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A Role of Jaloukavacharana in the Management of Pain in Trigeminal Neuralgia - A Case Report.

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ABSTRACT

Introduction

Trigeminal neuralgia is one of the most excruciating pain known to humanity. The pain is typically felt in the lower face and jaw. Sometimes it also affects the area around the nose and above the eye. The pain is intense, stabbing, electric shock-like and is caused due to irritation of the trigeminal nerve, which sends branches to the forehead, cheek and lower jaw. It is usually limited to one side of the face. Trigeminal neuralgia can be correlated to *Anantavata*, a type of *shiroroga*. This is a case report of 69 year old male who complained of sharp stabbing type of pain, unilateral, radiating to temporal region and exacerbated on exposure to cold air, washing face, smiling, eating and talking. It was associated with mild pain in the back of the neck since 6 years.

Materials and Methods

The subject who approached *Shalakyatantra* OPD of GAMC, with symptoms of sharp stabbing pain, was thoroughly examined and systematically reviewed and treatment was planned based on *chikitsa sutra of shiroroga*.

Result

The subject showed considerable improvement subjectively as shown by visual analogue scale (VAS) score.

Discussion

Anantavata is a *tridoshajashiroroga* with pain at the back of the neck, eyeball, frontal region, root of the nose and temporal region as the main symptom. Though head is *kaphasthana*, *shirahshoola* is mainly due to *vata dosha*. Therefore the treatment is focused on pacifying *vata*. In the present study, pain management by *jalouskavacharana* is elaborately showed.

KEYWORDS *Trigeminal neuralgia, Jaloukavacharana.*



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INTRODUCTION

Trigeminal neuralgia (TN), also known as tic douloureux, is a distinctive facial pain syndrome that may become recurrent and chronic. Its characteristic features are unilateral pain, which follows the sensory distribution of fifth cranial nerve and may be accompanied by a brief facial spasm or tic. The onset is abrupt and typically lasts only for few seconds (two minutes at maximum). Physical stimulation of specific areas initiates the attack. They are trigger points or zones, ipsilateral to the pain, but can be in the same or a different division of the trigeminal nerve. The provoking factors include chewing, speaking, brushing teeth, washing, and touching the face. Wind and cold water may also trigger an attack.

In a study most trigger zones were predominantly reported as the perioral and nasal region, and the frequent maneuvers for provocation of paroxysmal pain were gentle touching of the face (79%) and talking (54%). The most common division of the trigeminal nerve involved with pain was/were the maxillary and/or mandibular division¹. Patients may report their pain as arising spontaneously but these pain paroxysms can always be triggered by innocuous mechanical stimuli or movements. TN is classified in three etiological categories. Idiopathic TN occurs

without apparent cause. Classical TN is caused by vascular compression of the trigeminal nerve root. Secondary TN is the consequence of a major neurologic disease, example a tumour of the cerebello-pontine angle or multiple sclerosis. Based on the symptoms mentioned in Ayurvedic literature, TN is correlated to *Anantavata* which is a type of *shiroroga*.

Objectives of the study:

1. To understand the concept of trigeminal neuralgia(TN) in the heading of *anantavata*.
2. To study the effect of *jaloukavacharanain* trigeminal neuralgia(TN).

MATERIALS AND METHODS

Case report: Basic information of the patient:

Age: 69 years

Sex: Male

Religion: Hindu

Occupation: Typist in court.

Chief complaints: Shooting type of pain in right part of the cheek, associated with mild pain in back of the neck since 6 years.

History of present illness:The patient complained of mild pain and uneasiness in the right part of face along with aching pain in right upper row teeth 6 years ago. The pain was sharp stabbing type which was



unilateral, radiating to temporal region and aggravated on exposure to cold air, while washing face, while smiling, eating, talking and during night time. The pain subsided slightly only after washing the face with warm water. He got all of the right upper row teeth extracted, except upper lateral incisor and canine, as advised by the dentist suspecting dental pathology. But no relief was found and the pain and uneasiness in the right part of face gradually increased day by day. On consulting a Neurologist, subject was diagnosed to have Trigeminal Neuralgia. He was advised to take Tegrital 500mg when the pain was intolerable.

Past history: The subject is a known case of asthma (on medication) since 10 years and not a known case of diabetes mellitus or hypertension.

Family history: Nothing significant.

Investigations: Previous MRI scan report revealed no lesions or tumor in the course of trigeminal nerve or in brain.

Personal history: Appetite poor or sometimes moderate, bowel constipated, passes once a day and his sleep was disturbed since 5 years.

Examination:

1. *Prakriti* (Constitution): *Vata-pittalaprakriti*
2. Vitals were normal.
3. Respiratory system, Cardiovascular system and abdominal examination showed no abnormality.

Oral examination

Extra oral: On inspection, facial asymmetry seen as the right sided teeth are extracted. No tenderness on palpation.

Intra oral: No pathological lesion present with normal mucosa and tongue.

Dental examination: No abnormality detected in the gums and all right sided teeth were extracted, except upper lateral incisor and upper canine.

Cranial examination: The cranial nerve examination is detailed in table 1.

