



## TRIGEMINAL NEURALGIA ASSOCIATION OF CANADA

Spring 2010 Newsletter



### Support Group



#### Eastern Ontario Support Group

From the 3 people who first met four years ago we have grown to fourteen members strong. We meet bi monthly, usually for lunch, to share and support each other along the TN journey.

If you live in Eastern Ontario, from Kingston to the Quebec border and north to Ottawa, we would love to meet with you. Our next meeting is Saturday May 15th in Ottawa.

For more information and the meeting location please contact Jane at [cmusicstudio@cogeco.ca](mailto:cmusicstudio@cogeco.ca) or by calling 613.936.6977

#### Vancouver and Lower Mainland Support Group Update

Coordinator: Ann Hopkins

Vancouver & Lower Mainland Group

**Next Meeting: Saturday, April 10,**

**Time: 1.00 – 3.30 pm**

**G.F. Strong Rehab Centre.**

Social Sciences Seminar Room  
189, Main Floor,

4255 Laurel St.

(Laurel at W. 26th, one block

east of Oak)

Hello everyone: It's been a long time since our last meeting as we wanted to avoid the Olympics. We have new members and will have our usual "round robin" and social time as well as refreshments. I also have DVDs of the last TNA annual conference in the US and if we have time we can listen to some specialists giving us their insights about TN.

If you're interested there are some good movies of TN surgery on YouTube. Just Google YouTube and Trigeminal Neuralgia Surgery.

**Friends, family members and supporters are very welcome.**

It's a longish walk to the meeting room so if you need a wheelchair give me a call and I'll organize one. **Or if you want to have a chat or have questions please make sure you call or email me.**

Resources:

Trigeminal Neuralgia Association of Canada:  
[www.tnac.org](http://www.tnac.org)

Dr. Christopher Honey,  
Stereotactic and

Functional Neurosurgery at  
the University of BC:

[www.interchg/ubc/ca/cho](http://www.interchg/ubc/ca/cho)

ney

Dr. Anthony Kaufmann &  
the Centre For Cranial  
Nerve Disorders:  
[www.umanitoba.ca/cranialnerves](http://www.umanitoba.ca/cranialnerves)

**To get in touch: contact Ann Hopkins, email: [annhopkins@dccnet.com](mailto:annhopkins@dccnet.com), phone: 1 604 741 0662 4945 Laurel Ave, Sechelt, BC VON 3A2**

#### Lethbridge Support Group Coordinator Marion Guzik

Lethbridge Support Group - Coordinator Marion Guzik The Lethbridge Support Group meets every second Saturday of the month at 2:00 p.m., in Rm A, Lethbridge Senior Centre, 500 11th Street, S., Lethbridge, AB. Our next scheduled meeting is April 10<sup>th</sup> 2010.



#### Ask Dr. Kaufmann

Dr. Kaufmann is the medical advisor of TNAC. If you have questions about TN and/or TN interventions send them to "Ask Dr. Kaufmann" This edition we did have 2 questions however they arrived just before the newsletter 'went to print' and Dr. Kaufmann was not available to respond so look for this section in our next newsletter!

Newsletter deadlines are:

May 30<sup>th</sup>

August 30<sup>th</sup>

Nov. 30<sup>th</sup>

Feb. 28<sup>th</sup>

Thank you for submitting your questions! Please send questions to: [president@tnac.org](mailto:president@tnac.org) or 613.936.6977



## Help For Trigeminal Neuralgia

### Eliminating Severe Facial Pain With Complementary Medicine

Apr 20, 2007 Kimberly

#### Burnham

<http://neurologicalillness.suite101.com>

Excruciatingly painful, sometimes called tic douloureux, trigeminal neuralgia can cause electric shock-like pain in the face, jaw and neck. Chewing, talking, swallowing, even a breeze blowing gently on the face can cause immense pain to people with irritation of the Trigeminal Nerve. It is the fifth and largest of the cranial nerves which come from the brainstem in the back of the head and carry pain and sensory information from the head and face and cause the muscles of the face and neck to function.

