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



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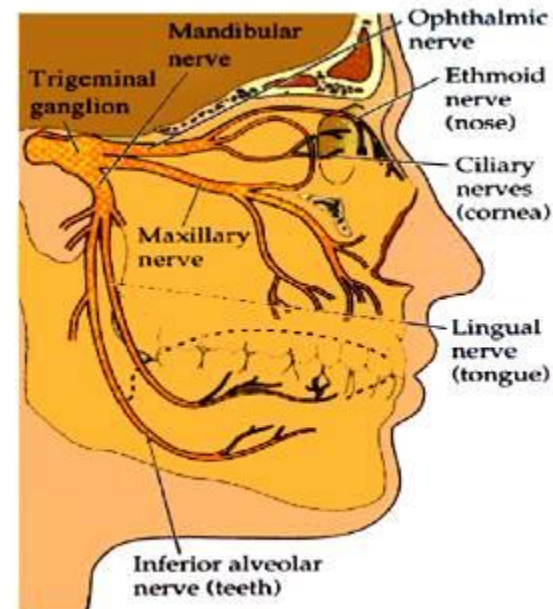
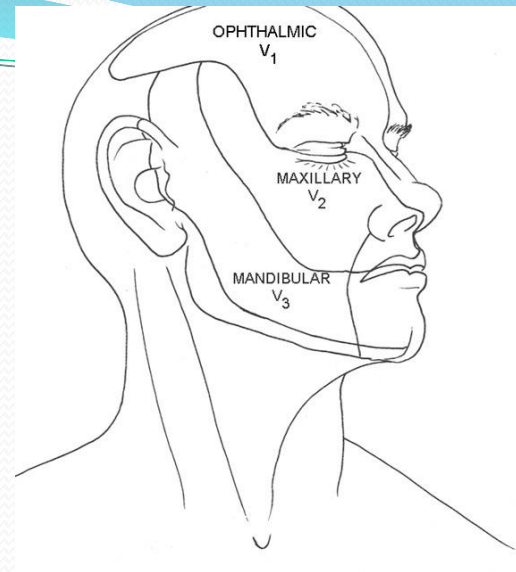


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Many acute, chronic, and recurrent painful maladies manifest in the orofacial region.

- 22% of the U.S. population have orofacial pain incidence on more than 1 occasion in a 6-month period.<sup>1</sup>
- 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.**<sup>2,3</sup>

- TN – douloureux
- Pain distribution is unilateral.
- Typically radiating along maxillary (V<sub>2</sub>),mandibular (V<sub>1</sub>) branche
- Rarely both L &R sides r affected
- FQ International 155cases/million
- 2:3 ratio male/female
- Observed >5<sup>th</sup> 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.



## 1<sup>st</sup> case ♀ 80 years old H:1,67, W: 72 kg Proceeded with chronic complain of facial pain left (Aphrodite chatzimanuil)

- Diagnosed with 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 fallopian 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- claustrophobia

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:<sup>4</sup>
  - 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.**<sup>4</sup>
- 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.<sup>2</sup>
- 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

2<sup>nd</sup> case ♀ 74 years old H:1,69, W: 58 kg Proceeded 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<sub>4</sub>

1998..... ΤΕΓΡΕΤΟΛ 4 χρόνια  
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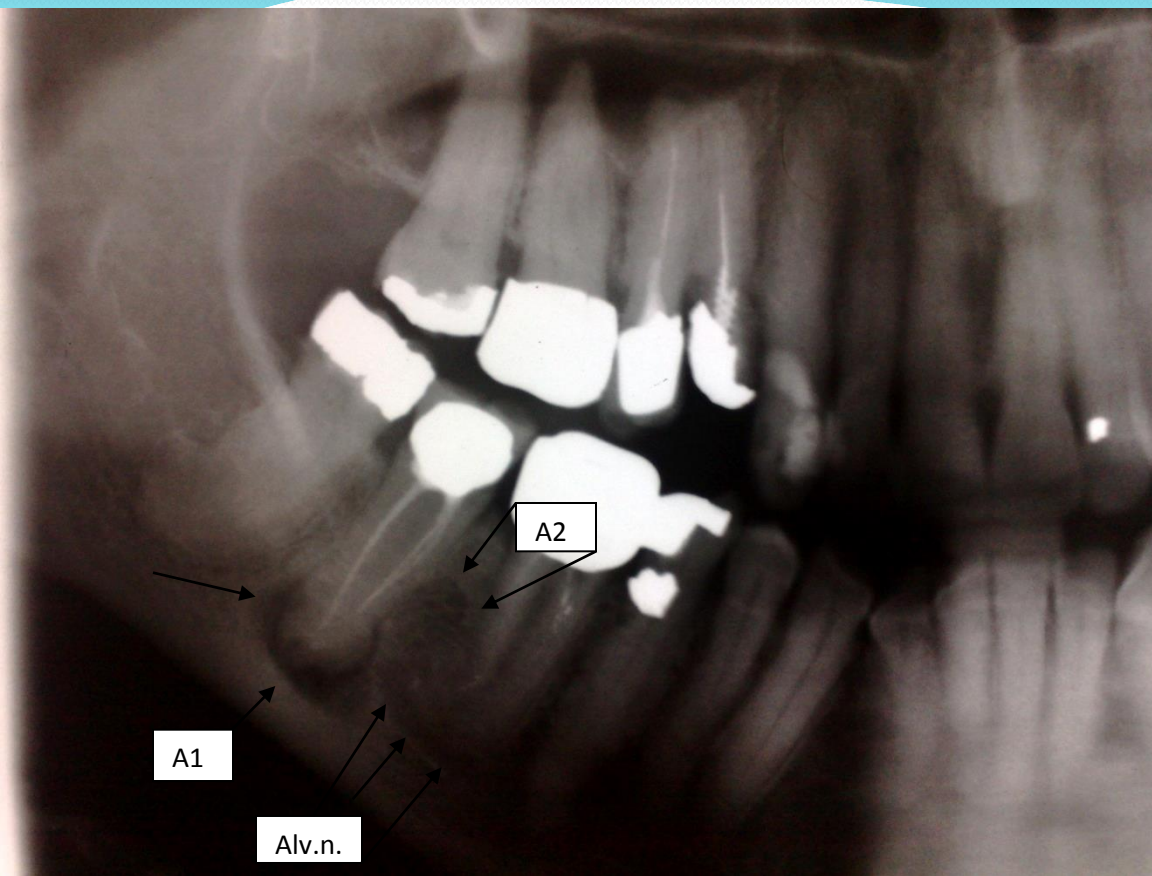
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6/7/2007 LYCOPodium 6X 20 ΚΑΥ.  
 24/7/2007 " " 30 "  
 6/9/2007 CALCAREA CARBONICA 200CH 2 ΚΑΥ.  
 ANAMONH 25 μέρες  
 9/11/2007 SEPIA 6X 80 PILLS  
 4/1/2008 KALI MURIATICUM 6X 140 PILLS  
 12/3/2008 " " "  
 10/6/2008 SEPIA 12 CH  
 ANAMONH 7 ΕΒΔΟΜΑΔΕΣ  
 10/9/2008 " 10 "  
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 18/10 pain returned 20%  
 47 25 | 2/11 silica 12 CH j  
 EWD  
 Prax. Bull  
 calc. ced  
 3/11 follow up

- 2009 used cortisol-antidote.
- 11-2010 in radiology exam appeared dentoalveolar pathology in proximity to 3<sup>rd</sup> brace of V n. Referred to endodontic-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 >5<sup>th</sup> 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.**

# References

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# Riga walking tour

