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Orofacial Neuralgia-Clinical cases -homeopathy treatment - local immunity stimulation

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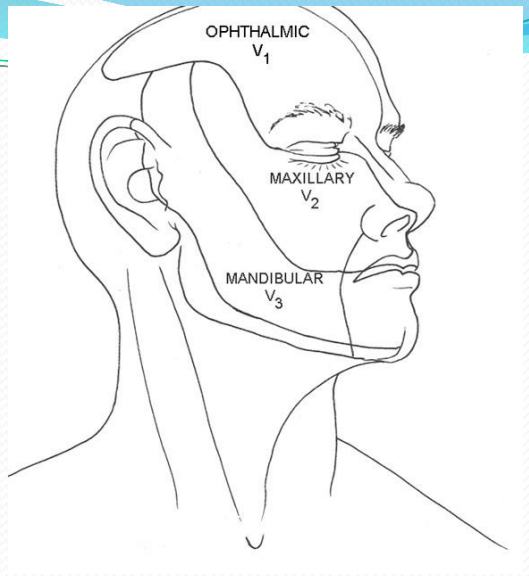
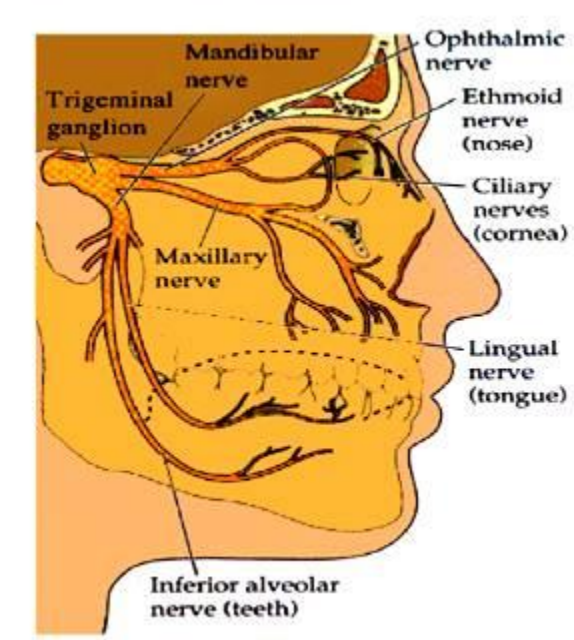
Many acute, chronic, and recurrent painful maladies manifest in the orofacial region.

- 22% of the U.S. population have orofacial pain incidence on more than 1 occasion in a 6-month period.[1]
- However, the **etiology of pain for countless patients who have chronic orofacial pain disorders is unknown**.
- Although pain involving the teeth and the periodontium is the most common presenting concern in **dental practice**, other **nonodontogenic** causes of orofacial pain must be considered in the differential diagnostic process.
- Treatment Dilemmas are not rare for both physician and the practicing dentist since
- Trigeminal neuralgia mimicks odontogenic pain.[2,3]

- TN – douloureux
- Pain distribution is unilateral.
- Typically radiating along maxillary (V_2),mandibular (V_1) branche
- Rarely both L &R sides r affected
- FQ International 155cases/million
- 2:3 ratio male/female
- Observed >5th decade
  - DD: multiple sclerosis, TMJ syndrome, post-herpetic neuralgia, Atypical facial pain, glossopharyngeal neuralgia, aneurysms, tumors, Compression of trigeminal roots, chronic meningeal inflammation, **Dental problems..**
- Signs of **neurologic abnormality** exclude the idiopathic diagnosis.
- Mechanism of pain production remains controversial.