The trigeminal nerve is often responsible for those "ice cream headaches" or the head and face pain that come when eating ice cream or gulping down a cold drink. In that case, typically, the pain goes away as soon as the circulation returns to the nerve

across the top of the mouth.

### An Integrative Approach

Often a combination of approaches works best.

Traditional medical treatment includes: pharmaceuticals, analgesics [pain medications], and surgery. Because it is difficult to control the pain with just one kind of treatment, many people are looking at low-powered lasers, acupuncture, biofeedback, manual therapy and manipulative approaches to decrease pain and improve function in nerves that are irritated by compression, entrapment and a lack of nutrients, inflammation or a decrease in the drainage from the tissues.

Myofascial release, a gentle pain-free hands-on form of Integrative Manual Therapy, can release the tension and compression on a nerve caught in the connective tissue due to an injury or inflammation. Myofascial release often decreases the pain in cases of trigeminal neuralgia, phantom limb pain and tendinitis.

Sometimes the pain of trigeminal neuralgia is due to a lack of proper blood flow to face. This prevents healing and good conductivity. Advanced Strain and Counterstrain is a hands-

on positional technique where the client is put in a specific position. It is thought to work by decreasing tension on the blood vessel walls, thereby improving blood flow. This often helps decrease pain in areas that are cold to the touch, indicating a lack of blood flow

The pain caused by hot inflamed tissue and irritation of the nerve can be decreased with ice or a cold application as well as supplements that support the liver and other anti-inflammatory processes in the body.

Neurofascial Process, a self-care program where the person put one hand on one area and connects it with the other hand to another area, can help decrease inflammation. With trigeminal neuralgia the best hand placements are usually one hand on the face over the area that is painful and the other hand on the low back area. One hand on the painful area and the other hand on the heart for 20 consecutive minutes can also decrease the pain.

### Nutritional Approaches

Essential fatty acids often help in nerve conduction problem, including multiple sclerosis, chronic pain and neuralgias. Processed sugar can increase

nerve irritation, while green tea can increase availability of antioxidants and decrease inflammation. There is even some evidence that green tea as a mouth wash can decrease cavities (National Institute of Health, 2007).

Viral infections and toxicity issues also contribute to trigeminal neuralgia. Treatment which support the immune system are great, as there is no vaccine for trigeminal neuralgia.

Recent studies have confirmed the effectiveness of acupuncture in various pain syndromes (tension headache, migraine, trigeminal neuralgia, posttraumatic pain, lumbar syndrome) and suggest favorable effects in the rehabilitation of peripheral facial nerve palsy and after stroke. There is sufficient evidence of acupuncture to expand its use into conventional medicine and to encourage further studies of its pathophysiology and clinical value, according to Jellinger, K. A. (2000) in Principles and application of acupuncture in neurology.

### **The Face Gluten-Free, Pain-Free**

Gluten elimination has also been linked to decrease facial pain

and an over all decrease the body's inflammatory response. Neurologic complications are now commonly associated with gluten sensitivity.

A number of cases are mentioned in the medical literature of people with celiac disease [severe gluten sensitivity] and trigeminal neuralgia, who had decreased facial pain when they stopped eating gluten, the protein found in many grains, including wheat, barley and rye.



### **Nutritional and Herbal Therapy for Trigeminal Neuralgia**

The nutritional therapy for trigeminal neuralgia aims at nutrients that soothe and strengthen the nervous system and avoid foods and drinks that irritate it.

**Vitamin B Complex** (50 mg three times a day) Very important to ensure the proper functioning of the nervous system.

**Magnesium** (250-500 mg once a day) Essential for proper nerve functioning. It also relaxes the nerves.

The following are very helpful herbal restoratives:

**Scullcap** (*Scutellaria lateriflora*), **Damiana** (*Turnera diffusa*) and **Oats** (*Avena sativa*).

Avoid foods high in sugar, salt, trans-fatty acids,

saturated fats and caffeine.

Do not smoke

**Corydalis Relieve Pain Pills** is a Chinese herbal formula that can be helpful for trigeminal neuralgia pain. For added benefit, combine with the formula, **Xue Fu Zhu Yu Wan**.

