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## Trigeminal neuralgia (Tic Douloureux) and its Homoeopathic treatment

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### Abstract

Trigeminal neuralgia is a disorder characterized by pain associated with paroxysm of facial muscles. It is a disorder of 5<sup>th</sup> cranial nerve. Trigeminal neuralgia is triggered by exposure to cold air, some simple activity like eating, drinking, brushing the teeth and mouth washing etc. Some time it is associated with facial trauma or dental procedure; blood vessels pressing against trigeminal nerve is a cause. Here we have also described about differential diagnosis, allopathic and homeopathic treatment. Also presented here with is one case of trigeminal neuralgia which is being treated with homeopathic medicine. The patient is much better in his complaints and is showing good improvement.

**Keywords:** Trigeminal neuralgia, pain, twitching of muscles, homeopathic treatment

### Introduction

It is a disorder characterized by excruciating paroxysms of pains which would be neuralgic in nature. The paroxysmal pains could be in the different regions of the face. Also at times the ophthalmic division of the trigeminal nerve could be affected. This condition although not always, is usually chronic in nature.

Some times its severity could disrupt daily activities. Surgical procedures are at best suppressive and short term relieving and other forms of medications help relieve these short sporadic very painful episodes.

### Aetiology

It is more commonly seen in women than in men. The middle age group of 50 years and above is also more affected. It occurs more frequently on the right side than in left. It's also not hereditary and does not run in families. If we consider 1 lakh cases, about 4.3 new patients could be detected and roughly about 15 lakh patients are diagnosed.

### Trigeminal nerve

It is the 5<sup>th</sup> of the 12 pairs of cranial nerves and is the largest too. It supplies sensation to the skin, the touch and pain sensations from our face and head to the brain. The motor part innervates the muscles involved in chewing as well as the tensor tympani of the middle ear and is exclusively carried in V3. This nerve innervates the face and is known to transmit impulses via its 3 branches all over.

1. **Ophthalmic branch:** The upper part of the face including the forehead.
2. **Maxillary branch:** The middle parts of the face, the cheeks, nostrils and upper lip.
3. **Mandibular branch:** The lower part of the face including lower lip and jaw area.

### What Is Trigeminal Neuralgia?

Commonly speaking, pain which originates or travels through any of the branches of the trigeminal nerve is called trigeminal neuralgia. It starts near the top of the ear and splits into 3. (a) Towards the upper part of the face i.e. the eyes, (b) the middle part of the face i.e. the cheek and (c) the lower part of the face i.e. the jaw. If we consider the symmetry of the human body, there are 2 sides and hence 2 trigeminal nerves for innervating both sides of the face.

However in trigeminal neuralgia the pain is usually unilateral and differs from other types of facial pains. Usually it is lancinating and stabbing in nature. Electric shock like pains which are very severe are also seen.

Sometimes it's so painful that the patient can hardly drink or eat. The duration varies from a

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few seconds to longer and hence is also known by the name TIC DOULOUREUX i.e. painful tic. Depending upon the severity of the pain a patients day to day activities could be affected occasionally even disrupting the daily routine. Sometimes the pain could disrupt our normal, everyday activities like talking, smiling, mastication, brushing the teeth routine shaving etc. they could also act as a trigger bouts of intense sporadic pains

These pains are sporadic in nature and could can return on

and off. They are usually of a short duration. A constant pain that isn't very severe could also be experienced by the patient. If we were to consider the sides of the face, it is usually the R side which is more affected than the left. Sometimes when the pain is on both the sides it is usually not at the same time. The one sided affection is more common. Very rarely a case of bilateral trigeminal neuralgia may also be seen.

