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A Conceptual Ayurvedic Analysis of Trigeminal Neuralgia with Reference to *Anantavata*

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Abstract

Background: Trigeminal Neuralgia is a chronic neuropathic pain disorder characterised by episodes of intense, stabbing, electric shock-like pain in areas of the face where the branches of the trigeminal nerve are distributed- lips, eyes, nose, scalp, forehead, upper jaw, and lower jaw. Contemporary management relies largely on anticonvulsants and surgical interventions, which may have limitations such as adverse effects or recurrence.

The clinical features of Trigeminal Neuralgia closely resemble *Anantavata*, a *Tridoshaja Shiroroga* described in classical texts. Ayurveda offers a holistic framework involving *Shaman* and *Shodhan Chikitsa*, *Ahar-Vihar* and *Yoga,* which may provide sustainable relief.

Aim: To conceptually analyse Trigeminal Neuralgia with reference to *Anantavata* as described in classical Ayurvedic texts with detailed elaboration of *Sharir, Nidan, Samprapti,* and *Chikitsa* principles, and to present a theoretical framework for its Ayurvedic management.

Materials and Methods: This was a conceptual and literary study based on classical Ayurvedic texts including *Charaka Samhita* and *Sushruta Samhita* along with relevant contemporary literature on Trigeminal Neuralgia. Classical descriptions of *Anantavata* were reviewed and conceptually correlated with the modern clinical and anatomical understanding of Trigeminal Neuralgia. No clinical intervention or outcome assessment was performed.

Results: Conceptual analysis revealed a close similarity between the *Lakshanas, Nidanas,* and *Samprapti* of *Anantavata* and the clinical presentation of Trigeminal Neuralgia. Ayurvedic *Chikitsa* principles such as *Shirovirechan* (*Nasya*), *Raktamokshana*, *Lepan*, *Ahar–Vihar*, and *Yoga* are theoretically appropriate based on *Samprapti Vighatana*.

Conclusion: Trigeminal Neuralgia can be conceptually correlated with *Anantavata* as described in Ayurvedic literature. Understanding the condition through Ayurvedic principles provides a rational theoretical framework for its holistic management.

Keywords: Trigeminal Neuralgia, *Anantavata*, *Shiroroga*, Ayurveda.

Introduction

Trigeminal Neuralgia is one of the most severe facial pain syndromes encountered in clinical practice. It is characterised by sudden, paroxysmal, often unilateral, (some patients experience pain at different times on both sides) electric shock-like pain along the distribution of one or more divisions of the trigeminal nerve (CN V). Due to the extreme intensity of pain and its profound psychological impact, Trigeminal Neuralgia has historically been referred to as 'Tic Douloureux' (French for 'Painful tics') and 'Suicide disease' in medical literature [4]. John Fothergill gave the first full and accurate description of Trigeminal Neuralgia in 1773 and hence it is also referred to as 'Fothergill's Disease' [5].

The condition significantly impairs quality of life, often leading to anxiety, depression, and social withdrawal. Even minimal stimuli such as talking, chewing, brushing teeth, or exposure to cold air can trigger excruciating pain episodes. While contemporary medicine offers symptomatic control, the disease continues to pose therapeutic challenges due to recurrence, drug intolerance, and the need for long-term management. From an Ayurvedic perspective, there is a lack of systematic conceptual literature that clearly correlates Trigeminal Neuralgia with a specific classical disease entity and elaborates its management on the basis of fundamental principles.

Among the various *Shirorogas* described in Ayurveda, *Anantavata* demonstrates the closest resemblance to Trigeminal Neuralgia in terms of *Lakshanas*, unilateral involvement, paroxysmal severe pain, trigger sensitivity, and *Tridosha* predominance with *Sira–Snayu–Majja* involvement.

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However, this correlation is often mentioned only briefly and lacks comprehensive explanation integrating *Sharir, Nidan, Samprapti, and Chikitsa*.

Therefore, the present conceptual study is undertaken to systematically compile and interpret classical Ayurvedic references related to *Anantavata* and to correlate them with the modern understanding of Trigeminal Neuralgia. Establishing this conceptual framework is essential for academic clarity, rational clinical application, and future research, thereby strengthening the theoretical foundation of Ayurvedic management of Trigeminal Neuralgia. This paper explores Trigeminal Neuralgia through an Ayurvedic lens and evaluates the role of classical management principles in clinical practice.

Aim

To conceptually analyse Trigeminal Neuralgia with reference to *Anantavata* as described in classical Ayurvedic texts and to develop a theoretical framework for its Ayurvedic management.