**Cayenne fruit/pepper** (*Capsicum annum*) is helpful for pain relief.

**Evening Primrose oil** (1,000 mg twice a day) is an excellent source of essential fatty acids. It acts as an anti-inflammatory.

Massage the area lightly with **apple cider vinegar**.

source [www.acupuncture.com](http://www.acupuncture.com)



### **Relieve Trigeminal Neuralgia with Acupuncture**

Acupuncture is a traditional Chinese medical technique that involves the insertion of extremely fine needles on carefully chosen points throughout the body for therapeutic benefit. A recent study in the journal *Medical Acupuncture* demonstrated a significant beneficial effect when acupuncture treatments were administered to patients who were suffering from Trigeminal Neuralgia (TN).

Trigeminal Neuralgia (TN) manifests as a severe stabbing or electric shock-like pain along the path of the trigeminal nerve. The discomfort is usually felt on only one side of the face, generally in the area of the

cheek, eye, and lower portion of the face. The mechanism of pain production is not fully understood, but studies suggest that TN is often associated with demyelination of trigeminal sensory fibers.

While some patients respond to moderate doses of single-drug therapy and microvascular decompressions (MVD's), many others suffer through prolonged unsuccessful treatment approaches. This includes large doses of medications with adverse effects, complications related to surgery, and postoperative relapse of symptoms. The side effects of the various antiepileptic medications often prescribed for TN patients include dizziness, ataxia, nausea, vomiting, hematological abnormalities, and cardiac arrhythmia. In addition, a high proportion of TN patients take pain medications including narcotics.

All 7 female participants and 4 of the 5 men in the study responded favorably to acupuncture. Five of the patients were even able to discontinue their medications following complete remission of the TN. One of these 5 participants required only 2 acupuncture treatments to reach complete remission, while the others required from 3 to 9 treatments to get this result.

Acupuncture has been recognized by the National Institutes of Health as a scientific therapeutic modality with an effective pain-relieving ability. The beauty of acupuncture treatments is that they are virtually devoid of side effects, non-invasive and extremely safe.

It is postulated that the insertion of acupuncture needles causes enhanced blood flow to the affected area. With multiple acupuncture treatments, the cumulative effect may actually lead to nerve repair in the case of the demyelinated trigeminal sensory fibers mentioned in the first paragraph.

Herbal medicine can also be used together with the above acupuncture protocol to enhance the effect. An often used Chinese Herbal Formula for TN patients is known as xue fu zhu yu tang. This combination of 11 Chinese herbs includes peach kernel (*Persicae Semen*), safflower petals (*Carthami Flos*), Szechuan lovage root (*Chuanxiong Rhizoma*), and Chinese angelica root (*Angelicae sinensis Radix*) as the first 4 herbs. These herbs are considered in the Traditional Chinese Medicine theory to have a strong invigorating or circulating quality, and serve the role of alleviating pain by eliminating blockages or stagnations in the body.

The TN study mentioned above concludes that acupuncture treatment should be considered before more invasive intervention is attempted. This agrees with clinical results that many acupuncture clinics have been reporting. However, it should be noted that this particular study had a relatively small group of participants, and did not employ a randomized, double-blind format. It will be useful to seek further scientific validation of the effect of acupuncture in TN treatment.

[www.naturalnews.com](http://www.naturalnews.com)



## **How IUCCA Upper Cervical Care Relates to Trigeminal Neuralgia**

All of the research, publications, patient case studies, and results detailed below regarding chiropractic care have been produced by Dr. Elster utilizing a specific technique - Upper Cervical Chiropractic care, as performed in accordance with the guidelines of the International Upper Cervical Chiropractic Association (IUCCA). The IUCCA is a small, post-graduate institute located in California. Currently, very few IUCCA-trained upper cervical specialists exist in the USA or worldwide. For additional information on the IUCCA, for a list of IUCCA-trained practitioners, or to become trained as an IUCCA Upper Cervical Specialist, please contact the IUCCA at (650) 361-8908 or [www.pacificchiro.com](http://www.pacificchiro.com).

To understand how IUCCA upper cervical care works, one must understand how the nervous system (brain and spinal cord) functions. Please [click here](#) to learn about IUCCA upper cervical care and nervous system function.