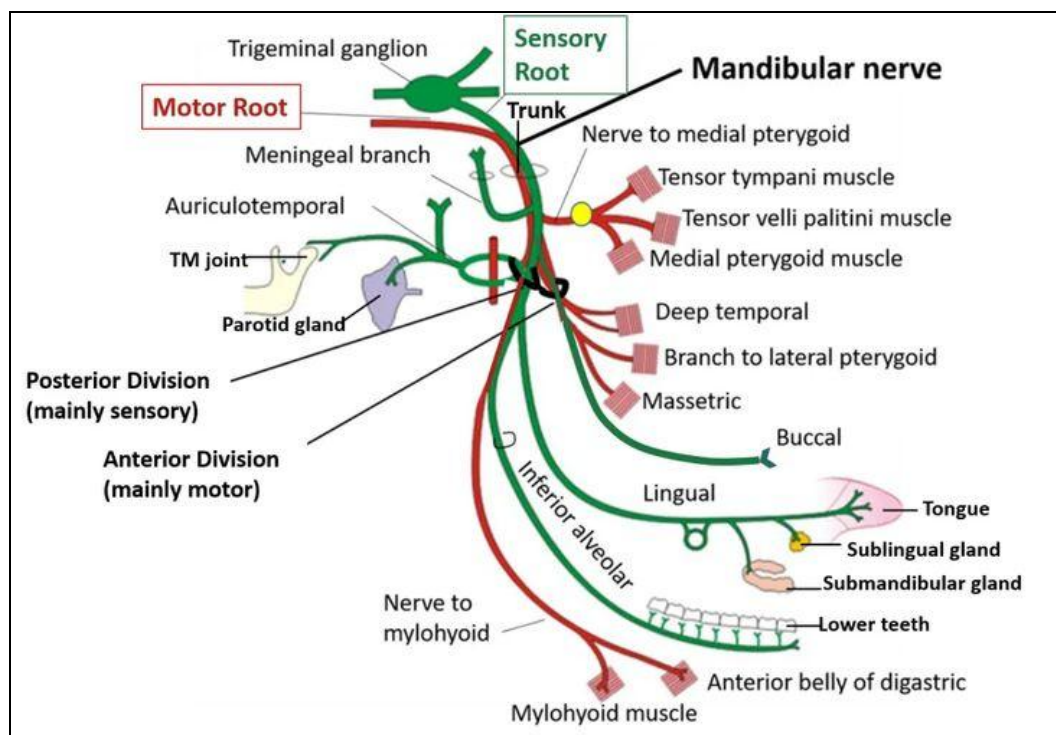


Fig 1: Show Mylohyoid Muscle

**Broadly speaking the two main forms of trigeminal neuralgia seen are as follows:**

- **Typical i.e. (Type 1) trigeminal neuralgia.** The patient usually experiences painful episodes that are sharp, intense and sporadic. The sensation felt could differ from patient to patient and episode to episode. A dull aching pain or a burning sensation all over the face with time span ranging from a few seconds to a couple of minutes is seen. There could be pain-free periods in between the episodes and this feature could continue for up to a couple of hours.
- **Atypical i.e. (Type 2) trigeminal neuralgia.** It is widespread in nature. A relief however that is the intensity of pain is much lesser. Here again different types of pains are seen for e.g. dull aching constant pain, stabbing pain, burning pain, along with aches and pains which are constant in nature may be seen. In the case of atypical trigeminal neuralgia, the patient may have more difficulty controlling the symptoms.

**Causes:** Some cases are idiopathic in nature - meaning no specific cause is identified.

Direct exposure to a strong gust of wind could act as a trigger. Surprisingly, even simple activities like moving or touching the face can trigger painful episodes, including:

- Even a simple touch on the facial parts as in routine activities like washing the face, shaving, putting on a makeup

- Even drinking or eating
- Brushing the teeth, washing the mouth are daily activities and surprisingly even this could affect.
- Talking and smiling.
- Any touch or pressure on the face.
- Facial trauma or dental procedures may at times act as a trigger.
- The condition may be caused by a blood vessel pressing against the trigeminal nerve, also known as vascular compression. The brain stem area is particularly specific and if any pressure or compression happens here. Whenever there is destruction of the myelin sheath as in some conditions like Multiple Sclerosis, a patient could develop Trigeminal neuralgia. Although conditions like Multiple sclerosis or a tumor are very rarely seen they too can also cause trigeminal neuralgia. Research is still on if postherpetic neuralgia can be related to this condition
- Over time, the pulse of an artery rubbing against the nerve can wear away the insulation, which is called myelin, leaving the nerve exposed and highly sensitive.
- Pains of dental origin and pains of trigeminal neuralgia are very confusing in nature not only to the patient but also to the doctor