1st case ♀ 80 years old H:1,67, W: 72 kg Proceded with chronic complain of facial pain left (Aphrodite chatzimanuil)

- Diagnosed wiyh TN at 1997 NHS Greece, on medication since (Tegretol/200mg 1x3/day and then 3x3 for 6months)
- **Medical anamnesis:** 2 birth deliveries.
- **1979** Removal of phalopian tube due to inflammation
- **knee arthritis followed Knee surgery 2002.**
- **trigeminal pain began at 1997. as mild irritation that were intensified in time. Edentulous**
- **8/2007 when she seeks homeopathy.**
- **Patient description: Like a penetration of needle that electric current was going through**
- **Couldn't eat or speak. (Agrev.)**
- Intensity was greater in the morning, ameliorated when chewing hard (4). Sleeps on L side
- desires order and quiet (3), Mild personality, withstands pain, patient and consistent personality
- Desires to be in open space (amel) (2)
- Sensitive to wind currents (Agr).
- Des: pasta (3) sweet (2)
- Avers: Veggies (3)
- Anxious about kids
- Uncomforted in narrow places- clystofobia

Initially took constitutionally remedy Magnesia Phosp.
follow up ameliorated other pathology

- **08/2007: prescribed with Magn. Phosporica 1Mx10 days. Pain ameliorated gradually to complete within a period of a month.**
- **02/2009: recurrence of pain with less intensity, time duration & intervals. prescribed with Magn.Phosporica 1M x4days.**
- **1/2011 no complaint reported, knee irritations ameliorated as well.**

Nonodontogenic toothache-Neuralgia

- The key symptoms of nonodontogenic toothache are as follows:[4]

  spontaneous multiple toothaches;

  inadequate local dental cause for the pain;

  stimulating, burning, nonpulsatile toothaches;

  constant, unremitting, nonvariable toothaches;

  persistent, recurrent toothaches;

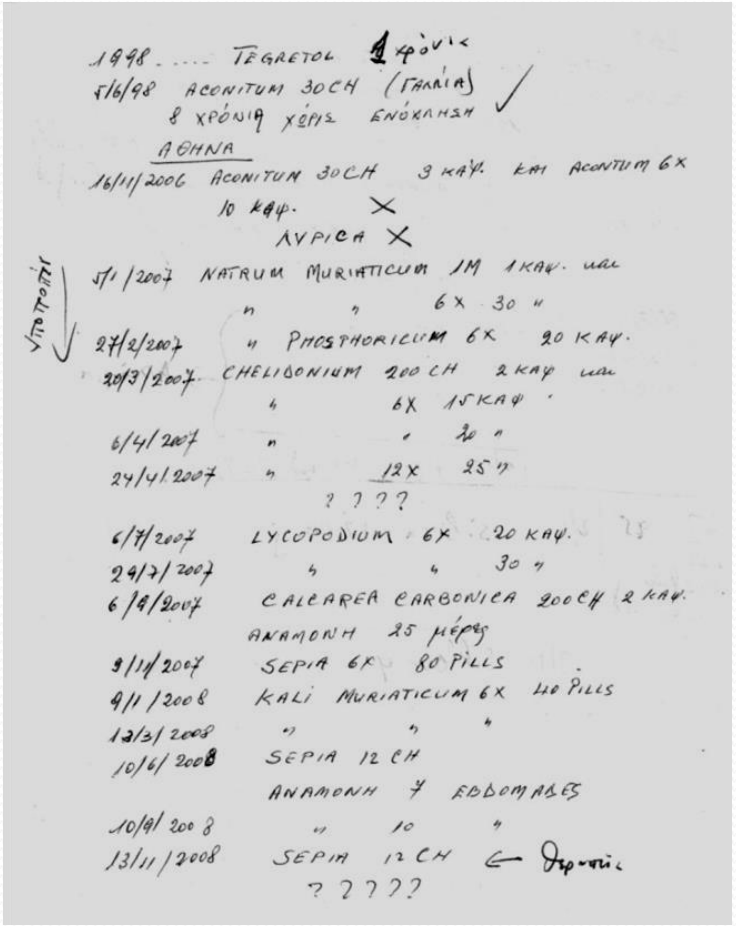
  local anesthetic blocking of the offending tooth does not eliminate the pain;