Objectives

i). To review the classical Ayurvedic description of *Anantavata* with respect to *Sharir* (Anatomy and Physiology).
ii). To analyse the *Nidana* (Etiological factors) and *Samprapti* (Pathogenesis) of *Anantavata* and correlate them with Trigeminal Neuralgia.
iii). To elaborate the Ayurvedic *Chikitsa* principles including *Shodhan*, *Shamana*, *Ahara*, *Vihara*, and *Yoga* applicable to the conceptual management of Trigeminal Neuralgia.
iv). To establish a theoretical Ayurvedic framework for understanding Trigeminal Neuralgia in the context of classical text.

Materials and Methods

Study Design: This study is a conceptual and literary review based on classical Ayurvedic texts and contemporary biomedical literature. No human or animal subjects were involved.

Sources of Data:

i). Classic Ayurvedic texts (*Charaka Samhita, Sushruta Samhita*) and relevant commentaries.
ii). Standard textbooks of Oto-rhino-laryngology, Head and Neck Surgery and Internal Medicine and Neurology.
iii). Published research articles on Trigeminal Neuralgia.

Methodology

Relevant references describing Trigeminal Neuralgia, *Shiroroga* and *Anantavata* were critically reviewed. Concepts *of Sharir, Nidan, Samprapti*, and *Chikitsa* were extracted and logically correlated with the modern understanding of Trigeminal Neuralgia.

No clinical intervention or statistical analysis was performed, as this is a conceptual study.

Sharir Perspective

Modern Anatomical Perspective [6]: The Trigeminal Nerve (CN V) is the chief sensory nerve of the face and the largest cranial nerve. It arises from the lateral aspect of the pons and consists of a large sensory root and a smaller motor root. The sensory root forms the Trigeminal (Gasserian) ganglion situated in Meckel's cave, from which three major divisions arise:

- **Ophthalmic (V1):** Supplies sensation to the scalp, forehead, upper eyelid, cornea, and dorsum of the nose.
- **Maxillary (V2):** Supplies sensation to the cheek, upper lip, upper teeth, maxillary sinus, and nasal cavity.
- **Mandibular (V3):** Supplies sensation to the lower face and provides motor innervation to muscles of mastication.

Trigeminal Neuralgia predominantly involves the maxillary and mandibular divisions, producing unilateral facial pain confined to the sensory distribution of the affected branch.

Modern Physiological Perspective [7]: The Trigeminal Nerve is primarily responsible for facial sensory perception, including touch, pain, and temperature. Sensory impulses are transmitted from peripheral receptors through the trigeminal nerve to the trigeminal ganglion and further to the trigeminal sensory nuclei in the brainstem. Normal function requires intact myelin and regulated neuronal excitability.

In Trigeminal Neuralgia, abnormal sensory conduction occurs due to hyperexcitability of trigeminal afferent fibres, leading to exaggerated pain responses to minimal stimuli. This explains the paroxysmal, electric shock–like pain and the presence of trigger zones.

***Sharir* (*Rachana* and *Kriya*) Correlation:** According to Ayurveda, the face and head (*Mukha* and *Shira*) are richly supplied with *Sira* and *Snayu*, which are responsible for sensory conduction and structural support. The nervous tissue is represented by *Majja Dhatu*, which plays a vital role in sensory and motor functions.

Vata Dosha, particularly *Prana Vayu*, governs sensory perception, neural conduction, and movement of impulses. *Prana Vayu* resides in the *Shira* and controls higher neurological functions [8].

Nidan* and *Samprapti

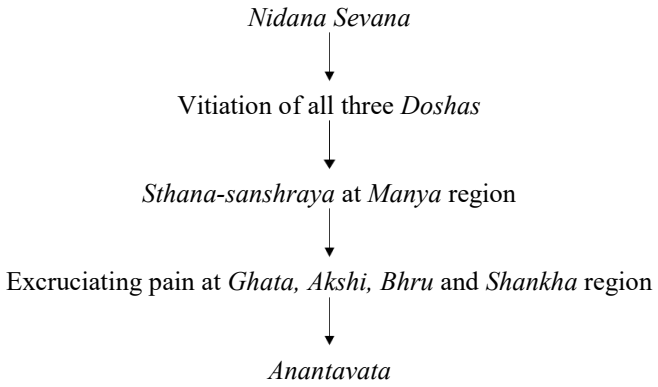
The exact cause of Trigeminal Neuralgia remains unknown. For most, Trigeminal Neuralgia remains an idiopathic condition but there is a suggestion that it may be due to an irritative lesion involving the trigeminal root zone, in some cases an aberrant loop of artery. Other compressive lesions, usually benign, are occasionally found. Trigeminal Neuralgia associated with Multiple Sclerosis may result from a plaque or demyelination in the brainstem [9].

