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## A Case of TGN (Trigeminal neuralgia) Managed with Multimodal Ayurvedic Management Including Modified Agnikarma: A Case Study

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### ABSTRACT

Trigeminal neuralgia has been described as one of the most painful conditions known to man kind. It is a unilateral disorder characterized by brief electric shock like pain episodes which are abrupt in onset and termination limited to the distribution of one or more divisions of the trigeminal nerve. Pain is cardinal symptom of TGN which indicates provocation of vātadoṣa. Case history: In July 2018, a 66 years old female patient having complaint of pain on left side of face especially during eating hard items and speaking difficulty since 12 years and diagnosed for Trigeminal neuralgia of left side.

Materials and methods: Agnikarma on the face was done every day after *virecana* (in IPD) with *Arka Patra*.

Results: Pain reduced to 4 earlier which were 9 assessed by Visual Analogue Scale (VAS) Score shows significant improvement.

Discussion: Pain is an entity caused mainly due to vitiation of vātadoṣa. Agnikarma acts directly on *vata-kaphadosha* mitigating the causative factor of pain. Thus, pain is reduced significantly with lowest recurrence rates.

### KEYWORDS

*Trigeminal neuralgia, Modified Agnikarma, Passive heat-therapy*



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## INTRODUCTION

Trigeminal neuralgia has been described as one of the most painful conditions known to mankind. It is a unilateral disorder characterized by brief electric shock like pain episodes which are abrupt in onset and termination limited to the distribution of one or more divisions of the trigeminal nerve<sup>1</sup>. It is estimated that in a majority of cases TGN symptoms begin appearing more frequently over the age of 50years. It is more common in females than males. Trigeminal neuralgia may be primary i.e. idiopathic or secondary, resulting from trauma or CNS lesion. Most commonly it involves the middle and lower branch of trigeminal nerve<sup>2</sup>. Although the exact cause of TGN is unknown. A popular hypothesis for TGN is the vascular compression of the trigeminal nerve. Patients may describe trigger area on the face so sensitive that touching or even air currents can trigger on episode. Pain attack is felt like stabbing, electricshocks, burning, pressing, crushing or shooting pain that leads to difficulty in chewing, speaking, tooth brushing and washing the face<sup>3</sup>. Loss of weight and depression found due to interference with food intake and recurrence of pain over a prolonged period. Treatment may include medicines, brain surgery or radiation therapy.

Carbamazepine is the drug of choice but over time high doses may be required. It treats the condition very well but can have undesirable side effects such as dizziness and drowsiness. Patients may have to continue treatment lifelong. If medications no longer control TGN pain or side effects are intolerable then surgery is the option. It is risky and complications after surgery like dysaesthesia in most cases and most important pain may come back after some years<sup>2</sup>. Ayurveda can play a good role for better management and for better quality of life of TGN patients. *Panchkarma* is the best treatment for stopping recurrence of disease and being healthy ever. So here an attempt is made to explore the ayurvedic line of treatment for TGN. Pain is the chief cause of visiting a doctor in most patients. It is known as *Ruk*<sup>4</sup> which is one of the synonyms of disease. It disturbs physical and mental status of a patient. Pain is cardinal symptom of TGN which indicates provocation of *vāta doṣa*<sup>5</sup>.

## CASE HISTORY

In July 2018, a 66 years old female patient from Nadiad came to P. D. Patel Ayurveda hospital. She had complaint of pain on left side of face especially during eating hard items and speaking difficulty since 12 years and diagnosed for Trigeminal neuralgia of



left side. She also had complaint of difficulty in both knee joints pain and lower back pain. She has undergone for surgery of trigeminal nerve twice in year 2012 and 2014 respectively. Even after surgery and long term conventional medicines (Carbamazepine-300mg, duloxetine-30mg and pregabalin-75mg) but she did not get relief.

## Clinical findings

The patient is fully conscious and oriented with date, time and place. She has pain in mouth and left side of face, difficulty in mastication hard food items. She was having BP- 140/80mmHg, Pulse- 80/min and SpO2- 98 and vitally stable.

