Trigeminal Neuralgia can produce some wicked pain shooting through your face. Patients describe it as a lightening bolt, or electrical shock. Since it comes and goes and is so painful, it also tends to produce anxiety in patients. The fear of not knowing if and when the next jolt will hit, definitely creates distress in these patients.

Just to give you some perspective on Trigeminal Neuralgia, in medical history books, it states that patients can actually become suicidal from the combination of pain and anxiety. Most cases of Trigeminal Neuralgia are idiopathic, meaning that the exact cause is unknown. There are a few extremely rare, but serious conditions associated with Trigeminal Neuralgia, including strokes and tumors. But as stated these are rare. We know that in neuralgia, the nerve sends massive discharges of electrical impulses (almost like static electricity), but we really don’t know why. Since we don’t know why these discharges occur, the medical treatment for Trigeminal Neuralgia is (not surprisingly) inadequate.

Various classes of drugs are the first line treatment. Several surgical procedures have been developed for use when drugs fail to control the episodes of pain. One procedure, popularized in my hometown of Pittsburgh, is to pad the root of the nerve and separate it from the surrounding blood vessels. A procedure called neurovascular decompression. See the illustration to the right. The number of Trigeminal patients who actually have nerve compression in this area is unknown. So the utility of this procedure is debatable. A second procedure known as the Gamma Knife, uses radiation focused at the root of the Trigeminal Nerve to try to selectively kill the nerve in the skull Without actually opening the skull as is required for the surgical decompression procedure. I have seen many patients with Trigeminal Neuralgia in my practice. We have had truly remarkable results treating this condition using techniques of stimulation induced analgesia. Turn to page two, I’ll explain.

The three branches of the Trigeminal nerve are distributed to the forehead, known as the ophthalmic or V1 branch, the check, called the maxillary branch or V2 and to the jaw, known as the mandibular branch, V3. (see above)
Stimulation-induced Analgesia

Our Results in treating patients with Trigeminal Neuralgia were presented at Johns Hopkins and will soon be published in a journal indexed in the National Library of Medicine.

Using stimulation to control abnormal nerve activity has been so successful that in June of 2006 I was invited to present a case at a conference at Johns Hopkins in Baltimore. More recently we had a patient suffering from Trigeminal Neuralgia, that had both the neurovascular decompression procedure and GAMMA Knife radiation. This patient received little or no relief from these surgical procedures. Using the theory of stimulation induce analgesia 1 (applying Laser and Ultrasound to the nerves shown on the illustration to the right, he had complete pain relief and is off all medications. We just received notification from the editor of the journal Medical Acupuncture that this case has been accepted for publication. Currently, we are working with a patient who had the GAMMA Knife procedure and had a horrible outcome. His face and tongue are terribly numb. Making it difficult for him to eat or even speak. We remain hopeful that we can provide him with relief.

Health food store remedies: The Amino Acid GABA is a neurotransmitter that may suppress over activity in nerves. Combined with Valerian Root, Passion Flower and Hops you have an alternative to the prescription medications Neurotin and Lyrica. 5,11 Two of the more popular medical treatments for Trigeminal Neuralgia.

The GAMMA Knife, shown in the illustration to the right, uses focused radiation in an attempt to kill the Trigeminal Nerve. In a percentage of the cases treated with the GAMMA Knife, severe numbness results. 8

The superficial nerves of the face (above) are related to classical acupuncture points. A potential alternative to surgery for pain relief.

Goodyear doctor chosen to present case study

A case study by Dr. George W. Kukurin of Goodyear has been selected for inclusion at the June 9 Johns Hopkins Medical School conference on Complementary and Alternative Medicine in Baltimore, Md. Kukurin will present the case study from his office during the poster presentation session of the conference. The paper, titled “Neuroanatomical point selection in acupuncture for drug resistant trigeminal neuralgias,” was selected.

Kukurin Chiropractic ~ Desert Harbor

Dr. George W Kukurin
Board Certified in Neurology
Certified In Acupuncture
Certified in Physiotherapy

13943 N 91st Ave Building A Suite 101
Peoria, Arizona 85381
623.972.8400
www.kcmain.org
gkukurin@yahoo.com

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