The pain is repetitive, severe and very brief. It may be triggered by touch, a cold wind or eating. It is universally considered to be the most painful affliction known to medical practice.

Among the classic texts of Ayurveda, only *Acharya Charak* and *Acharya Sushrut* have described *Anantavata* [2, 3]. *Charak Samhita Siddhi-sthana* and *Sushrut Samhita Uttartantra* have references to etiopathology and management of *Anantavata*.

Hetu: Excessive fasting, grief, intake of un-unctuous and cold food, intake of extremely small quantities of food lead to vitiation of all three *Doshas* [10].

Samprapti: The vitiated *Tridosha* get localised in *Manya* (neck) region and produce extreme pain in *Ghata* (nape of neck), *Akshi* (eyes), *Bhru* (eyebrow and frontal region of head) and *Shankha* (temporal region of head). Throbbing pain at the sides of cheeks along with trismus (lock-jaw) is seen. Diseases of eye may develop. This disease is called *Anantavata* [11].



Flow Chart 1: *Samprapti* of *Anantavata*

Approach to Clinical Ayurvedic Management:

Both *Acharya Charak* and *Acharya Sushrut* have described *Anantavata* as a severe *Shiroroga* and have indicated that its management should be undertaken on lines similar to *Suryavarta* [12, 13], due to similarity in site, *dosha* predominance, and intensity of pain.

***Raktamokshan*:** During acute painful episodes, *Raktamokshana* (especially by *Siravedhan*) is advocated by *Acharya Sushruta* for immediate relief by alleviating associated *dosha* vitiation [14].

Acharya Sushrut has specifically described the sites for *Siravedhan* (venesection) for management of *Shiroroga* in *Sharirsthan* of *Sushrut Samhita. Siravedhan* can be done at following points:[15]

i). *Upanasika* (Lateral aspect of nasal ala)
ii). *Lalata* (Forehead)
iii). *Apanga* (Outer canthus of eye)

***Shirovirechan/Nasya*:** *Nasya* is a prime therapy in *Shiroroga*, as nose is the gateway to the head [16]. Various *Acharyas* have described different *Nasya* formulations for management of *Anantavata,* tailored to the predominance of *Doshas*.

Acharya Sushrut has advocated few drugs for *Avapeedan Nasya* [17].

i). Roots and flowers of *Shirisha* (*Albizia lebbeck*)
ii). Roots of *Vansha* (*Bambusa bambos*) and *Karpoor* (*Cinnamomum camphora*)
iii). *Vacha* (*Acorus calamus* Linn.) and *Pippali* (*Piper longum*)
iv). *Yashtimadhu* (*Glycyrrhiza glabra*) and *Madhu* (Honey)
v). *Manashila* (Realgar) and *Chandan* (*Pterocarpus santalinus*) with *Madhu* (Honey)

***Lepa*:** External application of drugs over affected facial region is advised in management of *Shirorogas* to provide local pain relief and reduce *Dosha* aggravation.

***Acharya Sushrut* has advocated following drugs for *Lepan*:[18]**

Sariva (*Hemidesmus indicus*), *Utpal* (*Nelumbo nucifera*), *Kushtha* (*Saussurea lappa* C.B. Clarke), *Yashtimadhu* (*Glycyrrhiza glabra*) triturated in *Kanji* (fermented rice gruel) and mixed with *Ghruta* (clarified butter) or *Taila* (oil of Sesame seeds) can be applied to affected part of face.

***Ahara* [19]:** *Vata-Pittaghna ahara* comprising *Ushna*, *Snigdha*, *Madhura rasa* dominant food is recommended to pacify aggravated *Doṣhas* in *Anantavata* as per *Acharya Sushrut*. Specific dietary preparations are mentioned by *Acharya Sushrut* such as:

i). *Madhumastak:* A sweetmeat prepared from honey, ghee and flour. Some have considered this to be *Puran-poli.*
ii). *Sanyava:* A preparation similar to *Sheera* made from jaggery, ghee, wheat flour and milk.
iii). *Ghrutapura:* A dessert made of flour, milk, ghee and coconut similar to *Ghevar.*

Vihar: Appropriate lifestyle practices help in minimizing *Vata* vitiation.

i). Avoidance of exposure to cold wind and excessive physical exertion.
ii). Regulation of sleep and daily routine.
iii). Minimization of stress and overuse of facial muscles.

