



RESEARCH ARTICLE

MANAGEMENT OF TRIGEMINAL NEURALGIA THROUGH *MASHBALADI PACHANA KASHAYA NASYA*: A REVIEW

*Chandramohan Arya and Sanjay Gupta

Dept. of Panchakarma, Rishikul Campus (Haridwar), U.A.U.

ARTICLE INFO

Article History:

Received 24th July, 2018
Received in revised form
17th August, 2018
Accepted 20th September, 2018
Published online 30th October, 2018

Keywords:

Trigeminal neuralgia, *Ananthavata*,
Sannipatika, *Nasya*,
Mashbaladipachanakashaya

ABSTRACT

Trigeminal neuralgia is a kind of neuropathic pain which is associated with nerve injury or nerve lesion. It is considered as the most excruciatingly painful condition known to mankind. Due to the sharp, intense and stabbing nature of pain, sufferers called it as 'suicide disease'. This is a chronic condition of pain that affects some important cranial nerves which are the most widely distributed nerves in the head. The annual incidence for women is approximately 5.9 cases per 100,000 women; for men, it is approximately 3.4 cases per 100,000 men. Unfortunately, there is no definitive cure for trigeminal neuralgia at present. The management of trigeminal neuralgia includes anticonvulsants, tricyclic antidepressants drugs and other surgical measures. As per Ayurvedic classics this condition has close proximity with the disease *Anantavata* which is *Sannipatika* in nature. The name itself indicates the extremely vitiated *vata* dosha. In *Mashbaladi Pachana Kashaya*, drugs are *Virya*, *Snigdha Guna*, *Madhura Rasa* that subside the vitiated *Vata* by its nourishing property. The *Kashaya* is also *Siddha* by *Ghritha*, *Saindhava* and *Hingu* due to *Ghritha* it is also helpful in nourishing and balancing *Vata* and *Hingu* and *Saindhava* responsible for *Kapha Vilayana* and *Sroto Shodhana*. Thus *Nasya* with *Mashbaladipachanakashaya* can be a better option for Trigeminal neuralgia.

INTRODUCTION

Neuralgia is pain in the distribution of a nerve. The neuralgic pain or facial pain occurring in the territory of a trigeminal nerve is termed as trigeminal neuralgia. It is the most debilitating form of neuralgia affecting the sensory branches of 5th cranial nerve (Trigeminal nerve). Trigeminal neuralgia is relatively common with an estimated annual incidence of 4-8 per 100,000 individuals, middle age and elderly persons are affected primarily, and 60% of cases occurs in women. Trigeminal Neuralgia (TN) is a unilateral disorder characterized by excruciating paroxysms of pain in lips, gums, cheek, or chin and very rarely in the distribution of the ophthalmic division of the trigeminal nerve. In Ayurveda, Trigeminal Neuralgia can be correlated with *Anantavata*, one among the 11 types of *Shiro Roga* having similar clinical presentations. According to *Acharya Charaka* this disorder occurs due to *Kaphavrutta Vata*. *Vat vridhhi* in *Kaphasthan* occurs due to *Ati-sevan* of *Rukshadiaahar*, *Adhyashan*, *Mal-Mutradi Vegavrodh*, excessive sex, *Ati-shram*, *Anil sevan*, living in sheet/ humid climate leads to vitiated *Vat* which combines with *Kapha* and settles in to half portion of *Shir Pradesha* & produces unilateral, cutting, shooting, penetrating excruciating pain. Trigeminal neuralgia also known as *prosopalgia* or *fothergill's disease* or *tic douloureux* means a painful jerking. The trigeminal nerve has three branches that conduct sensations from the upper, middle and lower portions of the face, as well as oral cavity to the brain.

The Ophthalmic or upper branch supplies sensation to the most of the scalp, forehead and front of the head. The maxillary or middle branch stimulates the cheek, upper jaw, upper lip, teeth and gums and to the side of the nose. The mandibular or lower branch supplies nerves to the lower jaw, teeth and gums and lower lip. In Trigeminal Neuralgia (TN) one or more branches are affected and usually unilateral. Symptoms result from ectopic generation of action potentials in pain-sensitive afferent fibres of the trigeminal nerve root just before it enters the lateral surface of the pons. Compression or other pathology leads demyelination of nerve fibers. The attacks are initiated by non-painful physical stimulation of specific areas (trigger points or zones) that are located ipsilateral to the pain. After each episode of pain there is usually a refractive period, during which stimulation of the trigger zone will not induce the pain. Chewing, speaking, washing the face, toothbrushing, cold winds, or touching a specific 'trigger spot' e.g., upper lip or gum, may all precipitate an attack of pain. The pain rarely occurs bilaterally and never simultaneously on each side; occasionally more than one division is involved. The membrane stabilising drugs, such as carbamazepine or phenytoin or gabapentin may be tried first of all along with analgesic Medications often used to control the pain of trigeminal neuralgia include carbamazepine, phenytoin, gabapentin and clonazepam. *Nasya* is the most important therapy as it is used for the treatment of *Urdhvajatrugata* disease. According to *Charaka* nose is the gateway of head. *Nasya karma* is therapeutic measure where the medicated oil, ghee, kwath, churna, swarasa, etc. are administered through nose to eliminate the vitiated dosha situated in *Sira*. The present study

*Corresponding author: Chandramohan Arya

Dept. of Panchakarma, Rishikul Campus (Haridwar), U.A.U.

is an attempt to evaluate the efficacy of Masabaladikasayanasya the management of Trigeminal Neuralgia.

