

## CASE STUDY

# Managing Trigeminal Neuralgia Through Ayurveda: A Case Study

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### ABSTRACT

*Trigeminal neuralgia (TN) is a chronic neuropathic pain disorder characterized by sudden, severe, electric shock-like facial pain along the distribution of the trigeminal nerve. It is commonly caused by vascular compression, demyelination, or structural abnormalities and significantly affects patients' quality of life. To evaluate the effect of Ayurvedic management in a case of trigeminal neuralgia (Anantavata). A 42-year-old female patient presented to the Out-Patient Department of Parul Ayurveda Hospital, Vadodara, with complaints of sudden onset pain in the left molar region associated with continuous radiating pain from the left lower jaw to the left ear for one month. Magnetic resonance imaging (MRI) was performed to rule out structural causes and revealed abutment at the root entry zone (REZ) of the left trigeminal nerve, confirming trigeminal neuralgia. Based on clinical features, the condition was correlated with Anantavata described in Ayurveda. [1,2] The patient was treated with Ayurvedic management including Shodhana (Sadhya Virechana), Nasya, local therapies, and Shamana medications such as Ashwagandha ghanavati and Anu Taila. The patient showed significant improvement, with marked reduction in pain intensity, frequency, and duration of acute episodes. The Visual Analogue Scale (VAS) score reduced from 10 at baseline to 2 by the end of follow-up. The patient experienced complete relief from symptoms without any surgical intervention. This case suggests that Ayurvedic management may be effective in reducing pain and improving quality of life in patients with trigeminal neuralgia and may be considered a supportive, non-surgical therapeutic approach.*

**Keywords:** Trigeminal neuralgia, Anantavata, Nasya, Ashwagandha ghanavati, Anu Taila, Ayurveda.

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## INTRODUCTION

Trigeminal neuralgia (TN) is a chronic neuropathic pain disorder characterized by sudden, severe, unilateral, brief, stabbing or electric shock-like pain occurring along one or more divisions of the trigeminal nerve. It is considered one of the most painful conditions affecting the craniofacial region and significantly impairs the quality of life of affected individuals. The condition is more commonly seen in individuals above 50 years of age, though it can also occur in younger patients. [7]

The etiopathogenesis of TN is multifactorial. The most common cause is vascular compression of the trigeminal nerve at the root entry zone, leading to focal demyelination and abnormal nerve conduction. Other causes include multiple sclerosis, tumors, and structural abnormalities in the cerebellopontine angle region. Clinically, patients experience recurrent paroxysms of intense facial pain involving the cheek, jaw, teeth, lips, or periorbital region. These attacks are often precipitated by routine activities such as chewing, speaking, brushing teeth, or even light touch. [7]

Diagnosis is primarily clinical and is supported by neuroimaging techniques such as magnetic resonance imaging (MRI), which helps to rule out secondary causes and detect neurovascular compression. The conventional management of TN includes anticonvulsant drugs such as carbamazepine and oxcarbazepine as first-line therapy. Surgical interventions such as microvascular decompression, radiofrequency rhizotomy, and Gamma Knife surgery are considered in drug-resistant cases. However, long-term drug therapy is often associated with adverse effects, and surgical procedures carry potential risks and recurrence. [7]

In Ayurveda, trigeminal neuralgia can be correlated with Anantavata, a Shiroroga described by Acharya Sushruta. Anantavata is caused by the simultaneous aggravation of Vata, Pitta, and Kapha, predominantly Vata, producing severe pain in the neck, temples, eyes, eyebrows, jaw, and teeth, along with stiffness and radiating facial pain. These clinical features closely resemble those of trigeminal neuralgia. The management of Anantavata includes Shodhana therapies, Nasya, local procedures, and Shamana medicines aimed at pacifying vitiated doshas and nourishing the nervous system. [1,2]

Despite the availability of modern therapeutic options, the chronic nature of TN and its adverse effects necessitate exploration of alternative and integrative approaches. Ayurveda offers a holistic management strategy targeting both symptomatic relief and correction of underlying doshic imbalance. [3-5]

To evaluate the effect of Ayurvedic management in a case of trigeminal neuralgia (Anantavata).