#### Signs and Symptoms During the attack

1. Pain usually because of the 2<sup>nd</sup> and 3<sup>rd</sup> division, v

- severe in nature i.e. intensity.
2. Its usually sharp and shooting and lasts less than 30 seconds.
  3. Site – Unilateral, more commonly confined to 1 of the 3 divisions of the nerve. Common points of origin are just external to alae nasi, infra orbital foramen or mental foramen. Pain may start locally and spread.
  4. 4. Character of pain – for a homoeopathic physician this is a very important aspect as it is many a times indicative of a remedy. The pains could be of sudden onset like electric shocks, sharp and paroxysmal. Short lightning flashes of pain. Electric like pain. Pain as if pierced by red hot needles. Intermittent Periods of episodes and a asymptomatic phase may be seen. Anxiety from the thought of the pain returning. In some cases, instead of sharp, stabbing pain, trigeminal neuralgia appears as a persisting dull ache. This and other symptom variations are sometimes described as “atypical trigeminal neuralgia.”
  5. Duration – Only a few seconds. Rarely half a minute or longer. A series of sharp stabbing pain may be interrupted by brief intervals. the pain could resolve in a few weeks but recurrence is seen.
  6. Associated symptoms – The face may have tonic spasms on the affected side. There may or may not be flushing of the face. Papillary dilatation or lachrymation may be seen. Salivary secretion or secretion of nasal mucous may be seen at times.

In Homoeopathy since we study the patient as a whole, his total symptomatology and the follow up also, its important to understand that there could be some events in between the symptoms too. So we should keep in mind the trigger zones, intermittent dull continuous pain which could occur, regional tenderness including the skin, a feeling of hypaesthesia, greying of hair, loss of weight and most importantly Individual mental symptoms also.

### Differential Diagnosis

Referred pain as in sinusitis, simple toothache, ENT infections, inflammation of TM joint, painful superior orbital fissure (Tolosa Hunt Syndrome), pain with development of ocular palsies etc.

Atypical facial pain which may be a manifestation of depression and anxiety. At times seen in young or middle aged women. At times in the jaw cheek region.

Pain of vascular origin as seen in migraine, temporal arteritis etc.

Pain of neuralgic origin as seen in different types of neuralgias like glossopharyngeal or post herpetic neuralgia.

Atypical facial pain, clonic facial spasm etc.

### Diagnosis of trigeminal neuralgia

Most often proper symptomatology with full systematic case taking by a good Homoeopathic physician could be enough. However in a few doubtful cases use of MRI i.e. magnetic resonance imaging or a CT SCAN is advised. Such investigations are usually to rule out certain internal critical pathologies like tumors both benign and cancerous, Multiple sclerosis etc. The scan can show the soft tissues and its pressure effects like whether the nerve is being pressed and that in turn is causing pain.

### Management

Allopathic treatment is good however not lasting results are seen. However it is briefly described as under.

Drugs are selected depending upon the case for eg. Analgesics, Phenetoin sodium, Gabapentin, Pregabalin, Carbamazepine.

Tricyclic antidepressants, like Amitriptyline or nortriptyline are the most common medications in this category, and are generally used to treat Type 2 trigeminal neuralgia' symptoms.

Injection of 10 minims of 90% alcohol into affected nerve or the gasserian ganglion. This palliates for a few months.

Radiofrequency thermo coagulation therapy on trigger spot by electrical stimulation of needle into the trigeminal ganglion is also one of the methods.

When indicated, a nerve block is used to block the sensory nerves. The nerve blocks provide a much needed temporary relief. For eg. Injecting a botulinum toxin.

### The procedure of causing highly selective nerve damage is also a type of treatment

The area where the nerve splits into three branches may be destroyed by injecting glycerol into the root of the trigeminal nerve, thereby causing selective nerve damage. Now the body's ability to transmit pain signals to the brain itself is destroyed giving much needed relief thus giving the patient long term relief for a couple of years.

### Surgical Treatment

To conduct a surgery or not is usually not an easy decision as a no of factors have to be weighed. The past history and the medical aspects of it, the patients present medical condition, his health parameters all have to be considered. his physical health, previous surgeries and the surgery related risks and benefits. Additionally, it's important to note that in patients suffering from Type 2 trigeminal neuralgia surgery is a bit more difficult.

### The Percutaneous route is used where the doctor goes through the skin for surgical procedures

#### Balloon compression

This technique is used to compress and damage the fibres of the trigeminal nerve. A catheter with a small balloon is used. Its inserted through a tube and then the balloon is inflated to compress the nerve. This in turn causes damage to damage to the pain-causing fibers.

