inflammation. Although medications like carbamazepine, baclofen, and gabapentin are used, long-term use may cause adverse effects, and some patients require surgical procedures such as microvascular decompression. However, these interventions are not always curative.

In Ayurveda, TN closely correlates with *Anantavata*, a Vata-dominant disorder under *Shiro Roga*. Clinical features include radiating facial pain, twitching, and vibration sensations. Ayurvedic treatment focuses on pacifying Vata using therapies such as *Abhyanga*, *Nasya*, *Swedana*, and internal Vata-suppressing formulations. These interventions aim to correct the root cause while supporting long-term neurological health.

Chief complaint :

- Persistent, sharp, throbbing pain on the right side of the face
- Mild stiffness
- Difficulty chewing hard foods
- Symptoms present for 3 years with worsening over the last year

History of present illness :

- A 52-year-old male reported severe, throbbing right temporal pain associated with stiffness and difficulty chewing firm food. Although intensity slightly decreased, duration increased, lasting 2–4 hours. Triggers included chewing, speaking, cold wind, and winter exposure. Pain disturbed sleep and temporarily responded to warm fomentation.
- He had a previous diagnosis of TN but gained minimal relief from irregular allopathic treatment. No significant systemic or hereditary illnesses were noted.

Clinical findings :

Table-1. Showing General examination

Pallor	Absent
Pulse	76 bpm
Icterus	Absent
Respiratory Rate	17/min
Cyanosis	Absent
Lymph adenopathy	Absent
Oedema	Absent
Facies	Normal
BP	134/86mmHg
Temperature	98 F
Weight	83kg
Height	176cm

Personal History:

Table-2. Showing Personal History

Bowel	Regular
Micturition	4-5 times in morning
Appetite	Good
Sleep	Disturbed due to pain
Diet	NON - Vegetarian
Addiction	Tea and Pan Masala

CNS Examination :

Higher functions: Intact
 Cranial nerves: All other cranial nerves normal
 Reflexes: Normal
 Motor/Sensory: No focal deficits

Trigeminal nerve examination :

On inspection and palpation, there was no visible swelling or redness. The patient had tenderness along the course of the right mandibular nerve. Pain was reproducible on touching the cheek and angle of mandible (trigger zones). VAS score was 9/10. There were no motor deficits.

Table-3. Showing Trigeminal nerve examination on First Sitting

	RIGHT	LEFT
Sensory function	Thermal sensation + (cheek and temples)	NAD
Motor function (Palpation Of Masseter And Trigeminal Muscles)	NAD	NAD
Corneal Reflex	NAD	NAD
Test Jaw reflex	NAD	NAD

Table-4. Showing Scoring of pain (According to VAS Score)

	First Sitting	Second Sitting	Third Sitting
Pain in the right temporal region	6	4	2

Diagnostic assessment :

- **V1 (ophthalmic):** No tenderness
- **V2 (maxillary):** Infraorbital tenderness
- **V3 (mandibular):** Marked tenderness along nerve pathway
- **Trigger zones present**

Findings confirmed a diagnosis of trigeminal neuralgia.

Nidana panchaka :

Nidana - Rooksha aahara and vihara, ratri jaagarana, ati gamana
Poorvaroopo- Tingling, episodic discomfort
Roopa- Suptata and shoola in vaama

mukhardha, shoola while charvana
Upashaya – warm fomentation
Samprapti: Vata prakopa → sira sanga → dhamani avarana → vata vyadhi lakshanas
Vyadhi: Anantavata

Samprapti Ghataka :

Dosha - Vata Kapha
Dushya – Rasa majja
Srotas – Rasavaha majjavaha
Dushti -Vimarga gamana ,sanga
Udhbhavasthana - Pakvashaya
Vyakta sthana - Mukha pradesha
Agni - Dhatvagni vaishamya
Rogamarga – Madhyama

Therapeutic intervention :

Table-5. Showing Procedures Done

Treatment given	Duration
Urdhwajatu Abhyanga With Bala Taila f/b Nadi sweda	Day1-Day 14 (14 days)
Nasya With Anutaila (60-60 drops)	Day 1 – Day 14 (14 days)
Kavala With Dashamoola Kashya	Day 1 -Day 14 (14 days)
Shirodhara With Narayana Taila	Day 14 -Day 24 (10 days)
Thalam With Rasnadi Churna	Day 14 -Day 24 (10 days)

Table-6. Showing Oral Medications Given

Medication	Quantity	Anupanam
Lakshmilasa rasa	1 BD(A/F)	Warm water
Cap. Palsinuron	2 BD (A/F)	Warm Water
Yogaraja Guggulu	2 TID(A/F)	Warm Water
Dashamoola Kashaya	30ml BD (B/F)	Warm water
Dietary advice	Vatahara Pathya followed	

Follow up and Outcome :

The patient showed considerable improvement in pain severity and frequency. Sensory function improved, corneal reflex normalized, and VAS scores reduced significantly. Enhanced energy and emotional stability were noted, with no need for surgical management.

Table-7. Showing the Results and Outcome of Treatment

	Before treatment (1 st Sitting)	After Treatment (2 nd Sitting)	Third Sitting
Sensory Function	Thermal sensation + (cheek and temples)	Thermal sensation ++	Thermal sensation +++
Corneal Reflex	+	++	++
Pain In The Temporal Region	6	4	2

TN is commonly associated with demyelination and hyperexcitability of trigeminal nerve fibers. Ayurveda identifies this as *Anantavata*, caused by aggravated Vata dosha. The treatment approach emphasizes *Snehana*, *Nasya*, *Swedana*, *Shamana*, *Brimhana*, and *Rasayana* therapies.

Treatment Rationale :

- 1. Urdhwanga Abhyanga + Nadi Sweda**
Promotes Vata balance, improves circulation, reduces stiffness, and nourishes nerves.
- 2. Nasya with Anutaila + Kavala**
Directly rejuvenates cranial nerves, reduces neural irritation, and supports healing.
- 3. Shirodhara + Thalam**
Enhances parasympathetic activity, reduces stress, improves blood flow, and diminishes local inflammation.
- 4. Pratimarsha Nasya + Steam inhalation**
Maintains nasal and cranial Vata balance, enhancing neural function.

Internal medicines :

- 1. Lakshmilasa Rasa:** Analgesic, rejuvenating
- 2. Palsinuron:** Neuroprotective, Vata-pacifying

3. Yogaraja Guggulu: Anti-inflammatory, strengthens nerves

4. Dashamoola Kashaya: Tridosahara, potent anti-inflammatory

The integrated protocol provided sustained relief and improved quality of life.

Ayurvedic management of *Anantavata*-associated Trigeminal Neuralgia offers a safe, effective, non-invasive alternative. The combination of external therapies and internal medications successfully reduced pain, restored nerve function, and enhanced overall well-being. This case supports Ayurveda's potential in treating complex neurological conditions.

Patient perspective :

The patient expressed satisfaction with the marked improvement in pain, daily functioning, and emotional balance. He appreciated the holistic nature of treatment and the consistent support provided throughout therapy.

Informed consent :

The authors have ensured that the necessary patient consent forms have been

acquired, enabling the journal to publish their clinical data. The patient understands that although every attempt will be made to protect their identity, complete anonymity cannot be ensured, and that their name and initials will not be disclosed.

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