## **PATIENT INFORMATION**

**CASE REPORT**- Basic information of the patient

Name: Nirmalaben Jain

Age- 42 years

Sex: Female

Religion- Hindu

Socio economic status- Middle

## **PATIENT CONSENT AND ETHICAL APPROVAL**

Informed written consent was obtained from the patient before starting the treatment and for publication of this case report. Institutional ethical clearance was obtained prior to the study.

## **CHIEF COMPLAINTS**

Sudden onset of shock like radiating pain from left lower jaw to left ear and pain on the left molar tooth for the past 1 month. 42-year-old female patient was asymptomatic before 1 month started a sudden onset of pain on the left molar tooth. The patient also felt a sudden sock like radiating pain from left lower jaw to left ear. The pain aggravated suddenly and frequently so he consulted an allopathic hospital and took medication but there was no any symptomatic relief so he finally came here in the ENT OPD of Parul Ayurveda Hospital.

## **FAMILY HISTORY**

Father- H/O DM and HTN

Mother- H/O HTN

No family history of any

## **PERSONAL HISRTORY**

Diet- Vegetarian

Bowel-1-2 times per day

Appetite- Decreasing

Sleep- Disturbed

Micturition – 3-4 times/ day and 2-3 per night

Allergy- Not any

## **ON EXAMINATION**

General condition- Debility

Vitals- Stable

Site of onset- Left side of face

Distribution- Unilateral

## **PLACE OF STUDY**

The case study was done in SHALAKYA ENT OPD, Parul Ayurveda hospital, Limda, Vadodara, Gujarat

## TREATMENT PROTOCOL

**TABLE 1: Treatment protocol followed in Trigeminal Neuralgia**

Sl.No	Therapy	Drug	Doses
1.	Sodhana karma Three days	<ul style="list-style-type: none"> <li>Sadhya virechana with Eranda Thaila</li> <li>Followed by Samsarjanakrama for 3 days</li> </ul>	-30ml with shundisidha jala after food Day 1- Peya Day 2- Vilepi Day 3- Normal food
2.	Local Treatment	<ul style="list-style-type: none"> <li>Abhyanga with Ksheerabala Thaila</li> <li>Swedana</li> <li>Nasya with Anu Thaila after 3 days</li> <li>Kavala with Yashtimadhu Kwatha + 10 ml Narayana thaila</li> </ul>	-Local Application -6 drops in bilateral nostrils twice a day -Three times, twice a day
3.	Shamana Chikitsa Seven days	<ul style="list-style-type: none"> <li>Tab Ashwagandha ghanavati</li> <li>Cap. Palsineuron</li> </ul>	-2 Tab twice a day with Milk -1 Tab Thrice a day

## OUTCOME MEASURES AND FOLLOWUP

After the first follow-up, the patient experienced relief from trigeminal neuralgia (TN) symptoms. The patient noticed some improvement after the first session and experienced significant pain relief after the second sessions. The frequency of attack was reduced and she was having improvement in chewing. In addition to sodhana therapy, medications for Shaman chikitsa were administered. Telephonic follow up was done by the patient and advised to continue the same medication for 1 more month. This treatment specifically targeted TN symptoms, and the patient adhered to the prescribed interventions for a total of two months with regular follow-ups. The patient consistently attended all sessions and followed the recommendations throughout this period. As a result, they experienced complete relief from all symptoms within just one months.

## VAS SCALE

**TABLE 2: Assessment of pain using VAS scale during follow-up**

Parameter	Test score	Day 0	Day 8	Day 15	Day 30	Day 60	Day 90
VAS	VAS Score	10	9	7	5	3	2
Frequency of Acute episodes	Hours	Within 1-2 h	Within 2-3 h	Within 3 h	Within 4-6 h	Within 12 h	No acute pain episodes
Duration of acute episodes	Seconds to minutes	2-3 Minutes	2-3 Minutes	1-2 Minutes	Less than 30 s	Less than 10 s	No acute pain

## RESULTS

The patient showed progressive and significant improvement following Ayurvedic management. Pain intensity, frequency, and duration of acute episodes gradually reduced during the course of treatment and follow-up.