## Therapy [Table 1]

Table 1 Day by day given treatment

Date	Therapies	Diet
6/7/2018	- <i>Sarvāṅgaabhyaṅga</i> with <i>Nārāyaṅataila</i>	Capāti, rice, mung dal, boiled vegetables
7/7/2018	<i>Sarvāṅgabāṣpasvedana</i>	boiled vegetables
8/7/2018	- <i>Sarvāṅgaabhyaṅga</i> with <i>Nārāyaṅataila</i> - <i>Sarvāṅgabāṣpasvedana</i> Followed by <b>virechna karma</b> - <i>Erndātaila</i> 40 ml and <i>dīndyāla curna</i> - 5gm with <i>drākṣakvātha</i>	Liquid Khichadi in evening
9/7/2018	<i>Samsarjana karma</i>	Rice and dal
10/7/18	- <i>Sarvāṅgaabhyaṅga</i> with <i>Nārāyaṅataila</i> - <i>Sarvāṅgabāṣpasvedana</i> - <i>Balāmulakvatha</i> - 40ml twice a day	Capāti, rice, mung dal, boiled vegetables

	- <i>Yogrājaguggulu</i> - 3 tablet thrice a day with water -Modified <b>Agnikarma</b>	
11/7/18	- <i>Sarvāṅgaabhyaṅga</i> with <i>Nārāyaṅataila</i> - <i>Sarvāṅgabāṣpasvedana</i> -Followed by <i>Niruhabasticikitsā</i> with <i>Daśamūlakvātha</i> (320ml) - <i>Balāmulakvatha</i> - 40ml twice a day - <i>Yogrājaguggulu</i> - 3tablet thrice a day with water -Modified <b>Agnikarma</b>	Capāti, rice, mung dal, boiled vegetables
12/7/18-2/8/2018	- <i>Sarvāṅgaabhyaṅga</i> with <i>Nārāyaṅataila</i> - <i>Sarvāṅgabāṣpasvedana</i> - Followed by <i>MātrabastiNārāyaṅataila</i> 40 ml - <i>Balāmulakvātha</i> - 40ml twice a day - <i>Yogrājaguggulu</i> - 3tablet thrice a day with water -Modified <b>Agnikarma</b>	Capāti, rice, mung dal, boiled vegetables
3/8/2018	Discharged with oral medicaments	

## Modified Agnikarma [Fig. 1]-



Fig. 1. Materials required during agnikarma Agnikarma on the face was done every day after Virecana (in IPD) with Arka Patra on following points-[Fig. 2]



Fig.2.demonstration of agnikarma on patient



1. On the line of where hair starts on forehead and temporal region
2. Origin of temporalis muscle
3. Zygomatic arch (origin of massator muscle)
4. Ramous of mandible (Insertion of massator muscle)
5. Superciliary arches (origin of frontalis)
6. Supra and infra orbital as well as mental foramen (exits of the branches of trigeminal nerve )

## RESULTS

Pain is assessed by Visual Analogue Scale (VAS) before and after the treatment [Table 2]

**Table 2** Assessment of symptoms before and after treatment

Signs and symptoms	BT(6/7/2018 )	AT(3/08/2018)
Pain on left side of face	VAS score Intensit y Whole day with affect daily routine	3 Only while long time sleeping on left side
Knee joints pain	Whole day with affect daily routine	Only while working
Numbness on left side of face	Occasionally	Absent

## DISCUSSION

Pain is an entity caused mainly due to abnormal *vāta doṣa*. Agnikarma acts directly on *vāta-kapha doṣam* it igating the causative factor of pain. Thus, pain is reduced significantly with lowest

recurrence rates. Apart from this, the following local effects can be seen such as:

1. Improves local blood circulation
2. Stimulation of regional nerves
3. Increases tissue metabolism
4. Decreases infection
5. Stimulation of local inflammatory response(temporarily)
6. Reduces joint stiffness
7. Muscle relaxation

## CONCLUSION

*Agnikarma* is a simple, cheap, safe, and effective in the management of symptoms of disease like pain etc. It can cure the disease when other treatment does not have effect on disease or when other treatment fails and give immediate relief in symptoms. It is observed that *Agnikarma* is most effective treatment of trigeminal neuralgia amongst all the treatments we are giving to the patients.



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