



## Case Study

### RELEVANCE OF *LASUNA RASAYANA* IN THE MANAGEMENT OF OPHTHALMIC NEURALGIA WITH RESPECT TO *VATAPARYAYA*- A CASE REPORT

Sreekumar K<sup>1\*</sup>, Athulya N B<sup>2</sup>

\*<sup>1</sup>Associate Professor, <sup>2</sup>M.S Second Year Scholar, Department of Shalakyatantra, Govt. Ayurveda College, Thiruvananthapuram, India.

#### ABSTRACT

Trigeminal neuralgia, otherwise known as suicidal disease is the severe and recurrent pain in the distribution of one or more branches of Trigeminal nerve. Patient usually presents with sharp electric shock like pain in face or mouth which lasts for seconds to minutes. This condition may lead the patient to a stage of depression and suicidal tendency. In ophthalmic neuralgia V1 branch of trigeminal nerve is affected where the pain can be interpreted as coming from nose, eyes and head in the areas around the scalp. The management involves anticonvulsants, antidepressants and surgical procedures. *Vathaparyaya* described by Acharyas shows a close similarity with ophthalmic neuralgia in which vitiated *Vata* causes pain in the areas of eyelashes and eyebrows. The management of *Vataparya* is given as same as that of the *Vatabhishyanda*. In present study, it is observed that Ayurvedic management has provided a significant reduction in intensity and frequency of pain.

**KEYWORDS:** Ophthalmic neuralgia, *Vataparyaya*, *Yoga Vashti*, *Lasuna rasayanam*.

#### INTRODUCTION

Trigeminal neuralgia also known as “tic douloureux” is a relatively uncommon condition with an annual incidence of 4.3 per 100,000. Incidence increase with age, having a peak level between fifth and eighth decades and 1 per 1000 in patients over the age of 75. Females are more affected than males, shows a ratio of 2:1. Most commonly affected division of trigeminal nerve is mandibular (55%) followed by the maxillary branch (39%). Ophthalmic branch is rarely affected, that is only in case fewer than 5 %<sup>[1]</sup>. Patients with trigeminal neuralgia of either category presents with intermittent facial pain that can be localized over the distributions of one or more branches of cranial nerve 5. In patients with ophthalmic neuralgia pain is localized around the eye, most commonly unilateral recurrent brief and severe electric shock like pain lasting only seconds and occurring at 3-5 minutes’ intervals. The nature of pain is such that, it causes continuous facial discomfort.

Anti-convulsants such as Carbamazepine and oxcarbazepine for reducing pain is the first line treatment in trigeminal neuralgia. Muscle relaxing agents such as baclofen may be used alone or in combination with carbamazepine. These drugs may cause dizziness, confusion, drowsiness and nausea. Microvascular decompression, brain stereotactic radiosurgery, glycerol injection, balloon compression

and radiofrequency thermal lesioning are the surgical measures adopted for the patients who are no longer helped by medications<sup>[2]</sup>.

*Vataparyaya*, a condition detailed in Ayurvedic classics manifest features analogous with Ophthalmic neuralgia. As name indicates *Vataparyaya* is a disease condition in which vitiated *Vata* get localized in the area around eye leading to pain in definite areas. *Vatadushti* may result from *Avarana* and *Dhathukshaya*. According to the signs and symptoms the type of *Srothodushti* and cause of *Vatadushti* are determined. In *Vataparyaya Sthanika Dosh* is *Kapha* and the vitiated *Dosha* is *Vata*. As stated by classical texts treatments mentioned for *Vataparyaya* is same as that of *Vatabhishyanda*. Ayurvedic management involves avoiding the causative factors and bringing about the normalcy by altering the pathogenesis, consequently giving significant results in many cases.

#### AIMS AND OBJECTIVES

To study the efficacy of Ayurvedic management in ophthalmic neuralgia with special reference to *Vataparyaya*.

#### MATERIALS AND METHODS

A 55-year-old male patient of ophthalmic neuralgia was selected from IPD, Department of

Shalakyatantra, Government Ayurveda College Hospital Thiruvananthapuram.

