

Reinstating Quality of Life in Trigeminal Neuralgia Through Swarna Shalaka Agnikarma - Case Report

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Abstract—Trigeminal neuralgia (TN) is a chronic neurological disorder characterized by unilateral lancinating facial pain, most commonly involving the second and/or third divisions of the trigeminal nerve territory, usually in patients over the age of 50 years.¹ The pain, typically unilateral, may be triggered by routine activities such as eating, talking, or brushing teeth, and is followed by pain-free intervals. TN shows similarities with *Anantavata*, a condition described in *Ayurveda* by *Acharya Sushruta*, attributed to *Vata*-predominant *Tridosha* settling in the head causing intense pain around the eyes and temples. Chronic cases may also affect vision, paralleling modern TN symptoms. A female patient of age 56 years, diagnosed with Trigeminal Neuralgia was treated with allopathy medications. But did not get satisfactory results. Hence patient approached our hospital and got *Ayurvedic* management that includes instant pain management through *Agnikarma* (therapeutic cauterization). Patient's complaints were assessed before and after treatment with Numeric pain rating scale and verbal descriptor scale for TMJ stiffness.

Index Terms—Ayurveda, Anantavata, Swarna shalaka agnikarma, Trigeminal Neuralgia

I. INTRODUCTION

In *Ayurveda*, Trigeminal Neuralgia can be correlated with *Anantavata*, one among the 11 types of *Shiroroga* having similar clinical presentations.¹ All conditions which can cause pain over the head are included in *Shiroroga*. The symptoms and pathogenesis of *Anantavata* explained by the *Acharya Sushruta* has close proximity with Trigeminal Neuralgia. *Anantavata* where *Ananta* means endless with the involvement of severe pain of eyes, temples and jaws. The term *Vata* indicates predominant involvement of *Vata* Dosh. Firstly, there will be involvement of

Tridoshas, starts irritating the *Manya Nadis* producing severe pain at the back of neck. *Doshas* get lodged in the eyes, jaws and temples leading to pulsation of upper jaw.

Trigeminal Neuralgia is a chronic painful condition affecting fifth CN, characterized by intense unilateral facial pain that lasts for few minutes to several hours. According to the International Headache Society, it is defined as the unilateral facial disorder characterized by brief electric shock like pain, abrupt in onset and termination and limited to the distribution of one or more divisions of Trigeminal Nerve.

Since pain impacts patient's physical, mental and social lives, it is imperative to provide rapid alleviation.

Agnikarma has been proved to be effective in painful and *Avaranajanya Vata*vyadhis which also relieves stiffness, heaviness, tingling sensation and helps in flushing out the inflammatory factors.⁴ The role of Conductive *Agnikarma* (conductional method of thermotherapy) has not been studied so far in the management of *Anantavata*. So, considering the safe, quick, effective, easy to perform and economically affordable procedure. This clinical study was an attempt made to evaluate the effect of *Swarna Shalaka Agnikarma*.

II. PATIENT INFORMATION

A 56-years-old female patient approached *panchakarma* outpatient department of SDM College of *Ayurveda* Hospital, Hassan with complaints of chronic pain localized to the right temporomandibular region, described as pulsating and aggravated by activities such as combing hair, chewing, and brushing. These symptoms intensified upon exposure to cold, wind, and sound, and were accompanied by

headache for 6 years, aggravated during the past 1 month. She had undergone allopathic treatment from which she got symptomatic relief. But on discontinuing the medication, symptoms re-occurred and so she came for further management of the above-mentioned symptoms.

Associated complaints:

Tingling sensations and numbness on the right side of the face.

Excruciating pain over Right temporal region, right cheek, right side of forehead and face associated with stiffness of temporo- mandibular joint.

Headache.

Disturbed sleep occasionally due to pain.

PAST HISTORY

N/K/C/O DM, HTN, HYPOTHYROIDISM

Personal Details

Diet – mixed

Sleep – 5-6 hours/day

Bowel – once a day

Urination – 6-7 times a day

Exercise– Nil

Vital Examination

BP – 130/80 mm of Hg

Heart Rate – 78/min

Nadi – Vata-Kapha

Prakuti: Vata-Kapha

Kosha : Madhyama

Agni: Vishamagni

General Examination:

No facial palsy or asymmetry,

Sytemic Examination: NAD

Subjective parameters

Numeric pain rating scale- 9

TMJ stiffness - 4

III. MATERIALS AND METHODS

Materials used for Conductive *Agnikarma*

- *Suvarna Shalaka*
- *Shalaka* holder
- Candle and match sticks
- Spirit

- Cotton swab

Composition and details of *Suvarna Shalaka*

70% gold, 30% silver, 5% copper

7 cm long, width is 2 mm and *Bindu* end is 4mm.²

IV.INTERVENTION

Intervention	<i>Agnikarma</i>
<i>Shalaka</i>	<i>Swarna Shalaka</i>
Type	<i>Bindu Dagdha</i> (conductive method)
Sittings	6
Duration	3 sittings per week

V. METHODOLOGY

Purvakarma

The detail information about *Agnikarma* procedure explained to patient.

Proper instrumentation

Pradhana karma

The candle is lightened and with the help of lightened candle the *Swarna Shalaka* with its tip is applied over *shankha pradesh*, TMJ and other tender points in affected part of the face. *Shalaka* is applied over the required region up to when patient can sustain the burning sensation and then we remove the *Shalaka*.

Paschat karma

Application of *Shadadhauta Ghrita*

Done for 6 continuous days.



Fig 1: Swarna Shalaka



Fig 2: Conductive method of *Agnikarma*

Probable mode of action of *Agnikarma* by *Swarna Shalaka*:

Swarna Shalaka has anti-inflammatory, antibacterial and healing properties. *Swarna shalaka* has rapid healing properties, which repairs the damaged epithelium by its rejuvenative action.³

V. OBSERVATION & RESULT

Table 1 : Effect of therapy on symptoms

s.no.	Clinical features	Grading scale	BT	AT
1.	Pain	Numeric pain rating scale	9	5
2.	TMJ stiffness	Verbal descriptor scale	4	3

VI. DISCUSSION

This case study examines the impact of *Agnikarma* on TN where pain significantly diminishes the patient’s quality of life. TN pain is linked to neurovascular compression and demyelination of the trigeminal nerve. It is thought that hyper excitability of the demyelinated nerve contributes to the pain and inflammation plays a role in its progression. The primary aim of treatment is pain management.^{5,6}

In *Agnikarma*, the *Ushna* (hot) *Guna* of *Agni* pacifies the *Shita* (cold) *Guna* of *Vayu* and reduces the joint pain.

Acharya Charaka described that *Agni* is the best treatment for *Shoola* (pain). *Ushna Guna* of *Agni* helps to remove the *Avarana* effectively and stabilizes the movement of *Vata*, which provide relief from *Shoola*. In *Ayurveda*, pain is seen as an imbalance of *Vata*, addressed through therapies such as *Sneha*, *Basti*, *Nasya*, *Shamana* (palliative care), *Brumhana* (nourishing therapy), and *Rasayana* (rejuvenation therapy). For this case, treatments focused on *Vata Shamana* was implemented to manage the pain.

VII. CONCLUSION

Agnikarma is a very simple, easy and effective procedure that can be performed at OPD level. Patient can do all routine activities without any problem on the same day. Along with this, *Agnikarma* causes no harm, consumes less time and a beneficial technique. Gold is considered the best among metals. It remains conductive for a longer time as compared to other metals like copper and silver. Also, gold does not corrode. In this case study, *agnikarma* with *swarna shalaka* proved to be highly effective in treating *anantavata*.

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