**Combined electric current and thermal technique:** Here a needle is inserted into the patient's cheek. Now it's essential to obtain the exact location of the fibres of the trigeminal nerve. This is obtained by passing a micro electrical current. This is followed by application of heat and this thermal effect then destroys the nerve fibres thereby giving relief to the patient.

**Microvascular decompression:** This process gives a long term relief to the patient even up to the span of a decade and hence its success value is much greater although it's a bit more invasive in nature.

A highly selective surgery of the trigeminal root is done in severe cases. At times the preganglionic nerve fibres could be resected. Obviously such highly specialised surgical procedures are associated with post-surgical complications and have to be weighed carefully.

Focused and selective radiation at the junction of the

trigeminal nerve root and the brain stem using LINAC or Gamma knife is done

### Alternate therapies

Many alternate forms of treatment are now available globally. In India AYUSH i.e. Ayurveda, Unani, Yoga and naturopathy, Siddha etc are prevalent. Acupressure and Acupuncture, Counselling and Physiotherapy may also be advised to the patient.

However here it's important to note that homoeopathic treatment is much better.

### Attached herewith is a case to prove the efficacy of Homoeopathic medicines

According to the Synthesis Repertory there are 120 numbers of remedies as given under: - Face – Pain – Neuralgic.

According to Kent's repertory there are 60 remedies under the rubric of Face Twitching.

### Homoeopathic medicines for trigeminal neuralgia are as under

1. Sanguinaria Canadensis.
  2. Chamomilla
  3. Spigellia.
  4. Belladonna.
  5. Hecklalava.
  6. Bryonia Alba.
  7. Aconite.
  8. Nux Vomica.
  9. Causticum. Etc.
- **Sanguinaria Canadensis:** Right sided remedy. Neuralgic pain extends from upper jaw in all directions. Hectic flush Fullness and tenderness behind angle of jaws.
  - **Chamomilla:** Facial Neuralgia with numbness, Feeling of One cheek red and hot, second pale and cold. Left sided Neuralgia extending to the head and temples which aggravate on touch. Pains unbearable associated with numbness.
  - **Spigellia:** - Neuralgia of the 5<sup>th</sup> nerve is one of keynote of this medicine. Left Side mostly. Especially suited to anaemic, debilitated, rheumatic & scrofulous subjects. Stabbing like pain. Very sensitive to touch. Parts feel chilly; send shudder through frame. The pain is extending to left eye, left chest & left shoulder. Pain from stooping or moving the head, from noise, during sweat, from cold water & air & after chewing. Prosopalgia, involving eyes, Zygoma, cheek teeth & temples.
  - **Belladonna:** Acts upon whole nervous system. Active congestion. furious excitement, perverted special senses, twitching, convulsions and pain. Right Sided facial neuralgia with very red hot & swollen face. Another important symptom is rush of blood to head. Pains appear & disappear rapidly < drafts and motion especially when chewing.
  - **Heckla Lava:** This is best for facial Neuralgia for decayed teeth and associated with teeth extraction.

- **Bryonia Alba:** Facial nerve pain is stitching, teasing which is <by motion and > by rest. Thirst +++. Patient is unable to drink or eat due to pain and general < by motion.
- **Aconite:** An excellent remedy for facial neuralgia. Neuralgia after or worsen by exposure of cold air. Pains appear Suddenly esp. On Lt. Side. Physical & mental restlessness with fright is the most characteristic keynote of Aconite.
- **Causticum:** Indicated for tearing, drawing pains with progressive loss of muscular Strength which resulted in gradual onset of paralysis. Local paralysis is of vocal cord, muscles of deglutation, of tongue, eyelids, face, flushings, rawness and soreness are characteristic. Paralysis of right side. Opening of mouth very painful due to spasm in jaw.
- **Nux Vomica:** Irritable nervous system, hypersensitiveness and over impressionable Chilly patient. Nux patient is rather thin spare, quick, active, nervous and irritable. Neuralgic pain is mostly result of mental strain, prolonged office work, over study and close application to business with care & anxiety. Pain is very prominent.