## LITERATURE REVIEW

Trigeminal nerve is the fifth of 12 pairs of cranial nerves providing sensation to the face. After trigeminal nerve leaves the brain it divides into 3 branches - ophthalmic nerve (V1), maxillary (V2) and mandibular (V3). Ophthalmic nerve gives off 3 main branches (frontal, nasociliary and lacrimal) which innervate areas of the face that extend from the vertex of scalp to the apex of nose. Frontal branch is considered as the largest branch of ophthalmic nerve and it separates into supraorbital and supratrochlear branches, which supply large portion of scalp and anteromedial forehead respectively. Nasociliary branch separates into intratrochlear, anterior and posterior ethmoidal nerves. Smallest branch of ophthalmic nerve is lacrimal innervating lateral aspect of eyelid<sup>[3]</sup>.

Trigeminal neuralgia is described as the most excruciating pain known to humanity. Mostly the pain involves the lower face and jaw. Sometimes there may be the involvement of area around the nose and above the eyes. This intense, stabbing electric shock like pain is caused by irritation of the trigeminal nerve, which sends branches to forehead, cheek and lower jaw. Usually pain is limited to one side of the face<sup>[4]</sup>. The International Headache Society has separated trigeminal neuralgia into 2 categories - classical and secondary. Classic type includes neuralgia that is idiopathic or caused by compression of trigeminal nerve from a nearby blood vessel. Secondary trigeminal neuralgia on the other hand accounts for cases triggered by other structural abnormalities. The vessel that is commonly associated with classical trigeminal neuralgia is superior cerebellar artery, although other vessels including anterior and inferior cerebellar artery, have been documented<sup>[5]</sup>.

When ophthalmic division of trigeminal nerve is involved in the pathogenesis, the condition is known as ophthalmic neuralgia. The pain is characterized by unilateral episodes of intense feeling like stabbing, electric shocks, burning, crushing, exploding and lancinating. The pain lasts for few seconds to minutes. Trigger points or zones are a feature of trigeminal neuralgia whereby episodes can be triggered by cutaneous stimulation or movement of a specific region of the face. A puff of air, light or heavy touch, showering, speaking, exposure to cold and wind triggers episodes.

Based on the symptoms of ophthalmic neuralgia, it can be correlated to *Vataparyaya*. *Vataparyaya* is mentioned in *Sarvakshi rogas*. According to Acharya Susruta *Vataparyaya* causes

pain in the regions of eyelashes, eyebrows and eye. While Vagbhatacharya denoted *Vatakopa* in the regions of *Manya*, *Akshi* and *Sankha* produces severe pain, discoloration and swelling, *Sankocha* of *netra* at the time of attack along with reduced size of eyeball. It is a *Vatapradhana* disease in which ocular symptoms are important features. Here ophthalmic branch of trigeminal nerve is involved.

*Vata* is responsible for all the sensations in the body. Trigeminal nerve has both sensory and motor functions carried out by *Vyana Vayu*. When its vitiation occurs due to respective *Nidanas* and with the influence of precipitating factors, it leads to symptoms according to the site of localization. In *Vataparyaya* the *Sthanasamsraya* occurs in *Jathrudhwa* region, site of *Kapha dosha*. Accordingly, *Vataparyaya* can be treated considering *Vata* as predominant and *Kapha* as associated *Dosha*. According to Ayurvedic classics *Vatabhishyanda chikitsa* is adopted in the treatment of *Vataparyaya*. *Puranasarpī pana*, *Sneha virechana*, *Nasyakarma*, *Shirovasthi*, *Vasthikarma* are mentioned as the treatments by Acharyas<sup>[6]</sup>.

## CASE STUDY

A 55-year-old male patient attended OPD presented with severe recurrent electric shock like pain around the left eye since 8 years.

Severe pain around the left eye specifically as a radiating pain from the medial to lateral side of the eyebrow and to the scalp was observed. Pain was recurrent and lasts for almost 2-3 minutes. Each episodes of pain although brief, was severe so that affecting his daily routine. Exposure to wind and cold, heavy touch on the specific area triggers the pain.

