A case report of Trigeminal Neuralgia

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Abstract

Trigeminal neuralgia is characterised by unilateral lancinating severe stabbing recurrent episodes of facial pain. It most commonly involves the 2nd and 3rd division of the trigeminal nerve territory. A case report has been presented below showing the usefulness of calcarea carbonium in the treatment of trigeminal neuralgia (TN).

Keywords

Trigeminal neuralgia (TN), Homoeopathy, Calc Carb, barrow neurological institute pain intensity score.

Introduction

Trigeminal neuralgia is a chronic debilitating condition resulting in brief and intense episode of facial pain in the distribution of one or more nerve branches [1]. It is thought to be caused by an irritative lesion involving the trigeminal root zone, in some cases an aberrant loop of artery.

Trigeminal neuralgia associated with multiple sclerosis may result from a plaque of demyelination in the brainstem[2].

The prevalence of TN in the general population is 0.015%. Facial pain has a considerable impact on quality of life. It has been recently shown that TN is the most frequent type of facial pain and that among facial pain syndromes the overall incidence of TN has remained constant ranging from 12.6/100,000/ years to 27/100,000/ years. The right side is very frequently involved[3]

Unfortunately there is no definitive cure for TN at present. Relapse and reoccurrences may occur with significant morbidity; however plethors of medical and surgical treatment options do exist to alleviate the patient's symptoms. [1] In surgery, decompression of vascular loop encroaching on the trigeminal root is set to have 90% success rate. Otherwise, localised injection of alcohol or phenol into peripheral branch of the nerve may be effective.

Review of Literature

Trigeminal neuralgia is a chronic debilitating condition resulting in brief and intense episode of facial pain in the distribution of one or more nerve branches [1]. The trigeminal nerve supplies sensation to the skin of the face and anterior half of the hand. It is the second largest of the cranial nerve [4].

TN is relatively common, with an estimated annual incidence of 4-8 per 100,000 individuals. Middle age and elderly person are affected primarily and 60% of cases occur in women. Remission may be long lasting but in most patients, the disorder ultimately recurs. [4]

Idiopathic TN by definition has no causative lesion whereas symptomatic TN has a cause such as vascular compression of the TN root exit zone [2].

Path physiology: Symptoms result from ectopic generation of action potential in pain sensitive afferent fibers of 5th cranial nerve root just before it enters the lateral surfaces of the pons.[4]

Clinical features: TN is characterised by excruciating paroxysms of pain in the lips, gums, cheek or chin and very rarely in the distribution of the ophthalmic division of the 5th nerve. The pain seldom lasts more than few a seconds or a minute or two but may be so intense that the patient winces. They may occur spontaneously or with movements of affected areas evoked by speaking chewing or smiling. Another characteristic feature is the presence of trigger zone, typically on face lip or tongue that provokes attacks, patients may report that tactile stimuli e.g. washing the face, brushing the teeth, or exposure to a draft of air generate excruciating pain [4].

Differential diagnosis:

Pain from migraine or cluster headache must be ruled out as it is stabbing quality of TN. When TN develops in a young adult or is bilateral multiple sclerosis is the key consideration [4].

The differential diagnosis also include Trigeminal autonomic cephalgia, which has autonomic accompaniments that are not associated with TN[5].

Diagnostic criteria for classical trigeminal neuralgia:[6]

- Paroxysmal attacks of pain lasting from a fraction of a second to two minutes that affect one or more divisions of the trigeminal nerve
- Pain has at least one of the following characteristics
- Intense, sharp, superficial, or stabbing precipitated from trigger areas or by trigger factors
- Attacks are similar in individual patients
- No neurological deficit is clinically evident
- Not attributed to another disorder

Case report:

A female patient of 45 years came with complaints of lightning pain on the right side of the face especially on the cheek since 12 to 14 days. The patient said that, the pain does not last for more than 30-40 seconds and is usually caused on exposure to cold air, cold water and gurgling. The patient was diagnosed to have trigeminal neuralgia. The totality of the symptoms was formed and repertorised. And on the basis of totality, calc carb 200 3 doses 8 hourly was prescribed. According to Barrow Neurological institute pain intensity score (table 1) it was 4th grade pain. The patient started to show improvement from the first follow up and the condition was completely resolved in couple of follow-up.