The IUCCA upper cervical specialty incorporates two state-of-the-art diagnostic tests - Paraspinal Digital Infrared Imaging and Laser-aligned Radiography - to analyze and correct misalignments of the upper cervical spine in order to stimulate healing of a wide variety of health problems. The use of this innovative technology has increased the predictability of results as well as the number of health problems that respond to this specific form of upper cervical care.

Researchers have determined that TN pain originates from damage not only to the Trigeminal nerve in the face but also from damage to the central Trigeminal system in the upper spinal cord and the ponto-medullary levels in the brainstem. Therefore, trauma to the head and neck (concussive trauma to the head, neck, or upper back) that results in injury to nerve pathways in the spinal cord and brain stem has been shown in medical literature to be a possible cause of TN.<sup>5-15</sup> Following the trauma, facial pain can be triggered immediately or can take months or years to develop.

The purpose of IUCCA upper cervical chiropractic care is to reverse the trauma-induced upper neck injury; thereby

reducing irritation to the nerves in the brain stem and spinal cord that can trigger TN. While many TN sufferers recall specific traumas such as head injuries, auto accidents or falls, some do not. An upper cervical examination utilizing Laser-aligned Radiography and Digital Infrared Imaging is necessary in each individual's case to assess whether an upper cervical injury is present and whether benefit from IUCCA upper cervical care can be achieved.

Female, Age 38 years,  
Trigeminal Neuralgia (TN),  
Dizziness – IUCCA case study

This 38-year-old female started experienced TN pain for 3 years. It began with a "shock" sensation above her lip and eventually moved throughout the right side of her face and forehead. She was initially prescribed 200mg of Neurontin (nerve pain medication) and eventually increased up to 1800mg per day to try to reduce the pain. Even while taking 1800mg of Neurontin per day, she experienced excruciating pain on the right side of her face and forehead. She also experienced dizzy spells, ear ringing, and hearing loss on the right. Medical doctors had no answers other than to suggest surgery to possibly impact the

involved nerves and blood vessels.

During this patient's upper cervical exam, a neck injury was found. When questioned as to possible traumatic causes of the injury from her medical history, she recalled experiencing a blow to her head shortly before the onset of the TN pain and her other symptoms. This blow to her head most likely caused the upper cervical injury. After several months of upper cervical care to correct the upper neck injury, she was pain-free, and gradually reduced her pain medication. The dizziness, ear ringing, and hearing loss were also absent after upper cervical care.

<http://www.erinelster.com>



### **Music as a Pain Control**

Although music therapy has been in existence for many years, it is only now after a large number of people have admitted to have seen their near and dear ones getting benefited from this form of therapy that people are getting to know about it and accepting it more readily than ever before. This therapy is known to improve the cognitive abilities of a person, communication skills, ability to socialize, and even improve motor skills and emotional development. It also aids in boosting self-confidence,

increasing attention span, improving self-esteem, enhancing listening skills, and most importantly, it aids in developing non-verbal communication and self expression. Apart from all these benefits, this therapy has another very important benefit -- it aids in pain management. Current research demonstrates and supports the effectiveness of music therapy as an innovative noninvasive therapy for healing procedural, acute and chronic pain. The positive effects of this therapy range from sense of immense relaxation to a sense of intense joy, a feeling of absolute peace and comfort, and an overall sense of well-being. As evidences of its authenticity and effectiveness are growing, more and more hospitals across the globe are considering including music therapy as an additional postoperative therapeutic measure.

Pharmacologic interventions are accompanied by multiple side effects that slow down the process of recovery. However, non-pharmacologic non-invasive interventions such as music therapy and other forms of relaxation techniques are immensely helpful and effective in hastening the process of recuperation. Providing music therapy to clients is a very good option because everyone enjoys some or the other form of music. Therefore, this therapy provides a cure along with fun and aids in complete relaxation, the key to early recovery. Music is soothing to the ears and provides comfort, as well as the much required distraction from the sensation of pain apart from regulating the blood pressure and respiratory rates.