The patient was suffering from these symptoms since 8 years. Initially he had pain in the specified areas only on heavy touch. Thereafter he noticed, intensity and frequency of pain keep increasing. The pain occurred without any external stimulation and repeated for more than 4 times in a day. He had complete resolution of pain between the episodes. It was like an electric shock like pain which constricts the eyeball totally. He experienced a continuous facial discomfort. He consulted in a hospital and taken medications. He was working as a police officer; certain medications restricted him from attending duties properly. Even though he got temporary relief, as a part of investigation MRI of brain was taken and found as having neovascular compression. He was a known case of hypertension.

Patient had not any history of trauma. Physical assessment revealed normal vital signs and mentation. Blood reports were normal.

The patient was admitted in Govt. Ayurveda college hospital Thiruvananthapuram on 29-10-2020

and underwent *Deepana Pachana* for 2 days with *Chiravilwadi Kashaya*<sup>[7]</sup> 90ml BD before food along with 5gm *Vaiswanara choorna*. After that *Accha snehapana* was started with *Guggulu thikthakam ghritham* starting from a dose of 30gm daily upto 200gm on 7<sup>th</sup> day. Thereafter *Abhyanga* with *Ksheerabala thailam* and *Bala jala ushmaswedam* was given to the body. Together with this *Mukhabhyanga* was done with *Ksheerabala* and *Karpasasthyadi thailam* followed by *Dasamoola ksheeradhooma* to the areas having pain. 2 days of *Abhyanga* and *Ushmasweda* is followed by *Virechana* with a combination of *Dasamoola ksheera kashayam* (25ml), *Drakshahima* (10ml) and *Gandharva erandam* (30ml). Total 8 Vegas observed.

From next day onwards, *Marsha nasya* was done with *Varanadi ksheera ghritham*<sup>[9]</sup> for 7 days started from a dose of 0.5ml upto 4ml. From 17<sup>th</sup> day onwards *Shirodhara* was given with *Uthamathailam* (3/4) and *Karpasasthyadi thailam* (1/4). After the completion of *Shirodhara*, *Tharpana* was done with *Jeevaniyagana ghritham*. On the first day of *Tharpana* the pain aggravated. Then it was stopped and planned for *Jaloukavacharana* for 2 days in left forehead and left outer canthus. *Yoga vasthi* was done in which *Dhanwantharam mezhupakam* was used for *Anuvasana* and *Erandamooladi kwatha*, *Rasnadasamoola ghritha* and *Dhanwantharam taialm* is used for *Nirooha*. *Lepana* of *Kachooradi choorna* with *Dhanwantharam thailam* was advised around the eye.

*Lasuna rasayana*<sup>[10]</sup> was planned from the 39<sup>th</sup> day of treatment, before that a *Vicharana snehapana* was given with *Rasnadasamoola ghritham* 15ml, 1 hour after food. During this period *Varanadi ksheera ghritha*, *Prathimarsa nasya* and *ksheeradhooma* were started which continued upto the end of the treatment.

**Diagnosis:** *Vataparyaya*

**Line of Management**

Sl. No	Procedure	Medicine	Dose	Day
1	<i>Deepana</i>	<i>Chiravilwadi kashayam</i> with <i>Vaiswanara choornam</i>	90 ml <i>Kashaya</i> + 5 gm <i>choornam</i>	3 days
2	<i>Acchasnehapana</i>	<i>Gugguluthikthakam ghritham</i>	Starting from 30 ml upto 200 ml	7 days
3	<i>Abhyanga ushmasweda</i> +	<i>Ksheerabala thailam</i> for <i>Abhyanga</i> , <i>Bala jalam</i> for <i>Ushmasweda</i>		2 days
4	<i>Mukhabhyanga ksheeradhooma</i> +	<i>Ksheerabala thailam</i> + <i>Karpasasthyadi thailam</i> for <i>Mukhabhyanga</i> , <i>Bala jala</i> for <i>Nadiswedam</i>		2 days
5	<i>Virechanam</i>	<i>Dasamoola ksheera kashayam</i> + <i>Draksha hima</i> + <i>Gandharva erandam</i> (25 ml + 10 ml + 30 ml)		1 day