Past history: No major illness

Family history: Father-NAD

Mother-NAD Brother-NAD

Physical General: Appetite: Good

Desire: Not specific Aversion: Not specific

Perspiration: Scanty Urine: Normal

Stool: Satisfactory once a day

Sleep: Disturbed sleep. Thinking about complaints when awakens from middle of the sleep

Dreams: Of daily routine Thirst: 2-3 lit/day

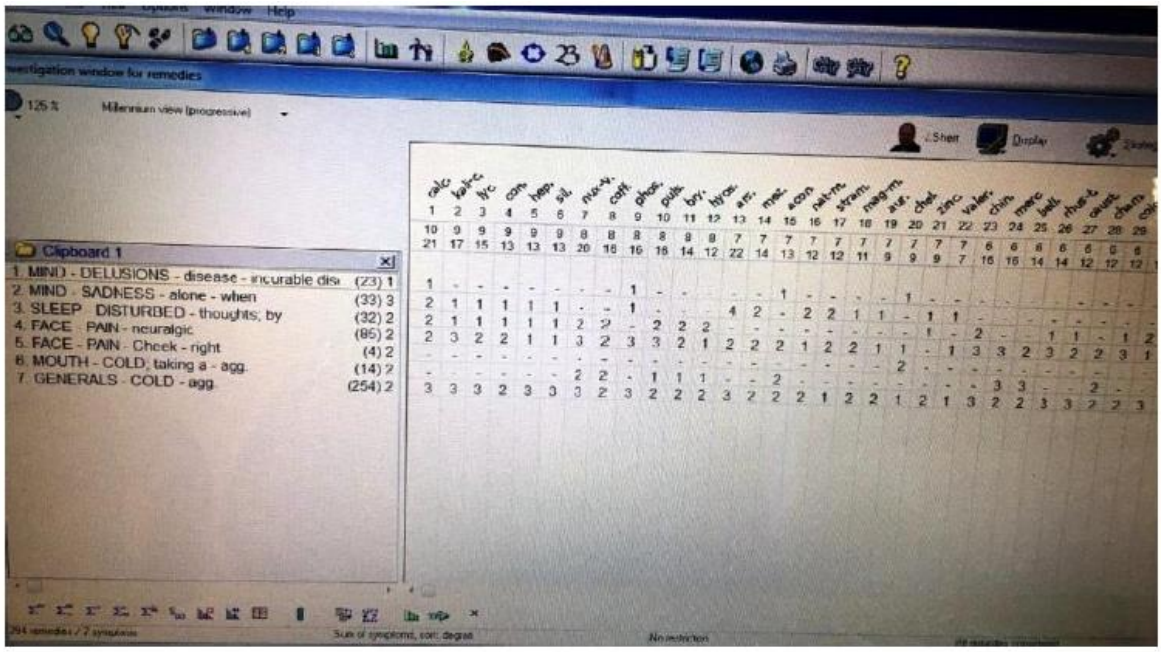
Thermal state: Chilly

Mental Generals:

The patient is worried about the disease. Thinks what if the disease is incurable. The patient is very sad when alone. Constantly thinks about the disease.

Reportorial approach:

MIND-DELUSION-DISEASE-incurable
MIND-SADNESS-alone-when
SLEEP-DISTURBED-thoughts; by
FACE-PAIN-neuralgia
FACE-PAIN-Cheek-right
MOUTH-COLD-taking-agg
GENERALS-COLD-agg



Reportorial image

Reportorial outcome: Calcarea carb 200 3 doses 8 hourly

S.L 4 globules TDS for 7 days

Details of follow up and prescription of medicine are given in table 2

Table 1: Barrow neurological institute pain intensity score[7]

Score	Pain description
I	No pain, No medications
II	Occasional pain, No medication required
III	Some pain, Adequately controlled with medication
IV	Some pain, not adequately controlled with medication
V	Severe pain or no pain relief

	Follow up 1	Follow up 2	Follow up 3	Follow up 4
Pain intensity during the episode of TN	Slightly reduced	3 episode since last week	1 episode since last week	No episode of pain
Gradation of pain	III Grade	IV Grade	II Grade	I Grade
Sadness when alone	Still the same	Still the same	Relief , feels happy	Relief , feels happy
Disturbed sleep	Sound sleep	Sound sleep	Sound sleep	Sound sleep

Discussion and Conclusion:

When medicines don't work surgery is the only left treatment for trigeminal neuralgia. But with homoeopathy, a patient can be treated and the possibility of surgery can be avoided completely. The patient when came, had severe 4th grade pain with sadness when alone and disturbed sleep since the complaint had started. The patient was given calc carb 200 3 dose 8 hourly and saclac TDS for 7 days. On the 1st follow up the pain had been reduced to 3rd grade and sleep was sound. She was prescribed saclac TDS for 7 days. On the 2nd followup for which patient was 2 weeks late complained of 3 episodes of pain in the last week of the 4th grade. The patient was given calc carb 200 3 dose 8 hourly and saclac TDS for 7 days. By the 3rd follow up, pain had been reduced to 2nd grade and the feeling of alone and sadness had also been reduced. By the 4th followup, there was no episode of pain and all the other complaints had regressed. So, it is very clear from the above case that cases of trigeminal neuralgia can be treated and manages successfully with homoeopathic medicines.

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