



Successful Management of Trigeminal Neuralgia with Verbascum Thapsus: A Case Report

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ABSTRACT :

Trigeminal neuralgia (TN), also known as tic douloureux, is a chronic pain disorder affecting the trigeminal nerve, which is responsible for facial sensations and motor functions such as biting and chewing. Characterised by sudden, severe, shock-like facial pain, TN is considered one of the most excruciating human conditions. Homoeopathy offers a holistic and individualised approach to managing trigeminal neuralgia by addressing both the intensity of pain and its underlying causes. This article provides an in-depth examination including its types, causes, symptoms, diagnosis, and homoeopathic management.

Introduction :

Trigeminal neuralgia (TN) is a facial pain syndrome characterised by sudden, unilateral, severe, stabbing, lancinating or electric shock-like pain in the sensory distribution of one or more trigeminal nerve branches. The trigeminal nerve is the fifth cranial nerve & the largest of the cranial nerves which has 3 main branches: Ophthalmic (V1), Maxillary (V2) and Mandibular (V3) nerves. TN commonly affects the maxillary or mandibular branches.

Types of Trigeminal Neuralgia :

1. Classical or Typical: severe, sudden stabbing, burning or shock-like, usually unilateral facial pain that lasts for a few seconds to two minutes per episode. These attacks can occur very close together and in stretches that can last up to 2 hours.
2. Atypical or Symptomatic: constant aching, burning, stabbing pain. It is usually less severe than type 1.

Aetiopathogenesis:

The exact cause of trigeminal neuralgia is not entirely understood, but it is believed to involve the demyelination of the trigeminal nerve.

1. Neurovascular Compression of the trigeminal nerve root: by blood vessels or tumors pressing against the nerve can lead to irritation and pain
2. Demyelination: caused by conditions like multiple sclerosis, it can disrupt the normal functioning of the trigeminal nerve.
3. Nerve damage: can happen from trauma or surgery and can result in trigeminal neuralgia.

The exact mechanisms underlying the abnormal firing of the nerve fibers are not fully understood, but it is thought to involve changes in the sensitivity of the nerve or alterations in the protective myelin sheath surrounding the nerve fibers.

Symptoms

TN is characterized by episodes of severe, sudden, shock-like pain on one side of the face, typically affecting areas innervated by the trigeminal nerve's branches:

1. Ophthalmic (V1): Affects the forehead and eye region.
2. Maxillary (V2): Involves the cheek, upper jaw, and upper lip.
3. Mandibular (V3): Impacts the lower jaw and lower lip.

Some common triggers include: Touching the face, chewing, talking, drinking, brushing teeth, smiling, washing the face, and a draft of wind.

Diagnostic Criteria

The diagnosis of TN is primarily based on the patient's medical history and characteristic symptoms. The following criteria are often used to diagnose TN:

1. Severe, recurring facial pain that is sudden and episodic.
2. Pain that is typically unilateral, affecting one side of the face.
3. Pain which is triggered by normal daily activities, such as eating, speaking, or touching the face.
4. Absence of neurological deficits (e.g., weakness, sensory loss) between pain episodes.
5. Exclusion of other potential causes of facial pain through a thorough medical evaluation.

Treatment

Management of TN includes both medical and surgical approaches:

- 1) Medications:
 - Anticonvulsants: Carbamazepine (first-line, ~80% effective), Oxcarbazepine (alternative).
 - Muscle Relaxants: Baclofen, alone or with anticonvulsants.
 - Tricyclic Antidepressants: Amitriptyline for chronic pain.
- 2) Surgical Options:
 - Microvascular Decompression (MVD): Relocates/removes compressing blood vessels (high success, surgical risks).
 - Gamma Knife Radiosurgery: Non-invasive radiation to reduce nerve pain signals.
 - Rhizotomy: Nerve fiber destruction via glycerol injection, balloon compression, etc.

Treatment choice depends on patient health, pain severity, and therapy response.

Chief Complaint :

A 26-year-old female patient came with a complaint of **Pain in the left side of the face** for 15 days.

- Onset: gradual
- Duration: 2-3 hours
- Progress: increasing
- Location: left supra-orbital, cheek & jaw
- Sensation: sore bruised pain ++, intolerable pain ++
- Slight swelling present around the left jaw
- Modalities: < cold water application < evening 5 pm < draft of air < thinking about complaint; > Dolo 650 and pain killer
- Gets mentally irritable during pain, which leads to violent anger- shouts and hits in anger.
- No H/O fall or any injury to face.

Had the same episodes of such intense pain 4 years back. Took allopathic medicine & 4 injections, better

Physical Generals

- Appetite - good, can tolerate hunger
- Desires - spicy, sour
- Aversion - green leafy vegetables
- Food agg/amel - Ns
- Thirst - thirsty, 3L/day, normal tap water, desires cold water
- Stool - satisfactory, once a day
- Urine – Ns
- Perspiration – moderate – all over the body, N.O, N.S
- Sleep – 4 - 5 hours, unrefreshing, feels drowsy throughout the day, sleeps on left side, no habits
- Dreams – Ns
- Thermally HOT patient
- Likes winter
- Swaying – Nausea & Vomiting

Menstrual & Obstetric History

- FMP – 13 years of age
- LMP – 4/11/22
- Cycle – regular, 4-5/28-30 days

- Quantity – moderate
- Red colour, non-offensive & non-staining
- No complaint before, during or after menses
- G2 P1 A1(MTP) L1 – boy – 4 years old – LSCS

Past & Family History

- In October 2022, the patient was hospitalised for 4 days because of dengue.
- Mother – hypertension.
- Father – died in 2002 – committed suicide.