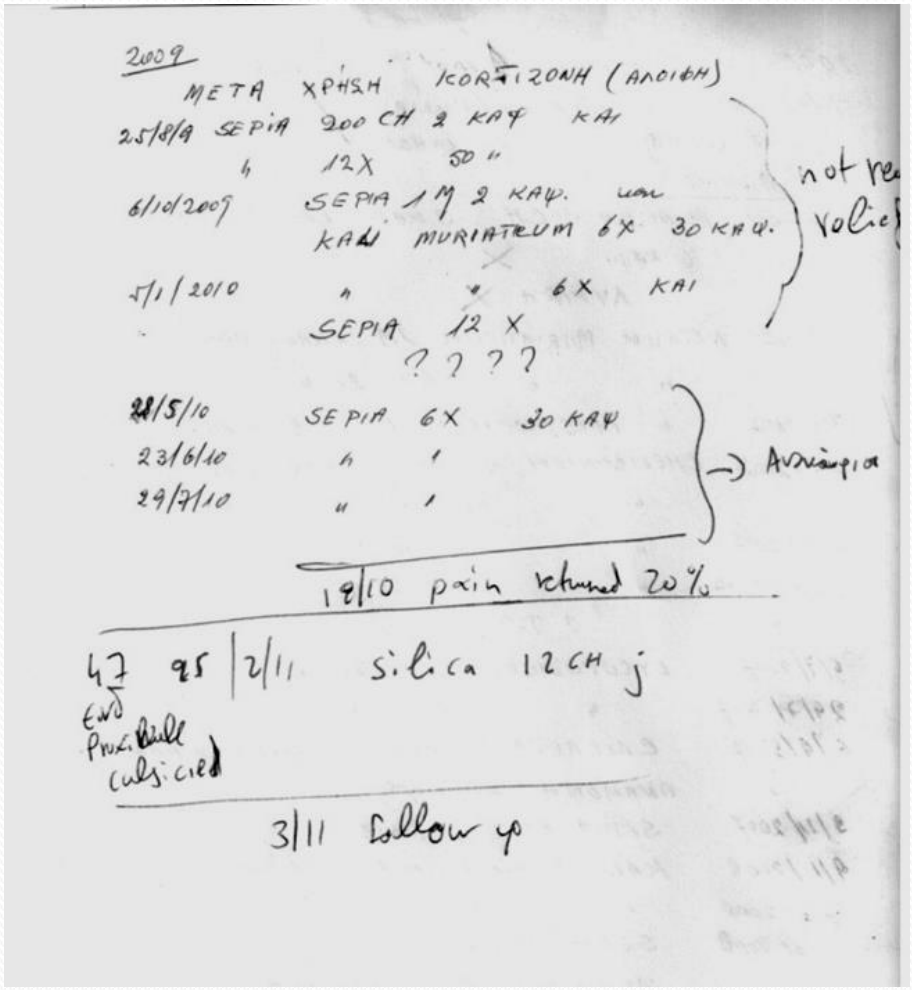
  failure of the toothache to respond to reasonable dental therapy.[4]

- Neuropathic orofacial pain, which is pain initiated or caused by a primary lesion or dysfunction in the nervous system, is relatively common. It is diagnosed in approximately 25% to 30% of patients presenting in a tertiary care University-based Facial Pain Center.[2]
- using MRI&MRA (angiography to show compression of V n. close to brain stem) routine imaging
- Odontogenic orofacial pain mimic TN thus treated as idiopathic due to incomplete diagnosis
- **neuropathic pain conditions are frequently associated with qualities that the patient is not familiar.**
- **Typical descriptors** used by patients **include stabbing, burning, electric-like, and/or sharp, with numbness or tingling** projected to a cutaneous area