At baseline, the patient had severe pain with a Visual Analogue Scale (VAS) score of 10, with frequent acute attacks lasting from seconds to minutes and interfering with chewing and daily activities. After initiation of Shodhana, local therapies, and Shamana chikitsa, the patient reported noticeable relief within the first week. By day 15, both the intensity and frequency of pain episodes had reduced.

On subsequent follow-ups, there was marked improvement in functional activities such as chewing and speaking. By day 60, the VAS score had reduced to 2, and the patient reported only occasional mild discomfort. By day 90, the patient had no acute pain episodes, and the duration and frequency of attacks had completely subsided.

Overall, the treatment resulted in significant symptomatic relief, with complete remission of pain and absence of acute attacks without any surgical intervention. The detailed changes in pain intensity, frequency, and duration are presented in Table 2.

## DISCUSSION

Trigeminal neuralgia is a chronic, debilitating neuropathic pain disorder characterized by recurrent paroxysms of severe facial pain due to irritation or compression of the trigeminal nerve, most commonly at the root entry zone. The condition significantly affects daily activities such as chewing, speaking, and facial hygiene and is often associated with psychological distress. Although anticonvulsants and surgical interventions remain the mainstay of conventional management, long-term drug use is associated with adverse effects, and surgical procedures carry the risk of complications and recurrence. [7]

In the present case, the clinical features of unilateral facial pain involving the molar region, lower jaw, and ear, with sudden shock-like attacks, closely resembled the description of Anantavata in Ayurveda. According to Acharya Sushruta, Anantavata arises due to simultaneous aggravation of Vata, Pitta, and Kapha, with predominance of Vata, producing severe radiating pain in the head, eyes, jaw, and temples. Therefore, the treatment strategy was planned to pacify aggravated Vata, eliminate morbid doshas, and nourish the nervous system through a combination of Shodhana, local therapies, and Shamana chikitsa. [1,2]

The therapeutic approach in this case emphasized systemic purification (Sadhya Virechana), Nasya, local therapies, and internal medications, providing a cumulative and synergistic effect on the nervous system. Similar Ayurvedic approaches using Shodhana, Nasya, and Shamana therapies have been reported to produce significant improvement in trigeminal neuralgia, supporting the present findings. [3,4,5,7]

Sadhya Virechana helped in eliminating aggravated Pitta and associated Vata, reducing internal inflammation and nerve hypersensitivity. Nasya with Anu Taila, being the prime therapy for Urdhvajatrugata disorders, facilitated direct action on cranial nerves. The nasal route allows the medicated oil to reach the intracranial circulation, exerting neuroprotective, anti-inflammatory, and Vata-pacifying effects, thereby improving nerve conduction and reducing ectopic discharges responsible for neuralgic pain. [1,2,7]

Local therapies such as Abhyanga, Swedana, and Kavala provided both local and systemic benefits. Kavala facilitates rapid absorption of lipid-soluble components through the oral mucosa, enhancing local drug delivery to the trigeminal nerve distribution. Increased local circulation and mucosal permeability support nourishment of peripheral nerve endings and help in pain modulation. [8]

The internal medications acted synergistically rather than individually. Ashwagandha ghanavati, along with other formulations, contributed collectively to neuroprotection, reduction of oxidative stress, modulation of inflammation, and stabilization of nerve excitability. [6] The combined action of herbs such as Yashtimadhu, Amalaki, and Shatavari supports nerve regeneration, reduces neuroinflammation, enhances antioxidant defense, and promotes myelin integrity. Together, these effects help restore axoplasmic flow, improve nerve nutrition, and reduce abnormal pain signaling. [6,9].

Thus, the cumulative effect of Shodhana, Nasya, local therapies, and neuro-supportive Shamana drugs resulted in marked reduction in pain intensity, frequency, and duration of attacks, as reflected in the progressive improvement in VAS scores and complete remission of acute episodes. The outcomes of this case are consistent with previously reported Ayurvedic case studies where integrative protocols demonstrated significant pain control and improvement in quality of life in trigeminal neuralgia patients. [3-5,7]

This case highlights that Ayurvedic management can provide a safe, non-surgical, and holistic therapeutic option in trigeminal neuralgia by addressing both the symptomatic pain and the underlying doshic and neurological imbalance.

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