By assuming the presence of *Avarana Lasuna rasayana* was started with a dose of 5ml *Lasuna Swarasa* (obtained after soaking *Lasuna* in *Dhanyamla* for a night) along with 15ml *Dhanyamla*. The dose increased by 0.5ml for *Lasuna swarasa* and *Dhanyamla* in a quantity 3 times that of *Lasuna swarasa* daily. It was administered upto 9ml *Lasuna swarasa* with 27ml *Dhanyamla* and the patient was more comfortable than before.

The total treatment period was 48 days and during the follow up period *Manibhadra lehya* with *Avipathi choorna* is advised for 1 week. Thereafter *Prathimarsa nasya* with *Varanadi ksheera ghritham*, *Asanavilwadi keram* for *Shiroabhyanga* and intake of 5gm *Rasayana choorna* (*Amalaki*+ *Gokshura*+ *Guduchi*+ *Aswagandha*) along with 10gm *gugguluthikthakam ghritham* also advised.

### Differential Diagnosis

**1. Anyathovata-** Causes pain in *Manya*, *Akshi* and *Sankha* regions (*Vagbhata*)<sup>[11]</sup>. Pain felt at *Karna*, *Manya*, *Hanu*, *Greeva*, *Netra* and *Bhru* regions (*Susrutha*)<sup>[12]</sup>.

**2. Vataparyaya-** In addition to *Anyathovata*, constricted eyeball is mentioned as a feature<sup>[13]</sup>.

**3. Ananthavata-** *Shiroroga* given by *Acharya Susrutha*. Caused by *Tridoshas*, leading to pain in the regions of *Ghata*, *Akshi*, *Bhru*, *Sankha*, *Kampa* in *Ganda*, *Hanugraham* and *Netra rogas*<sup>[14]</sup>.

All these conditions share symptomatic similarities with trigeminal neuralgia. In *Anyathovata* and *Ananthavata* manifestations mainly include pain in various structures of face. Apart from this *Vataparyaya* encompasses features related to eye along with structural changes. In current case manifestations share nearness to the symptoms of *Vataparyaya*.

6	<i>Nasyam</i>	<i>Varanadi ksheera ghritham</i>	(starting from 0.5ml to 4ml)	7 days
7	<i>Shirodhara</i>	<i>Uthamathailam (3/4)+Karpasasthyadi thailam (1/4)</i>		7 days
8	<i>Jaloukavacharana</i>	Left forehead and left outer canthus		2 days
9	<i>Lepanam</i>	<i>Kachooradi choornam+ Dhanwantharam thailam</i>		10 days
10	<i>Yogavasthi</i>	<i>Niruhavasthi-Erandamooladi Kashaya Vashti Anuvasana Vashti- Dhanwantharam mezhupakam</i>		8 days
11	<i>Vicharana snehapanam</i>	<i>Rasnadasamoola ghritham</i>	15ml, 1 hour after food	10 days
12	<i>Prathimarsa nasyam</i>	<i>Varanadi ksheera ghritham</i>	3 drops	7 days
13	<i>Nadisweda</i>	<i>Balamoola + Erandamoola+ Erandapallava ksheerakashaya</i>		10 days
14	<i>Rasayana</i>	<i>Lasuna rasayanam</i>	Starting from 5ml upto 9ml (0.5ml increase per day)	9 days

## OBSERVATION AND RESULT

During the time of admission patient was taking Trigabantine 300mg once daily and Oxetol 450mg twice daily. As a part of *Snehapana* procedure, patient is advised to reschedule internal medications. By the end of *Snehapana* and *Virechana* marked reduction in the intensity and frequency of pain was noted. Then on expert opinion stopped Trigabantine and dosage of Oxetol reduced to half. Unlike previous incidence, this time patient was comfortable without regular medications (which he was using since 8 years). After the completion of *Nasya* procedure episodes of symptoms were reduced to once in two days with considerable reduction in the strength of pain. On the first day of *Tharpana* pain got aggravated. After stopping *Tharpana* the pain relieved slowly. Taking *Avarana* nature of disease into consideration *Lasuna rasayana* was started. There on attacks of severe pain is not observed till the last day of *Lasuna rasayana*.