### Analysis and evaluation

- 1) Anger – Mental General
- 2) Anxiety – Mental General
- 3) Sleeplessness, Anxiety – Mental general
- 4) Warm, agg. – Physical general
- 5) Perspiration in palms & soles – Physical Particular
- 6) Aversion – sweet – Physical general
- 7) Desire Pungent things – Physical General
- 8) Twitching of muscles of – Physical Particular right side of face
- 9) Ticking noise in ear – Physical particular

### As per Kent's repertory (Low price edition : august 2008)

#### • Rubric (Chapter) (Page No.)

- 1) Anger, Irascibility Violent (Mind) (3)
- 2) Anxiety (Mind) (4)
- 3) Work, complaints from (Mind) (95)
- 4) Warm, agg. in general (generalization) (1412)
- 5) Single parts (perspiration) (13)
- 6) Sleeplessness, anxiety from (sleep) (1253)
- 7) Aversion, sweet (Stomach) (482)
- 8) Desire, pungent things (stomach) (486)
- 9) Twitching, Right. (face) (395)
- 10) Twitching, talking when (face) (395)
- 11) Noises in ticking sound (ear) (302)

### As per synthesis repertory (edition 9.1 - 2016)

#### • Rubric (Chapter) (Page No.)

- 1) Anger – Mind (10)
- 2) Anxiety – Mind (16)
- 3) Motion of facial muscles, Involuntary Twitching (face) (619)
- 4) Right (Face) (642)
- 5) Pain, Neuralgic (Face) (624)
- 6) Sleeplessness, Anxiety from (sleep) (1734)
- 7) Warm, Becoming, Agg (General) (2068)



- 8) Food Sweet, Pungent, desire (General) (1958)
- 9) Food, Pungent, desire (General) (1955)
- 10) Single parts (Perspiration) (1839)
- 11) Noises, ticking (Ear) (517)

### Case

26 years of male patient came with c/o involuntary twitching on right side of face. Pain which <by speaking, stress > by rubbing. His eyes close during twitching. Tick sound in ears when twitching of face.

His present complaints started before 2 years in winter season. He had not taken any medicine for 1 year. After 1 year he then consulted a Neuro physician and started allopathic medicines.

In his P/H he had appendicitis before 5 years & dengue before 6 years.

In his F/H his father has diabetes - M.

### General symptoms

His MRI S/o no any abnormality.

Thermal - He is hot patients with perspiration in palms & soles.

Desire: - for spicy

Appetite - Adequate but irregular in meal time due to work.

Aersion - Sweet

Stool - R

Urine - N

Sleep - Sound with dreams of whatever he thinking about in his mind.

**Mind:** He is working in resort, manager of restaurant there.

Anger +++ - Speak out usually - sometime stress about work - Scolds others.

When extremely angry he hits but then repents & unless he apologizes, he feels guilty.

Desire for company.

Good self-confidence.

His complaints aggravate when more stress of work.