Apart from reducing the perceived intensity of pain, music also reduced the sense of loneliness that chronic pain, isolation, and/or a hospital environment can create in the client's mind. Soothing music can ease out the feelings of fear, apprehension, anxiety and stress. As a result, the client requires less dosage of pain killers and even the recovery is quicker. Fast cheerful music on the other hand serves to induce responses like tapping of feet and fingers, or humming, which can be physically and psychologically encouraging. Whichever kind of music is employed to elicit the desired effect, the beneficial impacts serve to hasten the healing process.

For more information on music therapy, or to find a music therapist near you please consult the Canadian Association of Music Therapy at [www.musictherapy.ca](http://www.musictherapy.ca) or 1800 996 2268



### **Puppy Love ... It's Better Then you Think**

[www.msnbc.com](http://www.msnbc.com)  
By Jane Weaver

Those big brown eyes gazing at you with complete adoration. The cool, wet nose nudging bare feet in the early morning. That tireless wagging tail that symbolizes pure joy in your presence.

We know that dogs are dedicated companions that offer

unquestioning attachment and acceptance. In the past several years, mounting scientific evidence suggests that they benefit us even beyond eager devotion. Numerous studies have shown that dogs -- one of the earliest domesticated animals -- can help lower blood pressure, ease the loneliness of the elderly in nursing homes, and help children overcome allergies.

Now there's new research from the University of Missouri-Columbia suggesting the hormonal changes that occur when humans and dogs interact could help people cope with depression and certain stress-related disorders. Preliminary results from a study show that a few minutes of stroking our pet dog prompts a release of a number of "feel good" hormones in humans, including serotonin, prolactin and oxytocin.

In addition, petting our pooches results in decreased levels of the primary stress hormone cortisol, the adrenal chemical responsible for regulating appetite and cravings for carbohydrates. "The notion that serotonin increased with their own dog is a very powerful thing. Could a dog help mediate serotonin levels in order to help depressed patients?" asks Dr. Rebecca Johnson, a nursing professor and associate director at the Center for Animal Wellness, Missouri University College of Veterinary Medicine, who is heading the study with collaborator Richard Meadows.

**Why does Spot make us feel better?** Dog owners may not be surprised to hear about the emotional benefits of stroking a

beloved pet, but for researchers like Johnson, it's important to understand why Spot makes us feel better.

Therapy dogs have been used to visit nursing homes, calm traumatized children and help ease pain in people undergoing physical rehabilitation, but the field of animal-assisted therapy is still in its infancy, Johnson says. Researchers are trying to determine which types of people would best benefit from being with pet animals and how often they need to interact with them to get results.

"By showing how interacting with pets actually works in the body to help people, we can help animal-assisted therapy become a mainstream medically-accepted intervention that would be prescribed to patients and, in the long run, be reimbursed by insurance companies," says Johnson. The University of Missouri-Columbia study was funded by The Skeeter Foundation, a group headed by Dr. Jack Stephens, founder of Veterinary Pet Insurance, a nationwide insurer of pet medical coverage.

Johnson's study expanded on research conducted in 1999 by South African scientists who found that 15 minutes of quietly stroking a dog caused hormonal changes that were beneficial to both the dog and the human. But the South African study was small, involving only 18 people and a few friendly dogs, and didn't test for serotonin, the brain chemical strongly linked with depression. Increased levels of the neurotransmitter serotonin make us more mentally alert, improve sleep and can make us

less sensitive to pain.

**Comparable to eating chocolate** In the larger Missouri study, 50 dog owners and 50 non-dog owners over the age of 18 sat in a quiet room for 15 to 39 minutes with their own dog, a friendly but strange dog, and a robotic dog. The robotic dog was included because electronic pooches, such as Sony's AIBO, are being studied as a possible resource for the elderly who can't look after a live animal. Each session involved calm stroking or petting. Researchers checked blood samples of both the humans and dogs at the beginning of each session and monitored their blood pressure every five minutes. The dogs' blood pressure dropped as soon as they were petted. The humans' blood pressure dropped by approximately 10 percent about 15 to 30 minutes after they began petting the animal, at which point blood was again drawn.

Johnson's study found that serotonin levels increased when interacting with the human's own dog, but not with the unfamiliar animal. And serotonin actually decreased when interacting with the robotic dog.

