

## FACIAL NEURALGIA\*

### An Analysis of 33 Cases Responding to Homoeopathic Treatment

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Facial neuralgia is a condition which can be very effectively treated by Homoeopathy. It is, however, a difficult condition to deal with. When I first began treating cases homoeopathically, serious difficulties were encountered over a long period, even with the help of Kent's *Repertory*. It is for this reason that I started again to concentrate on this condition in September 1973. Thirty-three cases of facial neuralgia cured since that date have been analysed during the 1976 long vacation. Although cases have been few, this analysis has produced some interesting revelations and taught me more than many years of book research. I believe that once a certain level of maturity has been attained, every homoeopath, if he wishes to continue to improve himself, ought to perform this type of exercise, remedy by remedy, condition by condition, symptom by symptom, his pen in his hand. Hahnemann, Hering, Lippe and Kent practised in this manner all their lives.

I will begin by analysing the remedies employed, summarizing the symptoms which seem to be the most characteristic. I will then give details of the symptomatology, so that it may be compared with that given by Hering in his celebrated *Guiding Symptoms* and that given by Lilienthal in his treatise on therapeutics.

To begin with, 16 remedies were used to treat the 33 cases. They are as follows:

(1) Kalmia latifolia	9 cases out of 33	28.1%
(2) Spigelia	5	15.6%
(3) Colocyntis	4	12.5%
(4) Stannum	3	9.3%
(5) Silicea	3	
(6) Sulphur	2	6.2%
(7) Nux vomica	2	
(8) Chelidonium	2	
(9) Calcarea carbonica	2	
(10) Kalium muriaticum	1	
(11) Gelsemium	1	
(12) Agaricus	1	
(13) Arsenicum album	1	
(14) Lac caninum	1	

\* Translated from the French by S. M. BUTLER, M.B.E., and A. R. MEUSS, F.I.L., M.T.G.

(15) Mercurius solubilis	1
(16) Lycopodium	1

Three remedies, *Kalmia latifolia*, *Spigelia* and *Colocynthis*, covered 56.2 per cent. of the cases, and five—adding *Stannum* and *Silicea*—74.8, or almost 75 per cent. The remaining remedies appear important in view of the small number of cases analysed.

#### KALMIA LATIFOLIA

A long time was spent searching for the *Kalmia latifolia* key-symptom before it was realized that, where neuralgia is concerned, the key is given by the *area affected*. In cases of facial neuralgia, if no other *dominant characteristic* is found, the fact that the neuralgia is on the right side is sufficient to prescribe *Kalmia latifolia*. For other neuralgias, the *Kalmia latifolia* keynotes are more precise: in cervicobrachial neuralgia, for example, if the pain is short and sharp (*shooting pain*) and in the direction of the hand, the remedy is *Kalmia latifolia*. If the pain spreads to the little finger (auricularis, 5th finger) the remedy is *Kalmia*. If the pain affects "a large part of a limb" (Boericke), the remedy is again *Kalmia*. These indications are certain and are confirmed daily. On the other hand, pain which shoots along the sciatic nerve indicates *Colocynthis* and not *Kalmia*. If the pain shoots along the crural nerve, the remedy is *Staphisagria*. The importance of the *area affected* can thus be seen. Boger well understood the importance of the *area affected*.

Below are some symptoms which seem fairly characteristic and which will help in determining whether to use *Kalmia* if there is a doubt about laterality as such. They are in no way obligatory.

The right eye is frequently affected (3 cases out of 9 treated with *Kalmia*). Very strong lancinating pains (3 cases). Watering of the eye (4 cases). Reddening of the eye (2 cases). Unilateral rhinorrhoea (3 cases). Sneezing (2 cases). Pain invading the region of the upper maxillary sinus and nasal cavity (3 cases). Throbbing pain (2 cases). Burning sensation (2 cases). A feeling that the eye is being torn out (2 cases). Swelling and reddening of the eyelid (3 cases). Marked hemifacial heat (2 cases). Slight increase in ocular tension (2 cases).

There will be a host of symptoms and modalities which are not among the guiding symptoms (because they are not characteristic: a modality is not necessarily characteristic) and many of the symptoms listed in Lilienthal were not encountered. Do not then make undue efforts to look for all the symptoms and, even more, all the characteristics. One must try to decide on the dominant characteristic which, allied with the essence or the general effect of the remedy, will allow effective prescription. If, in ignorance, this dominant characteristic is overlooked, do not imagine that it will still be possible to discover the right remedy by multiplying the questions, the minor symptoms, the lesser modalities. Beginners tend to attach immense importance to one modality—one which is in general easily apparent, for instance

aggravation by least touch, and thus limit themselves to a very small number of remedies. Boger says that "what often makes a cure hard is laying too much stress upon some particular factor at the expense of the disease picture as a whole, thus destroying its symmetry and forming a distorted conception of the natural image of the sickness". Kent also pointed to this danger in a personal letter addressed to Dr. Tyler which was recently republished in *The Homoeopathic Sandesh*. It is important to note that the dominant characteristic symptom need not necessarily be a mental symptom.

