

Clinical Application: Trigeminal Neuralgia

Trigeminal neuralgia is a lancinating pain occurring in the area innervated by the trigeminal nerve that continues for short periods of time and is frequent in the elderly. The pain usually lasts only a few seconds, occurs suddenly and then disappears suddenly. Western medical approaches include pharmacotherapy, surgical treatment and nerve blocks; but neither of these treatment forms is 100% effective. Acupuncture and moxibustion treatment is effective, but the condition still remains intractable. Nevertheless, when various treatments have been tried without providing any relief, it may be possible to induce some relief, or in some cases, even cure the condition. Several treatment forms have been tried.

Bunshi Shirota recommended and performed the following treatment¹⁾.

First, treat the acupoints CV12, BL20, GV12, TE15, LI11, GV34, etc. with acupuncture and moxibustion for the purpose of adjusting the general body condition.

For the treatment of the first branch, the ocular nerve (causing pain of the upper eyelid, forehead up to the vertex; eye socket, eye bulb, tip of the nose, nasal cavity), the acupoints BL2, GB14, TE23, GB3, GB16, BL10, etc. on the affected side are needled, while the point BL2 is also needled on the healthy side.

Moxibustion: GB16, GB5, TE22, GB12, TE17, BL10, Sawada style LI4 and similar points are treated with moxibustion. In case of a neuralgia of the first branch in particular acupuncture and moxibustion treatment of the point BL10 should not be forgotten. This may induce a sudden relief of the pain.

For the treatment of the second branch, the maxillary nerve (pain in the lower eyelid, buccal region, upper lips, nasal wings, anterior portion of the parietal bone, upper row of the teeth. Pain of the palate, nasal cavity etc.) on the affected side GB3, ST7, SI18, ST3, LI20, etc. are needled, TE22, SI19, GB5, TE17, LI10, etc. are treated with moxibustion. Furthermore, if there are any fine visible vessels micropuncturing in the buccal region, it could be beneficial to attempt

letting blood from these vessels by puncturing them with the tip of No. 4-5 needles. This kind of blood letting frequently induces a sudden relief of the pain.

For the treatment of the third branch, the mandibular nerve (pain in the mental region, mandibular region, inferior dental alveoli, external ear, parietal region etc.) ST7, ST6, ST5, ST4, Ikoten, GB2, etc. are needled on the affected side, while moxibustion is applied to GB2, TE17, L97, Sawada style LI4, etc.

For the treatment of the second and third branch, needling of SI18, ST7, ST5, etc. on the healthy side or somewhat strong manipulation on the affected side can provide some relief of the pain.

In Meridian Therapy (channel based treatment) deficiency and repletion of the various channels are adjusted and reactive points treated with acupuncture and moxibustion. Sodo Okabe reported the following. The first branch of the trigeminal nerve is governed by the bladder and stomach channels, the second branch by the stomach, gallbladder and tripple heater channels and the third branch by the large intestine and stomach channels. Reactive points for the first branch include BL2, for the second branch ST1 AND ST2, Shihaku and for the third branch ST5, ST6 AND CV24. Needle retaining is probably most suitable for the treatment of trigeminal neuralgia. From the affected painful regions stiffness and muscle tension spreads over the parietal region, covering neck, shoulder and back. Searching these areas for indurations and tenderness allows to select the treatment points and needles have to be retained here until the pain disappears²⁾.

Okabe determined the basic acupoints required for the treatment of this disease and conducted his treatment following the relevant pattern. He stated the following "Select reactive points from among the basic points including GB14, ST1, BL2, GB3, ST7, LI20, ST6, SI18, CV24, Iko, ST9, LI18, BL10, GB20, GB21, BL12, GV14, BL11, BL43 and LI15 for the treatment."

The relevant patterns can be divided into two types. The first type is the greater hand yin pattern, for which SP4, ST44, LI10, LI11, ST36, LI4, LU7 and

similar points are selected. The second type, the lesser foot yin pattern, for which KI10, KI7 and KI3, etc. are needed. The point LI15 is effective for facial edema and should be treated with a large number of moxa cones.

Okabe also stated the following. "Even for diseases of the upper half of the body the conditions will not improve properly unless the patterns for liver, kidney, lung and spleen deficiency are adequately identified. Local treatment alone certainly does have some effect, but will not lead to a general improvement. Both in cases of trigeminal neuralgia as well as paralysis, the channels on both the affected and healthy side have to be needled in order to adjust them, even if the affected area is limited to one side of the body."³⁾

References

- 1 Shirota B.: Practical Acupuncture and Moxibustion Therapy Based on Case Reports, Vol. 1, p.385-394, Sogensha 1966
- 2 Okabe S.: Channel Therapy with Acupuncture and Moxibustion p.119-121, Sekibundo 1974
- 3 Okabe S.: The Essence of Acupuncture and Moxibustion Therapy, p.90, Sekibundo 1983
- 4 Publication group for an anthology of works in memory of Sodo Okabe: Okabe S.: p.84-89, Tosho Printing Company, Limited 1985

Okabe was invited in February 1973 to the (former) Soviet Union and went to Moskow to treat General Zhukov, who suffered from trigeminal neuralgia. At that time his patient was about 77 years old. The trigeminal neuralgia reportedly affected the entire left side of the face and neck the patient had been in pain for about 5 years. Okabe needed important points for the first, second and third branch of the nerve to a depth of about 2-3 mm while tonifying both kidney and liver channels. He said that in these cases the area from the neck upwards is extremely important and believes, based on personal experience, that needling of the neck can provide considerable relief of the facial pain. Thus, the condition of General Zhukov improved constantly day by day and Okabe returned to Japan three months later. In September he went again to the Soviet Union, spent about 2 weeks there and the treatment resulted in an almost complete recovery⁴⁾. This story was derived from an essay collection written by Okabe himself. It shows, that he apparently diagnosed a foot lesser yin pattern, tonified the correlated liver channel, and needled important points on the face.