***Yoga* and *Pranayama* [20]:** *Yoga* practices are supportive in controlling *Vata* and calming the nervous system.

i). *Pranayama* practices promoting *Vata-anulomana* through controlled breathing.
ii). *Trataka* involves continuous staring at a specific object without blinking till tears come out. It is beneficial in sleep related disorders and headaches.
iii). *Viparitkarani Mudra*: It is beneficial in relieving headache.
iv). *Sarvangasana*: Relaxation of nerves makes it beneficial in chronic headaches.
v). Gentle relaxation practices to reduce neuromuscular tension.

Thus, the Ayurvedic management of *Anantavata* is based on a multimodal approach integrating *Shodhan, Shaman, Ahar, Vihar*, and *Yoga,* aimed at pacifying *Doshas*, nourishing neural tissues, and preventing recurrence through *Samprapti Vighatana*.

Results

The conceptual analysis demonstrated a strong correlation between Trigeminal Neuralgia and *Anantavata* showing the close resemblance. The clinical features such as paroxysmal facial pain, unilateral presentation, episodic exacerbations, and chronic recurrent course described in classical Ayurvedic texts closely parallel the modern clinical description of Trigeminal Neuralgia.

Ayurvedic explanations of *Nidana*, *Dosha–Dushya Sammurchana*, and *Samprapti* of *Anantavata* provide a comprehensive theoretical framework to understand the pathophysiology of Trigeminal Neuralgia. Classical *Chikitsa sutras*, particularly the emphasis on *Siravedhan, Nasya* and *Lepan* along with *Ahara-Vihara* (dietary and lifestyle regulations) appear conceptually appropriate for addressing the underlying *Tridosha* predominance and episodic nature of the disorder.

This conceptual correlation supports the relevance of Ayurvedic principles in understanding and managing Trigeminal Neuralgia and provides a structured foundation for future clinical and interventional studies.

Discussion

Trigeminal Neuralgia is characterized by sudden, severe, unilateral facial pain with episodic exacerbations and symptom-free intervals, reflecting a *Tridoshaja* involvement with functional rather than gross structural disturbance. When analysed through the Ayurvedic lens, these features closely correspond to *Tridoshaja Shiroroga* with *Vata* predominance, particularly *Anantavata*. The classical description of *Anantavata* marked by intense, recurrent pain involving the head, face, eyes, ears, and jaws mirrors the distribution and nature of trigeminal nerve involvement.

The *Samprapti* of *Anantavata* involves aggravated *Tridosha* affecting *Sira*, *Snayu*, and *Marma* regions, leading to paroxysmal pain and hypersensitivity. This aligns with the modern understanding of neural hyperexcitability and episodic pain generation in Trigeminal Neuralgia. The chronicity and recurrent nature of the disease further support a *Vata* predominant *Tridoshaja* pathophysiology.

Classical Ayurvedic texts, including those of *Acharya Charaka* and *Acharya Sushruta*, recommend managing *Anantavata* on the lines of *Suryavarta Chikitsa*. This includes phase-wise management with emphasis on *Siravedhan, Nasya* and *Lepan* therapies, along with regulation of diet and lifestyle. Such an approach addresses both symptomatic relief during acute episodes and prevention of recurrence during inter-episodic phases.

The inclusion of specific dietary preparations mentioned by *Acharya Sushurta*, such as *Madhumastak* and *Sanyava*, reflects the importance of supportive care in maintaining doshic balance and preventing exacerbations. Additionally, the role of *Yoga* and lifestyle modifications aligns with the need for stress regulation and neural stability in chronic pain disorders.

Conclusion

Trigeminal Neuralgia can be conceptually correlated with *Anantavata*, a *Tridoshaja Shiroroga*, based on similarities in clinical presentation, etiological factors, disease course, and pathophysiological understanding described in classical Ayurvedic texts. Ayurvedic principles of *Nidana*, *Samprapti*, and *Chikitsa* provide a coherent theoretical framework for understanding this condition, with classical recommendations particularly *Siravedhan, Nasya* and those aligned with *Suryavarta Chikitsa* offering a rational basis for management. Although this study does not evaluate clinical efficacy, it establishes a strong conceptual foundation for integrating Ayurvedic perspectives in the understanding of Trigeminal Neuralgia and underscores the need for future systematic clinical research.

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