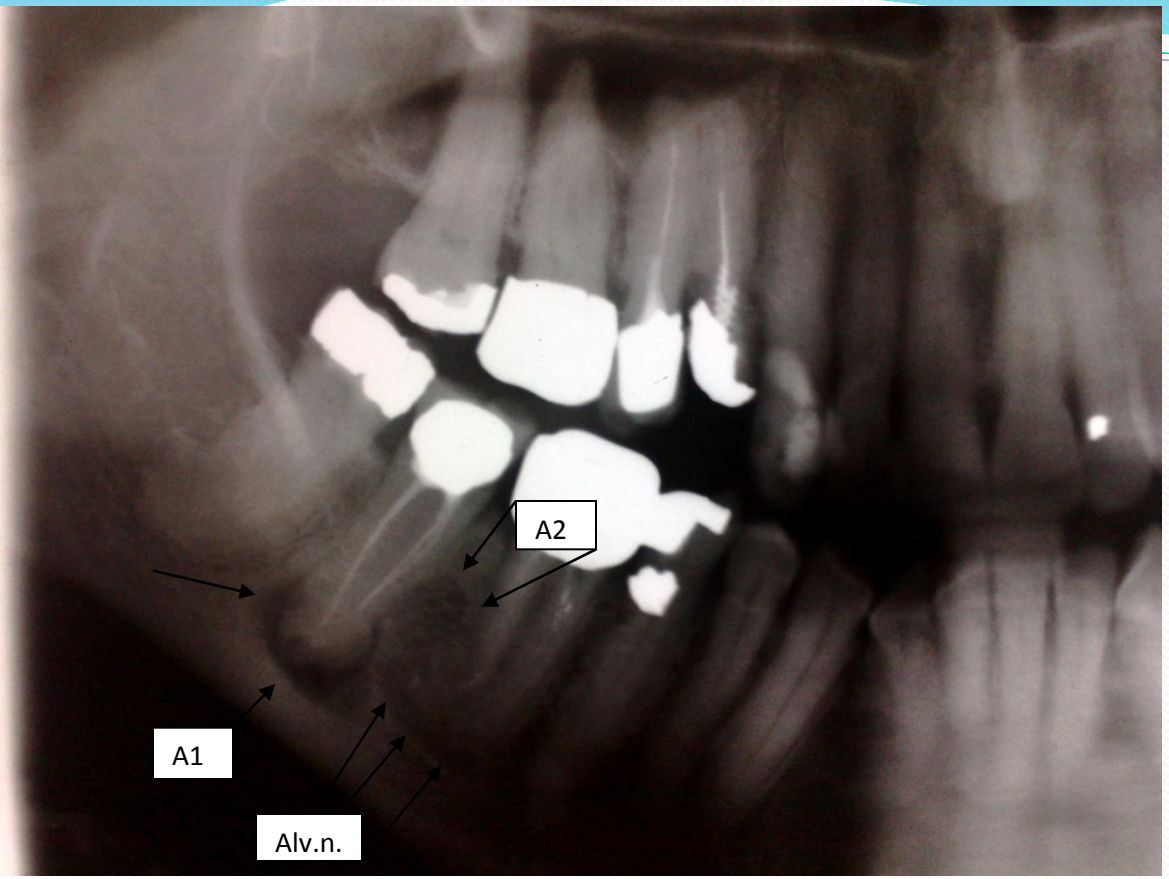
2nd case ♀ 74 years old H:1,69, W: 58 kg Proceded with chronic complain of facial pain right side (Michalakis michail)

- Diagnosed TN in France at 1996 and treated homeopathic with aconite at 1998
- but pain recurrent at 2006(received several remedies) at 2007 finally Sepia ameliorated symptoms.
- **since 2008 on T_4**





- 2009 used cortisol-antidote.
- 11-2010 in radiology exam appeared dentoalveolar pathology in proximity to 3rd brance of V n. Referred to endondic-specialist
- 27 feb completed root canal at tooth 46….(notes…)
- Diagnostic observations in several homeopathic cases. Understanding dental pulp pathology will clear out to the prescriber the necessity for diagnosis throughout such cases.



23-11-2010 Ms …..
Following a radiology exam appears to have **cystic formation** at the root apex of:
Tooth 47 large& well organized (possible granuloma). (**Marked A1)**
In Tooth No 46 the formation appears to be distal (marked **A2**) in the intermediate space-bone of 46-47 applying pressure to the inferior alveolar canal & passing through nerve. (marked as **Alv.n)**