## DISCUSSION

In Ayurvedic classics the conditions leading to pain in *Shira*, *Akshi*, *Bhru*, *Manya* are discussed mainly in *Sarvakshi rogas* and *Shiro rogas*. *Vataparyaya* which is one among the *Sarvakshi rogas*, gives rise to pain in and around eyes along with reduced size of the eyeball. *Ananthavata*, *Ardhavabhedaka* mentioned in *Shirorogas* and *Anyatovata*, *Vathika Adhimantham* mentioned in *Sarvakshi rogas* take over the same features. *Vata* is predominant *Dosha* involved in pathogenesis of all these conditions. Even then the typical characteristics of Ophthalmic neuralgia is conceivable with

*Vataparyaya*. As per textual references *Vataparyaya* is a *Vatapradhana tridosha dushti* confined to the *Kaphasthana*. *Rooksha*, *Seeta gunas* of *Vata* accounts for the pain while the *Chala guna* acts in changing the shape of eye in response to the pain.

Following *Deepana*, *Snehapana* is administered with *Gugguluthikthaka ghritha*. It is having *Thiktha rasa* predominance and performs its functions in deeper *Dhathus*, *Guduchi* provides *Rasayana* property also. *Bahyasnigdha sweda* procedure relieves heaviness, rigidity and thus relaxes the specific area. *Vata* regulates sensory and motor functions of nervous system. Through *Abhyanga*, nerve fibers are stimulated which in turn reduces transmission of pain impulses to brain. *Swedana* increases localized blood flow. *Varanadi ksheera ghritha* mentioned in *Vatika shirasoola* for *Nasya karma* helps in alleviating pain and preventing recurrence. *Shirodhara* with the combination of *Uttama taila* and *Karpasasthyadi taila* is *Vatasamana* and *Brimhana* and proved best in neurological ailments related to head. For both acute and chronic disorders *Jaloukavacharana* is beneficial as it dilates the blood vessels to increase blood flow to the site of bite. Management is completed by doing *Yoga vasthi* for *Vata Sodhana* and for preventing recurrence.

## *Lasuna rasayana*

After the completion of all the treatment procedures *Lasuna* administration as *Rasayana* is suggested. *Lasuna rasayana* can be administered in patients having *Avarana* except that caused by pitta and *Raktha* as it has got major role in preventing as

well as treating *Avarana*. In the present case *Tharpana* procedure triggered the pain, indicating *Avarana swabhava* of disease. Stoppage of *Tharpana* gave a significant relief also. Accordingly, *Lasuna rasayana* was advised after thorough examination of his general health.

Administration of *Lasuna rasayana* is contraindicated in *Matsya madya amla vidwisha*, indigestion and acidity. In the course of *Lasuna rasayana* strict *Pathyas* have to be followed. Consumption of fish, excessive talking, travelling, exposure to wind and sunlight, *Ratrijagarana* and *Divaswapna*, are not allowed during this period. Commonly *Ksheera yavagu* is advised in together with the *Rasayana*. This particular administration has got *Soolahara*, *Sothahara* properties. In addition to these its action in the central nervous system is also proved.

### CONCLUSION

Ayurvedic management in Ophthalmic neuralgia has provided a significant result, in reducing the symptoms and preventing complications.

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#### \*Address for correspondence

**Dr. Sreekumar K**

Associate Professor

Department of Shalakyatantra, Govt.

Ayurveda College, Thiruvananthapuram.

Email: [drsreekumarmsayu@yahoo.co.in](mailto:drsreekumarmsayu@yahoo.co.in)

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