Dr. Alan Beck, director of the Center for the Human-Animal Bond at Purdue University, says the serotonin changes reveal the "mechanism" of how pets influence our health.

"It shows that there is a physiological mechanism [to relaxing with a pet], that it really is comparable to other things we know cause relaxation, like eating chocolate," says Beck.

**Not just learned behavior** In other words, the warm feeling

we get from our dogs and other pets isn't just a learned behavior, Beck says, but something that's hard-wired into humans so that the presence of animals can help us stay well and even recover from illnesses.

It's a theory that's been gaining notable scientific support for some time:

In 1995, Erika Friedman at the University of Maryland Hospital conducted a study involving 392 people, which found that heart attack patients with dogs were eight times more likely to be alive a year later than people without dogs.

In 1999, the State University of New York at Buffalo conducted a study involving 24 stock brokers taking medication for high blood pressure. The researchers found that adding a dog or cat to the stock brokers' lives helped stabilize and reduce their stress levels.

In 1999, Swedish researchers reported that children exposed to pets during the first year of life had fewer allergies and less asthma.

Recently, separate studies reported that walking a dog contributed to a person's weight loss and that dog walking can be a catalyst for social interaction with other people, a benefit that can help improve our sense of well-being -- or even help us meet a future spouse.

**Studies involving other pets** While Johnson doesn't advise patients to throw away their antidepressants and instead get a dog, she says animal therapy could be used as an adjunct to depression

treatment.

"It gives us answers about who would be the most likely to benefit from owning a dog or how often someone would need to visit with a dog to get the beneficial effect," she says. And it's not just dogs that are being studied for their therapeutic power. Currently Beck and other researchers at the Center for the Human-Animal Bond, in conjunction with the National Science Foundation and the University of Washington, are exploring how the "inborn attraction to nature" can help patients with dementia. For instance, people with Alzheimer's disease often suffer from weight-loss problems because they're unable to focus long enough to eat. But when they sit in front of aquariums with brightly colored fish, the elderly patients are able to pay attention long enough to get their meals down.

As scientific research continues to validate the importance of animals to human health, Beck expects to see more community funding for public dog runs, for example, as well as more widespread acceptance of animal care as a legitimate healthcare expense. He also hopes more insurance policies will begin offering coverage for services such as veterinary care for pets of the elderly, and that eventually pet owners will receive insurance discounts similar to the deals given to non-smokers.

Just as we recognize that exercise is important to our health, it's becoming clearer that animals can also improve the quality of our lives, Beck says. "We still haven't realized that

[owning a pet] isn't just some kind of hobby."

Note: Current research is also showing that pets decrease pain levels and increase healing ... so I wonder if anyone has ever studied the benefits of service

dogs for individuals coping with TN?



### Contacting TNAC

Want to know how to reach us? We can be reached by using the following email addresses:

For information on membership or general information:  
[president@tnac.org](mailto:president@tnac.org)  
613.936.6977  
TNAC, 1602 Walton Street  
Cornwall, ON, K6H 1W2

For information on support groups:  
[support@tnac.org](mailto:support@tnac.org)

For information on advocacy:  
[advocacy@tnac.org](mailto:advocacy@tnac.org)



Do you have an article for the newsletter? Do you have a topic you'd like covered? Do you have a question for Dr. Kaufmann? Do you have a drug you'd like profiled (and we have a volunteer who does this for our newsletter according to your requests!)? Please let us know.

Deadlines for newsletter submissions are:

May 30<sup>th</sup>  
August 30<sup>th</sup>  
Nov. 30<sup>th</sup>  
Feb. 28<sup>th</sup>  
Would you like to help out with TNAC?

We will be looking for new board members as of July 2010. Commitment includes meetings by teleconference (toll free), correspondence by email, and other duties according to your interest. For instance, would you like to help out by doing a column for the newsletter, or by helping to maintain the website, or by helping us develop support groups or support for those groups. Or maybe you have fund raising ideas or educational ideas.

If you would be interested in helping out on the board, or if you have something for a future newsletter, please contact:

Jane (president)  
613.936.6977  
[cmusicstudio@cogeco.ca](mailto:cmusicstudio@cogeco.ca)