Table 1 Cranial examination

CRANIAL NERVES	STRUCTURE	FUNCTION
FIRST	SMELL SENSATION	INTACT
SECOND	<ul style="list-style-type: none">• VISUAL ACUITY• VISUAL FIELD• LIGHT REFLEX	NOT AFFECTED
THIRD, FOURTH, SIXTH	DROOPING OF EYE LIDS	ABSENT
	PUPIL (POSITION, SIZE, SHAPE)	SYMMETRICAL
	EYE BALL MOVEMENT	POSSIBLE
FIFTH	SENSORY (TOUCH, PAIN,PRESSURE)	INTACT
	EYE BALL MOVEMENT	POSSIBLE ALL DIRECTION
SEVENTH	BELL'S PHENOMENON	ABSENT
EIGHTH	RINNE TEST	POSITIVE

**Diagnosis:**Trigeminal Neuralgia(*Anantavata*)**Treatment adopted:** The treatment adopted is shown in table 2.**Table 2** Treatment adopted and drugs used

PHASES	TREATMENT	DURATION	DRUGS USED
PHASE 1	<i>Virechana</i>	15 days	<i>SnehapanawithMurchitaghrita.</i> <i>Virechanawith Trivrutlehya.</i>
	<i>Marsha nasya</i>	7 days	<i>Abhyangaandnasyawith</i> <i>Karpasastyaditaila.</i>
PHASE 2	<i>Shiropichu</i>	7 days	<i>Dhanwantaratailaand</i> <i>ksheerabalataila</i>
	<i>Yoga basti</i>	5 days	<i>Erandamoolaniruhabasti.</i> <i>Sahacharaditailawas used</i> <i>assnehadravya.</i>
PHASE 3	<i>Shirobasti</i>	7 days	<i>Dhanwantaratailaand</i> <i>Ksheerabalataila.</i>
	<i>Shamanoushadi and</i> <i>Rasayana</i>	30 days	Tab <i>Brihatvatachintamani rasa with</i> Gold 1tab BD, <i>Brahma rasayana</i> 1tsp BD with milk
PHASE 4	<i>Jaloukavacharana</i>	4 sittings with gap of 7 days	Medium sized <i>Jalouka</i> was used. Approximately 15ml of blood is drawn out in each sitting

Assessment criteria:

Subjective criteria: Visual analogue scale (VAS)

OBSERVATION AND RESULTS

1. Visual analogue scale score before treatment was 8 out of 10.
2. After 60 days of phase 4, during follow up the VAS score was 5.

Comparison of VAS score before and after treatment is shown in table 3.

Table 3 Comparison of VAS score before and after treatment

PHASES	VAS SCORE	
	BEFORE TREATMENT	AFTER TREATMENT
Phase 1	8	7
Phase 2	7	6
Phase 3	6	6
Phase 4	6	4

DISCUSSION

In the present case, trigeminal neuralgia is taken as *anantavata* and the treatment is planned based on *samanyachikitsa sutra* of *shiroroga*. When the subject first approached our hospital, he showed severe pain as shown in VAS scale. The phase 1 of the treatment started with classical *virechana*. The disease here is primarily *vataja*and hence *vataanulomana* is the first priority. After a gap of 15 days, *marshanasya* was given for 7 days with *karpasasthyaditaila*, since *nasya* is the first line of treatment in *urdhvajatrugatavyadhi*. Slight improvement was seen after phase 1 of treatment which was assessed by VAS scoring.



In phase 2, *shiropichu*(Figure 1) was done with *vataharatailas* for 7 days and *yoga basti* was given for 5 days based on *bala* of the patient since *basti* is the prime treatment for all *vatavyadhi*. After *basti*, the patient was relieved from pain to a considerable extent.



Figure 1 Shiropichu done using two cotton pads of 1cm thick soaked in oil and placed over scalp.

In phase 3, *shirobasti*(Figure 2)was done with *vataharataila* and *brihatvatachintamani rasa* was given *asshamanoushadhi*.No improvement was seen after phase 3.



Figure 2 Shirobasti procedure as explained in *Ashtanga Hridaya. Sutrasthana. 21*

In phase 4, *raktamokshana* in the form of *jaloukavacharana*(Figure 3) was done.



Figure 3: Jaloukavacharana on the highest point of tenderness, done using two leeches of approximately 5 cm each.

The line of treatment for *anantavata* is same as *suryavartha* and *siravyadha* is one of the *chikitsa* told for *anantavata*². But considering the age and strength of the patient, *jalouka* was administered, once in a week for 4 sittings. The rationality behind *raktamokshana* in certain diseases is mentioned in Ayurvedic literatures. That is if the curable diseases do not get cured by cold, hot, unctuous, drying and such other therapies, they are to be taken as diseases due to the vitiation of blood³. Also, for diseases localized to certain areas, *raktamokshana* is helpful. In the present case, pain was restricted only to right cheek and after *jaloukavacharana*, the pain especially during night time reduced to appreciable extent. But mild pain was still noticed by the patient while brushing and pain was restricted only to pre auricular region.



CONCLUSION

Though *anantavata* is *tridoshajaroga*, the prime symptom is pain. Therefore the treatment is focussed mainly on *vata*. In the present case, though the treatment was given for subsiding *vatadosha*, the patient found considerable relief only after *raktamokshana*. Therefore in diseases of *shiroroga* localised to certain areas, after *Vatanulomana* and *nasya*, *raktamokshana* can be planned depending upon the age and strength of the patient.



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