MATERIALS AND METHODS

In present stage of socio-economic life the trend of disease management is to find out more effective, easily available and quick responding treatment which do not have any side effect on health. Urdhvangachikitsa is one of the important branches of Ashtanga Ayurveda and Nasyakarma is the main therapeutic measure of *Urdhvajatrugataroga*. *Nasyakarma* is one among the Panchakarma in which the medicated drugs are administered through the Nasal route which is meant for the Shirogataroga and specially Nasagataroga which is mentioned by most of Ayurvedic scholars and in ancient literature. All sense organs, which are above the clavicle, are considered as Urdhvanga e.g. Nasa, Mukha, Netra and Shiras.

Drug review: Acharya chakrapani has mentioned the masabaladikasaya in the management of Ardit, pakshaghat, and manystambha. It has neurotonic effect, anti-inflammatory effect and even acts on circulatory system. The kasaya drugs produce astringent effect while madhura rasa drugs produce nourishing effect.

Contents of masabaladikasaya: *Masa, Bala, Rasna, Eranda, Ashwgandha, Hingu, SaindhavLavana*

- **Masa (Phaseolus mungo):** vatashamaka, nadibalya, used in pakshaghat, ardita, sandhivata.
- **Bala (sidacordifolia):** it pacifies vatahumor, provides strength to the nerves. It improves the function of nerves and stimulate them for proper work.
- **Rasna (pluchea lanceolate):** Best among of vatashamaka drugs and also have raktashodhak properties.
- **Eranda (Ricinus communis):** kaphavatashamak, balya, bhedhak.
- **Ashwgandha (Withaniasomnifera):** Useful in reducing blood volume, Raktashodhak, sothahar, kaphavatashamaka.
- **Hingu (Ferula narthex):** Kaphavatashamak, nerve stimulant.
- **Saindhav Lavana:** Tikshna, kaphavilayana, ability to spread rapidly in various channels (srotas).

DISCUSSION

Trigeminal neuralgia is regarded as the most painful & unbearable pain that is known to the medical world. The Trigeminal nerve, the fifth cranial nerve is in close proximity with Trigeminal artery & vein. Sometimes there is pressure created by the artery/ vein that causes the nerve to malfunction. The pressure on the nerve may wear away the protective outer layer (myelin sheath) of the nerve, that produces the symptoms. Nasal route is said to be the doorway to head. Hence nasya is the best treatment of choice for all diseases pertaining to head and neck. As per Ayurvedic classics this condition has close proximity with the disease *Anantavata* which is *Sannipatika* in nature.

The name itself indicates the extremely vitiated *vata* dosha. In *Mashbaladi Pachana Kashaya*, drugs are sheet *Virya*, *Snigdha Guna*, *Madhura Rasa* that subside the vitiated *Vata* by its nourishing property. The *Kashaya* is also *Siddha* by *Ghrita*, *Saindhava* and *Hingu* due to *Ghrita* it is also helpful in nourishing and balancing *Vata* and *Hingu* and *Saindhava* responsible for *KaphaVilayana* and *Sroto Shodhana*. Thus *Nasya* with *Mashbaladipachanakashaya* can be a better option for Trigeminal neuralgia. Most of the drugs of masabaladikasaya have vatakaphara, teeksna, Deepan, Pacahana, guna remove the avarana of vata. These are also reduces the compression on nerve. on other hands it also nourishes the nerve, dried snayu via Madhur rasa, brimhana, and balya property. Ashwgandha due to its raktasodhak and sothahar properties reduced the inflammation of nerve.

Conclusion

The pathology of trigeminal neuralgia mainly due to compression of nerve root. Compression of trigeminal root by a blood vessels, most often the superior cerebellar artery or on occasion a tortuous vein, are often source of trigeminal neuralgia. Masabaladikasayanasya due to its deepana, pachana, nerve stimulant, Raktasodhak, nourishing properties improves the blood circulation results in increase blood flow. Due to disturbance of blood supply in the brain develops ischaemic effect in brain tissues. Snehana and Swedana before nasya karma improve the blood circulation and nourishes the ischaemic tissue. Its neurotonic effect nourishes the nerve and anti-inflammatory effect reduce the inflammation. On the basis of above hypothesis it will be effective and most promising treatment without any side effect in Ayurveda, Masabaladikasayanasya will help in samprapativighatana and relief from symptoms trigeminal neuralgia. Ayurveda can play a good role for better management and for better quality of life of TN patients. In Ayurveda 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 TN.

REFERENCES

- Pandit Kashinath Shastri, Gorakhnath Chaturvedi—Charaksamihta, Chaukhamba Surbharati Prakashan, Varanasi, 2011. Chikitsa sthana 28/37, page no. 783.
- Chugh, S.N 2011. A text book of Medicine, disorder of cranial nerve, arya publication reprint p.575
- Harrison principles of internal medicine Vol-2, mc graw hill education, 2015 page no-2646
- Kavyashree K., Savitha H.P Ayurvedic Approach to Trigeminal Neuralgia ISSN: 2395-6682 .
- Indradev tripathi, Chakradutt Savimarsh Vaidyoprabha Hindivvyakhya Edition 2005. chapter 22 vatavyadhi chikitsa chaukhamba publication pg v135
- Ambikadutta shastri— Ayurvedatatsandipika savimarsha hindi vyakhya, Chaukhamba Sanskrit sansthan Varanasi, 2011, uttarantra 25/13-14, page no. 165.