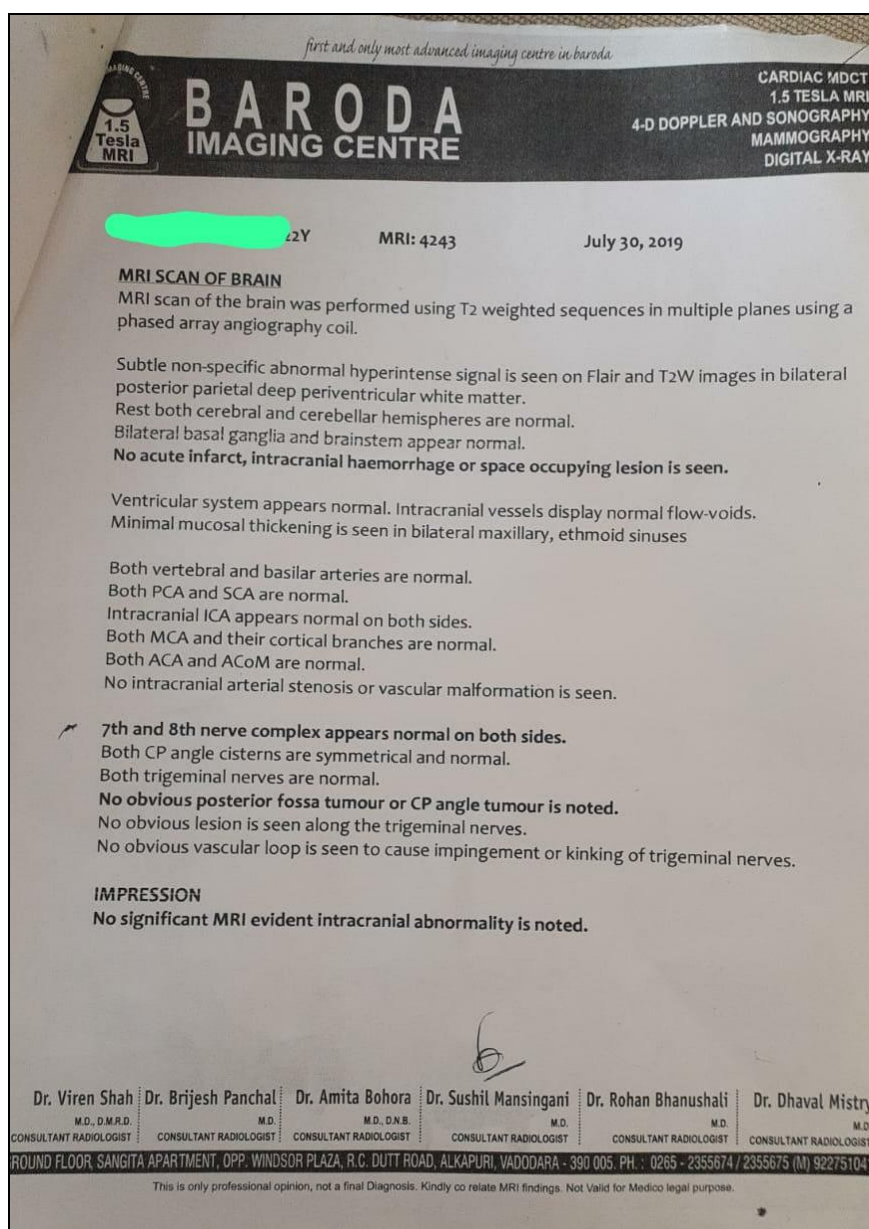


Fig 2: Show the MRI Scan of brain

**Treatment**

Rx - Nux Vomica – 30 / 200 / 1m

1 day, day – 2, day – 3

Sac Lac – 200 BD \* 15 days.

**1<sup>st</sup> Follow Up**

Felt improvement in twitching pain – intensity and frequency, both decreased. Hence decided to pursue homoeopathic treatment now.

Rx - Nux Vomica – 30 / 200 / 1m

1 day, day – 2, day – 3

Ashvagandha Q 15 Trs. In 1 month

**2<sup>nd</sup> Follow Up**

Feeling much better with 25% improvement in twitching & pain. No new c/o after 1 month.

Rx - Nux Vomica – 10M / 1 dose

SL 200 – 10 TDS

Ashvagandha Q 15 drops TDS 15 days

**3<sup>rd</sup> Follow Up**

Frequency of twitching further decreased. Pain also reduced.

Rx – Saclac 1 M (3 dose) od

Ginseng Q 15 drops TDS 15 days

**4<sup>th</sup> Follow Up**

Better by 30 - 40%.

Rx-Causticum 30 1 dose.

Ginseng Q 15 drops TDS / 15 days

**5<sup>th</sup> Follow Up**

50% of complaints have reduced but 50% still there. Quality of sleep improved.

Rx-Causticum 30 / 3doses

Ginseng Q 15 drops TDS / 15 days

**6<sup>th</sup> Follow Up**

SQ of 50% no further improvement

Rx – Merc Sol – 1 M - 1 dose

S L 200 TDS

Ginseng Q 15 drops TDS / 15 days

**7<sup>th</sup> Follow Up**

Twitching some-times only and felt when stress & anger are there.

Rx – Rubrum 200 3 doses

Ginseng Q 15 drops TDS in warm water 15 days

**8<sup>th</sup> Follow Up**

70% relief in twitching. No other complaints.

Rx – Rubrum 200 3 doses

Ginseng Q 15 drops / TDS / 15 days.

**9<sup>th</sup> Follow Up**

Happy as complaints mostly reduced.

Rx – Causticum 200 / 1 dose

Ginseng Q 15 drops / TDS / 7 days.

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