



ISSN (E): 2320-3862  
ISSN (P): 2394-0530  
[www.plantsjournal.com](http://www.plantsjournal.com)  
JMPS 2022; 10(1): 79-81  
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Received: 15-01-2022  
Accepted: 24-01-2022

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## Ayurvedic management of trigeminal neuralgia through cannabis: A case report W.S.R. to *Anantha vata*

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**DOI:** <https://doi.org/10.22271/plants.2022.v10.i1b.1364>

### Abstract

Trigeminal neuralgia is a condition that is characterized by severe and unrelenting pain. It was once considered a suicide disease. The condition is managed through various medications and surgical procedures. As per Ayurvedic classics this condition has close proximity with the disease Ananthavata which is Sannipathika in nature. The name itself indicates the extremely vitiated vatadosha. The management is done with the use of Cannabis tincture for pain. This article describes a case report of 49 years old lady presented with trigeminal neuralgia. In present study, it is observed that Ayurvedic management has provided significant relief in symptoms and found reduced recurrence. The post effective pain relief was found with use of Cannabis tincture.

**Keywords:** Cannabis, trigeminal neuralgia, suicide disease, *Anantha vata*

### Introduction

Trigeminal neuralgia (TN), also known as tic douloureux, is a condition that affects around 4 to 10 individuals per 100,000 people. It is considered to be the most psychologically painful type of pain. Living with TN can have a significant negative impact on a person's quality of life, resulting in problems such as seclusion, weight loss and depression. TN is caused by neurovascular conflict which is compression of the trigeminal nerve or an underlying condition that affects this nerve. Pain usually starts from retro-auricular region and spreads towards orbit, ear or to the chin. In infra-orbital neuralgia pain starts below the orbit and spreads towards nose, upper lip, or to the cheek. Classical TN is caused by neurovascular conflict and is divided into type 1 and 2. Type 1 is purely paroxysmal and the patient is has no pain in between attacks and type 2 presents with persistent simultaneous, background facial pain between attacks. Type 2 is also known as atypical TN and in this type central sensitization may be responsible for the persistent pain. Neurovascular conflict may not be evident in type 2, and is found to be resistant to several treatment modalities.

Classical TN is characterized by very severe, sudden, severe excruciating, shock-like pain paroxysms usually on one side of the face at the second and/or third trigeminal branch region. The typical description is usually volunteered by the patient as a sharp shooting pain similar to having an electric shock in the jaw, teeth or gums. TN attacks of pain can occur on a regular basis for days, weeks or months at a time and in severe cases attacks may occur quite a few times a day. TN pain may go in to remission becoming less or sometimes disappearing completely for several months or years at a time, thereafter it emerges more intensely. The remission periods tend to get progressively shorter and at times develop into a more persistent aching, agonizing and burning sensation, which may or may not be accompanied by bouts of sharp attacks.

As per Ayurvedic literature, all conditions which can cause pain over the head are included in *Siroroga*. *Acharya Sushruta* explained 11 *Sirorogas* and *Ananthavata* is one among them. The symptoms and pathogenesis of *Ananthavata* explained by the *Acharya* has close proximity with trigeminal neuralgia (TN). Role of Ayurveda in curing some of these diseases are appreciable since it also compels the patient to avoid *Nidana* and to follow *Pathya Ahara* and *Vihara*. With the recent advancement in medical science there are evidences that suggest, cannabinoids (Cannabis Tincture) does prove useful in pain modulation by inhibiting neuronal transmission in pain pathways. Considering the pronounced antinociceptive effects produced by cannabinoids (Cannabis Tincture), they may be a promising therapeutic approach for the clinical management of trigeminal neuralgia.

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**Aims and Objectives:** To access the Ayurvedic Management of Trigeminal Neuralgia through Cannabis w.s.r to *Anantha Vata*.

**Materials and Methods:** A case report of 49 years old lady presented with trigeminal neuralgia selected from 'Cannabisdoctors' online telephonic consultation Platform, medical advice for T.N. was prescribed and observation was noted as per the patient diary notes.

**Literature Review:** Trigeminal nerve is a paired mixed cranial nerve which has three main branches; ophthalmic, maxillary and mandibular nerve. Trigeminal neuralgia is one of the most painful conditions affecting this nerve. One, two or all the branches may be affected. Mostly middle and the lower branches are involved. The ophthalmic division alone is involved in less than 5 % of cases. Usually occurring unilateral, only 10- 12 % cases have bilateral involvement. The pain is felt in the areas where these branches are supplied i.e. ear, eye, lips, nose, forehead, teeth, cheeks etc. The pain is characterized by episodes of intense pain lasts for seconds to minutes. The triggers of pain attacks includes chewing, talking, drinking, touching, blowing the nose, shaving, brushing, wind exposure etc. The single attack generally lasts from less than a second to a few seconds, but it may present in clusters of variable intensity with up to 2 minutes duration. Severity of pain is correlated with reduced measures of daily functioning, quality of life, well - being, sleep and overall health status. Evidence has been mounting that in a large proportion of cases, compression of the trigeminal nerve at or near the dorsal root by a blood vessel is a major causative or contributing factor. The management of trigeminal neuralgia includes anticonvulsants, tricyclic antidepressants drugs. If medical management fails rhizotomy (nerve fibers are damaged to block pain), balloon compression, glycerol injection, radiofrequency ablation, micro vascular decompression etc are selected based on condition of the patient.