Mental History

- Born & brought up in Ratnagiri.
- Studied till 7th std – not good at it.
- Came to Mumbai at the age of 15 – looking for work & has done household work.
- Anger – when someone doesn’t listen to her, when things don’t go her way, on trifles & on contradiction. Shouts in anger, abuses & hits.
- Desire solitude – likes being alone.
- Wants support – she feels that if she had someone in her life then life wouldn’t have been this way, she would have studied & would be doing some good work.
- Father committed suicide when she was 5 years old.
- Physical abuse – husband beats her in anger, before used to endure it but now has started hitting back.
- O/O – physical restlessness.

Examination

- **General examination**
Temp – afebrile B.P. – 120/90 mmHg Pulse – 67 bpm R.R. – 22/ min
Tongue – white coating on the margins
No pallor, cyanosis, clubbing, lymphadenopathy
- **Systemic examination**
R.S. – AeBe Clear GIT – soft, non-tender
CVS – S1S2 heard CNS – well-oriented & conscious
- **Local examination**
Face - left side - swelling around the jaw, warm to touch

Final Diagnosis

- **Trigeminal Neuralgia**

Totality Of Symptoms

- Violent anger during pain.
- Face – left side – intolerable sore bruised pain
- < cold water application
- < evening 5 pm
- < draft of air

Reportorial Sheet

| Repertorisation | | | | | | | |
|---|-------|-------|--------|-------|--------|-------|-------|
| Remedy Name | Verb | Phos | Chin-s | Mag-c | Rhus-t | Thuj | Guai |
| Totality / Symptoms Covered | 7 / 3 | 6 / 3 | 4 / 2 | 4 / 2 | 4 / 2 | 4 / 2 | 3 / 2 |
| [Kent] [Face]Pain (aching, prosopalgia, etc.):Left: (33) | 3 | 2 | 2 | 2 | | 2 | 2 |
| [Kent] [Face]Pain (aching, prosopalgia, etc.):Evening: (24) | 2 | 2 | 2 | | 1 | 2 | 1 |
| [Kent] [Face]Pain (aching, prosopalgia, etc.):Cold :Application... | | 2 | | 2 | 3 | | |
| [Kent] [Face]Pain (aching, prosopalgia, etc.):Drawing:Draft of... | 2 | | | | | | |

| Repertorisation | | |
|---|-------|-------|
| Remedy Name | Verb | Phos |
| Filters Applied: Sort by Totality (DESC) | | |
| Symptoms: 5 Remedies: 61 | | |
| Totality / Symptoms Covered | 7 / 3 | 6 / 3 |
| [Kent] [Face]Pain (aching,prosopalgia,etc.):Left: (33) | 3 | 2 |
| [Kent] [Face]Pain (aching,prosopalgia,etc.):Evening: (24) | 2 | 2 |
| [Kent] [Face]Pain (aching,prosopalgia,etc.):Cold :Application... | | 2 |
| [Kent] [Face]Pain (aching,prosopalgia,etc.):Drawing:Draft of... | 2 | |
| [Kent] [Mind]Violent, vehement, etc. (see Anger, Rage, Wildness):Pain, from: (3) | | |

About the Remedy :

- Verbascum Thapsus Hahnemanni,
- C.N. – Mullein Oil, Great Mullein.
- an oil prepared from flowers known as mullein oil.
- It has marked action on the nerves, esp. the inferior maxillary branch of the fifth pair of cranial nerves; left side.
- Neuralgia of the inferior branch of the trigeminal nerve.
- Facial Neuralgia affects the zygoma, temporo-maxillary joint & ear, particularly the left side.
- Sensation as if parts were crushed with tongs.
- Pains come in flashes, are excited by the least motion & occur periodically.
- < drafts, <evening <change of temp <talking <pressing teeth together.

Prescription

- Verbascum 30, 4 pills, three times a day for 7 days.

Follow-up

| DATE | SYMPTOMS | REMEDY GIVEN |
|-----------------------|--|--|
| | Patient feels good. Facial pain – left side >> 75% No swelling on left side of face Mental irritability is better Generals – normal No new complaints | Verb 30, 6 pills, two times a day x 7 days |
| After the next 7 days | Left-sided facial pain – 0 – No swelling on the left side of the face mental irritability due to pain is gone Generals – normal No new complaints | SL 30, 6 pills, two times a day x 7 days |

| | | |
|-----------------------|--|--------------------|
| After the next 7 days | The patient feels good overall No episodes of left-sided facial pain No swelling Generals – normal No new complaints | No medicines given |
|-----------------------|--|--------------------|

Conclusion :

Trigeminal neuralgia is a debilitating condition that significantly impacts quality of life. Timely diagnosis and a customised treatment plan are crucial for effective management. Homeopathic treatment for trigeminal neuralgia serves as a viable alternative to conventional painkillers and nerve-blocking medications. By addressing the root cause, homeopathy seeks to provide long-term relief without side effects. Nonetheless, an integrative approach that combines homeopathy with conventional treatments may be necessary in severe cases to achieve optimal results.