

Managing Trigeminal Neuralgia with Auriculartherapy and Foot Reflexology

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Introduction

I first became aware of trigeminal neuralgia when I worked as a radiographer in the neurology section of the radiology department at the Royal Melbourne Hospital. The treatment of this most painful condition (the Chinese call it the 'suicide disease') was then, as now, most unpleasant and often meets with limited success.

Imagine that the slightest touch to your face – it could a breeze even – caused you to experience the worst pain you could imagine. Well, that is trigeminal neuralgia, some call it the most excruciating pain known to man.

Over the past two years I have had the opportunity to treat three clients with this condition using auriculartherapy and foot reflexology with astounding results. This encourages me to hope that many more people living with this pain can be given hope that their condition can be managed more successfully without surgery and with less medication.

What is Trigeminal Neuralgia?

It is an extremely painful and debilitating condition characterized by severe 'jolt of lightning' type pain to the parts of the face supplied by the trigeminal nerve. We have two trigeminal nerves, one on each side of the face. Each one has three branches fanning out to supply sensation throughout the face, each branch serving a distinct region ie; mandibular, maxillary and ophthalmic.

Although this disorder is not particularly well known, it is thought to affect more than 1 in 20,000 people in the US. The figures may be much higher, however, as it is often misdiagnosed.

Cause: Loss or damage to the nerve's myelin sheath. The exact reason for this is unknown.

Current theories:

- chronic irritation of the nerve when compressed by a blood vessel just where it exits the brain stem
- multiple sclerosis - 5% of cases are related to MS
- degeneration of the nerve due to aging
- viral infection of the trigeminal ganglion
- nerve damage due to stroke
- brain tumour or cyst
- an aneurysm of a nearby blood vessel
- misaligned vertebrae

Trigeminal neuralgia is not easy to diagnose as it can mimic many other disorders, especially in the early stages. As a result patients can often receive unnecessary treatment such as a root canal therapy and oral surgery.

TN is often falsely diagnosed as:

- Post herpetic (shingles) neuralgia
- Lyme's disease
- Trigeminal neuritis
- Temporal arteritis
- Cluster headaches
- Facial migraine
- Myofascial pain
- Post traumatic neuralgia
- Sinusitis
- TMJ disorder

Typical symptoms that distinguish TN are:

1. Sharp pain attacks that come and go abruptly rather than a constant ache.
2. The pain is confined to the area supplied by the trigeminal nerve ie: lower jaw, upper jaw/cheek, eye/forehead area.
3. Pain is almost always limited to one side of the face and does not cross the midline. The right side is more commonly affected.
4. The pain is provoked by light touch, eating, talking, cleaning teeth or movement of the face.
5. The pain seems to run in cycles and may disappear for some time.
6. It occurs more commonly in females (63%); more common in people over 50.

You might notice:

- sudden face distortion and jerking of the head
- a reluctance to touch the face
- a reluctance to sit in an air conditioned room or go outside on windy days
- a reluctance to go to social events especially those involving talking or eating
- a reluctance to brush teeth, wash face, shave or use cosmetics

Medical Treatment

Because TN is a nerve pain the usual analgesics and even heavy duty narcotics have no effect. It has been discovered that anticonvulsant medication such as Tegretol, Dilantin and Neurontin with the unfortunate side effects of eg: drowsiness, dizziness, tremors, confusion work best and sometimes they are used in combination.

Unfortunately TN can be a progressive disorder and the pain gets worse with time; more and more medication is needed to get relief. Surgery is the next option. Although the initial success rates are high (anywhere between 92 -98%), there is a recurrence rate of 23-45% and there are various complications, minor to severe numbness being the most common.

Complementary Therapies and Trigeminal Neuralgia

Success in managing TN has been reported with:

- Acupuncture
- Chiropractic manipulation of the atlas
- Vitamin B12 supplementation
- Magnet therapy

Auriculartherapy and Reflexology: Three Case Studies

My experience with 3 clients has been most encouraging. In each case medication could be reduced significantly using auriculartherapy as the main treatment form backed up with a relaxing 20-30 minute foot reflexology session.

Auriculartherapy benefits people with TN as it can reduce the facial pain specifically by applying pressure to the ear points relating to the particular area of pain eg: jaw or forehead, as well as to points that relate to the trigeminal nerve. Master points that are helpful for pain relief are also used.

Treatment Protocol:

The following ear points have been reactive in all three cases and have been used in their treatments:

Trigeminal nerve

Brain stem

TMJ

Frontal and occipital head points*

Forehead*

External nose*

Master cerebral

Thalamus

Shen Men

*depending on location of pain in the individual

Stomach meridian points on the face correspond strongly with TN pain trigger points and the stomach point on the ear has been very useful for one client.

Treatment Procedure:

Auriculartherapy -

1. Finger holds to sedate head and neck reflexes and assess their general level of tenderness
2. Each reactive point is then treated for 30 seconds with the acu-stimulator
3. Magnetised pellets are placed on the most reactive points; usually 4-5 per ear
4. A 800 Gauss magnet is placed on the most reactive trigeminal point and I have taught these clients how to place it themselves, moving it from front to back and from ear to ear every few days if needed (eg: if they can't get to a session that week or if they are away on holidays). The auriculartherapy part of the session takes around 30 minutes once the most reactive points for that client have been established.

Foot Reflexology -

The feet are then worked for about 20-30 minutes with the emphasis on relaxation especially around the head and neck area. Experience so far indicates that a significant reduction in pain is

already noticed by the fourth session. In two cases, more pain was noted after the first treatment for a day or two and before returning to former levels.

Conclusion:

Based on this extremely small study group it is difficult to draw definite conclusions, however the results are encouraging. All three clients were able to reduce their medication significantly. The client with Multiple Sclerosis does not take any medication now and rarely has an attack of pain; when she does it is quite minor.

TN symptoms are also triggered by stress, so apart from the pain relief brought about by auriculartherapy, foot reflexology has been a welcome way of promoting relaxation and reducing levels of tension held in the body, especially around the neck and head areas.

References:

Striking Back! The Trigeminal Neuralgia Handbook by George Weigel & Kenneth F Casey
Publ. by the Trigeminal Neuralgia Association, Florida, 2000

Auriculartherapy Manual by Terry Oleson, publ. by Health Care Alternatives, California, 1998