Hand on Hand comparison of symptoms of trigeminal neuralgia can be correlated with *Ananthavata*. It is a disease in which *tridoshas* vitiate the *manya* or *grevapardsa* and produces severe intolerable pain at the back of neck, in the eye ball, frontal region, root of nose and in temporal region, which in turn causes *hanugraha*, *netrarogas* and *gandaparswakampa*. So it is clear that there is involvement of three branches of trigeminal nerve here. Some *Aacharyas* not mentioned this disease in *Shirorogas* for having similarity with *Anyatovata* explained in *Sarvagatanetraroga*. *Anyatovata* is a *Vata pradhana* disease in which eye problems are the main features. *Vatahara* and *netrabrimhana chikitsa* should be done there. Thus ophthalmic branch of trigeminal nerve is involved there. Treatment of *Ananthavata* is explained similar as that of *Suryavartha*. Food processed with large quantity of milk and ghee is also included. As similar in *Ananthavata*, *Ahara* which is *Vatapitha samana* is mentioned.

**Case Study:** An 49 years old lady with no co morbidities

presented with H/O left side facial pain since last 11 years.

**Chief Complaints and Associated Symptoms:** The pain was twitching in nature; over right temporal, frontal, cheeks, lower lid, jaw region. The episodes of pain aggravates on exposure to cold, wind, on physical as well as mental exertion. The pain aggravated on chewing brushing teeth and blowing of air. No facial deviation/ hearing abnormalities are noted.

**History of Present Illness:** The patient suffered these symptoms for last 9 years. MRI showed vascular loop of left SCA around left trigeminal nerve at REZ. So she underwent a surgical procedure under general anesthesia with intra and post operative period uneventful. Surgery was done of left retro sigmoid sub-occipital craniotomy and micro vascular decompression of left trigeminal nerve on 28/11/2017. No complications encountered, so exited the patient with modern medication. No episodes of pain were noted for next 2 years. But at the end of 2019 a single episode of pain which lasted 10 minutes was noted.

**General Examination:** patient is conscious oriented and alert.

Weight – 65 kg  
Height – 162 cm  
Heart rate – 83/min  
B.P. – 110/70 mmHg

#### Personal History

Diet – mixed  
Appetite – good  
Bowel – regular  
Micturition – normal  
Sleep – very disturbed

**Family History:** No relevant family history

**Diagnosis:** *Ananthavata* (Left Trigeminal neuralgia)

#### Line of Management

1. 1 drop of whole leave extract in a cup of warm water, OD every evening after food.
2. 3 drop of whole leave extract in a cup of warm water during an episode of pain (when required)
3. *Gandush/ Kawal* with luke warm water with *sandhav lawan* 4 times a day
4. *Avippatikar choorn* 3gms twice a day before food.
5. The patient was instructed to avoid *Ratri-jagarana*, cold exposure, cold intake, *Vatavardhak aahara*.

#### Observation & Result

The patient got total relief from the symptom of pain after the treatment. The effect of treatment maintained throughout the treatment time. The follow up was taken after 1 months which showed that patient was free from the symptoms. Patient had minimum episode like one for few days then come to no pain rest of the treatment. Symptoms graded with VAS scale from 0 - 10.

**Table 1:** Showing the results

Symptoms	BT	AT (first week)	AT (third week)	AT (After a month)
Pain intensity over face, temple, forehead	10	6	4	2
Restricted jaw opening	8	2	1	0
Pain over eyes	4	2	0	0
Episodes of pain (per day)	10	3	1	0

## Discussion

As per Ayurveda classics *Ananthavata* is *Vata pradhana sannipathika*. Hence in *Ananthavata*, most of the symptoms support the involvement of *vata*. Increased *Sheetha guna* of *Vata* causes pain, *Chala guna* of *Vata* is deranged. Cannabis have the *ushna veerya* hence counterpart *sheet guna* of *Vata*, also the overall effects of *tridoshas* is balancing of *Vata* and *Kapha Dosha* hence it reduces the pain in TN patient. Also in more scientific view cannabis have two main chemical components which are tetrahydrocannabinol (THC) and Cannabidiol (CBD). CBD displays it's nervine tonic and nervine sedative qualities, and it is a viable treatment option in cases of *Vata* vitiation and/or derangement, sourcing it's unique ability to induce relaxation and prompt a parasympathetic response in the body and pain reduction. Ayurveda always seeks to determine the root cause of suffering, be it an external factor due to *Vikruti* or an in-born factor attributed to *Prakruti* and in so can treat not only the symptoms but alleviate the original source of imbalance. Tetrahydrocannabinol (THC), is the chemical constituent responsible for the psychoactive response within the mind and body. As THC attaches to these sites and activates them, it creates a cascade affect of relaxation and nervine sedation. THC is also responsible for creating a dopamine response in brain cells, giving the consumer a sense of euphoria and ease as it reduces the pain. Though a general view of Cannabis would be that it has the qualities of hot, dry and mobile, when we observe the difference in medicinal affect of THC vs CBD, we can see that Cannabis strains that are CBD dominant or enriched exhibit the qualities we would be seeking to treat *Vata*-type.

## Conclusion

Ayurvedic management through cannabis whole leaf extract has proved that it has a significant role, in reducing the symptoms of Trigeminal neuralgia as well as preventing the recurrence and complications.

**Financial support and sponsorship:** Special thanks to Happie Hemp Private Limited for their financial support for this case study publication.

**Conflict of interest:** All authors declared that there are no conflicts of interest.

**Ethics approval and consent to participate:** Informed consent has been obtained and this report was processed according to the principles expressed in the Declaration of Helsinki.

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