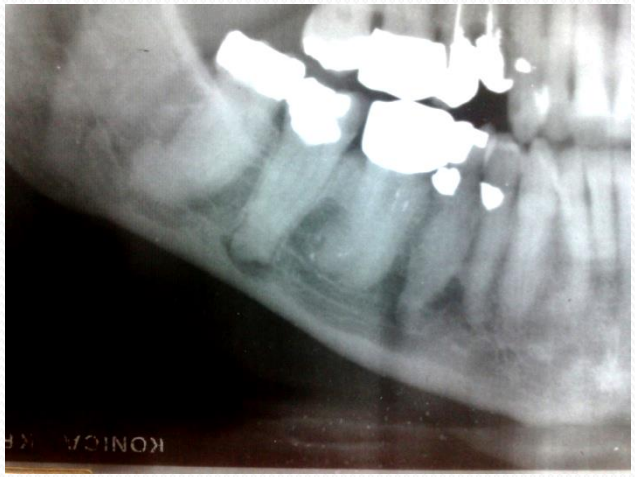
A dental CT for this area is required if pain pathology reappear….

Although the etiology and pathophysiology of odontogenic pain is well known (ie, bacteria-induced destruction of tooth structure and subsequent activation of tooth nociceptors), mechanisms underlying trigeminal neuralgia are less understood.

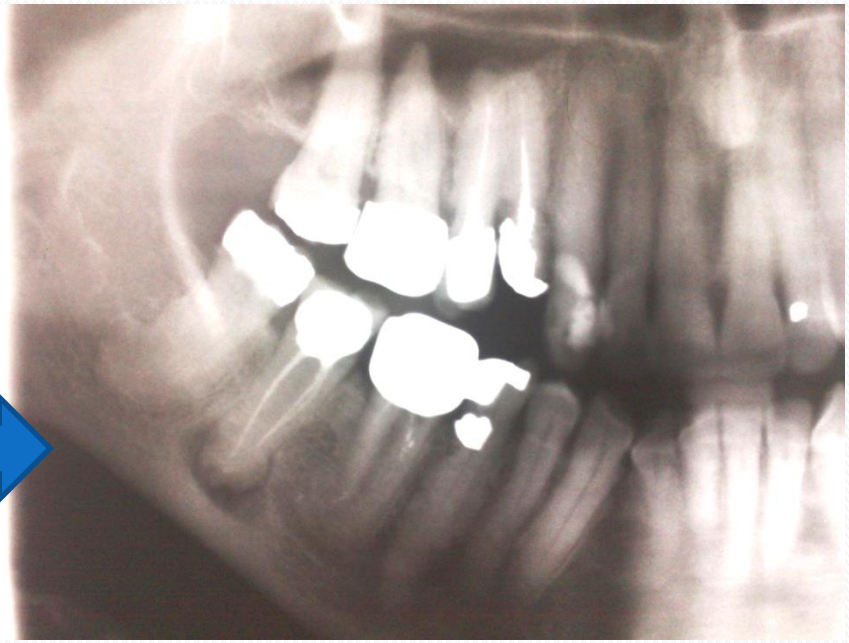
It is possible that coexistent sources of pain in this patient are indeed playing an additive role in the overall pain complaint.

As such, this provides an interesting scenario whereby **a persistent peripheral noxious stimulus (ie, tooth pain**) can sensitize trigeminal ganglion neurons in the brainstem (ie, central sensitization) **that may in turn influence the trigeminal neuropathic pain**. Central sensitization involves an activity-dependent increase in the excitability of neurons in the dorsal horn of the spinal cord and its trigeminal homolog in the brainstem.

1996



2011



conclusion

- Trigeminal neuralgia mimicks odontogenic pain
- trigeminal neuropathic pain may exist in many forms and may easily be mistaken to represent one of odontogenic source.
- Ladies >5th decade are frequent candidates.
- The pitfall for the practicing **dentist** is to focus on the odontogenic pain component,while the **physician** focuses on the trigeminal neuropathic pain component.
- **Failure to identify the source of the patient's entire problem may lead to erroneous and ineffective treatment**.
- Therefore, it is important to consider all sources of pain in trying to delineate the etiology and ultimately recommend treatment.
- Optimum management can only be achieved by determining an accurate complete Diagnosis identifying all of the factors associated with the underlying pathology on a case-specific basis.

  Untreated inflammatory process in the jaws can be harmful in a systemic way, shadowed with a latent period of time.

Refferences

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Riga walking tour