*Kalmia* is a difficult remedy to handle and sometimes needs to be repeated, or complemented by another remedy. The premature repetition of a remedy, when treating neuralgia, always provokes an aggravation of the pain which may last as long as two, or even three weeks! In all cases of neuralgia, we give a single dose and allow it to act for a month. This is the general rule. In the special case of *Kalmia*, the remedy sometimes has to be repeated after 8 months. Even then, haunted as I am by the possibility of aggravation, the case is always thoroughly re-examined before the dose is repeated. *Kalmia* is the remedy which gives the greatest number of aggravation reactions on first prescription (4 cases out of 9). In view of this, the potency should not be increased. Four cases out of 9 were healed in a few days with a single dose, and 4 cases by 2 doses given at intervals of from 4 months to 2 years. In one case, it was necessary to complement the remedy with *Colocynthis* and then *Silicea*. One year after giving *Kalmia*, the pain had passed over to the left side, at the level of the upper lip, with sensations resembling electric shocks. *Colocynthis* was prescribed. Several months later, the pain, relieved by heat, had passed over to the right side again. A dose of *Silicea* put an end to the complaint. It should be noted that Cowperthwaite prescribed tincture of *Kalmia*. In view of the frequent aggravation reactions, it is worth trying tincture of *Kalmia*. Cowperthwaite was very conversant with this remedy, and we owe its right laterality to him.

#### SPIGELIA

The dominant characteristic is faeial neuralgia with the pain *on the left* and the *eyeball affected*. Given this indication, I have never known any setbacks and all my patients have been cured with a single dose.

In one of the 5 cases, *Spigelia* had to be complemented with *Lac caninum*. One year after the single dose of *Spigelia*, which had done a lot of good, the pain had passed over to the right and then again back to the left. A second dose of *Spigelia* proved ineffective, and the condition responded to a single dose of *Lac caninum*.

In another case, *Spigelia* was used to complement *Lycopodium*. The pain began on the right and regularly passed over to the left. The dose of *Lycopodium* gave very good results over a period of one year. The following year the patient complained of pain on the left side, affecting the eyeball. One dose of *Spigelia* cured the condition. Pain associated with *Spigelia*

starts in the morning and increases with the progress of the sun, decreasing in the evening, always with the sun. One reads of this in the *materia medica*. In practice, it is not always possible to get such a precise indication. In two cases out of five, the pain started every morning. In one case, it was actually less in the morning, and in one case it was aggravated every night. It was not possible to verify the keynote on which Lilienthal was so insistent: trigeminal neuralgia preceded by palpitations. Incidentally, *Spigelia* is an excellent remedy for Arnold's neuralgia located on the left. The pain starts in the left cervical region and spreads forward to the parietal region, ending up in the frontal region above the eye, although the eyeball is not necessarily affected. It is also a good remedy for migraine, in cases of left hemiparesis, since it is not always easy to differentiate diagnostically between a case of migraine and one of neuralgia.

#### COLOCYNTHIS

This is an old, well-loved friend which has never disappointed. In hospital, when I started practising, each time my duties brought me face to face with a patient suffering from colic and sitting in bed "clutching his pillow"—which we called among ourselves "the pillow syndrome"—a dose of *Colocynthis* was prescribed and the effect was spectacular. Later, this old friend continued to obtain satisfaction for me in many different ways. I perceived that in cases of low back pain, where the patient presented with intermittent, shooting pain, "like a knife thrust" in the patient's own words, with or without movement, the remedy was not *Bryonia* but *Colocynthis*. It never failed and 4 per cent. of cases of low back pain responded to *Colocynthis*. This remedy, which never needs to be repeated, must be given time to work. In general, a positive effect is apparent after about 3 or 4 days but, in certain serious cases, the dose must be left to work for 3 months before the patient feels no more pain in his back. There is another remedy, Sulphur, which presents with this type of pain. But the pain itself is not so intense but rather of the intermittent lancinating type. With *Colocynthis*, there is a single violent attack which only recurs from time to time. The pain associated with *Colocynthis* is shooting, like a flash of lightning or an electrical discharge, whether it be in the lumbar region, at the level of the sciatic nerve or at that of the trigeminal nerve. In the face, the pain is on the left, at the level of the upper lip, and the patient describes it as being like an electrical discharge. The effect, too, is very spectacular, like lightning.

I had 4 cases of *Colocynthis* out of the 33, that is 12.5 per cent. Two patients were cured with a single dose. In one case, it had to be complemented with *Kalmia latifolia* and then *Silicea*, the pain having changed sides (passed over to the right). In one case, 3 doses of *Silicea* had to be given at intervals of 8 months.

Frequently verified characteristics were:

aggravation at the *least touch*

3 cases out of 4

aggravation from <i>eating</i>	3 cases
aggravation from <i>talking</i>	2 cases
<i>drawing</i> sensation	2 cases
<i>painful gums, gums swollen and engorged</i>	3 cases
<i>reddening and swelling of left hemiface</i>	3 cases

Concomitant: itching right inside the ear (?) (the case having been complemented with *Silicea*).

#### STANNUM

The following the dominant characteristic. *The pain begins gradually and ends slowly.* All *Stannum* cases (4) were cured with a single dose. *Stannum* was prescribed once for an *Iodum* subject whose spastic colon had been cured with this remedy. Pain associated with *Stannum* can be on the right or the left, and attacks recur several times during the day. In *Stannum* cases, the locality of the pain is of no importance.

#### SULPHUR

Roberts used this as a model of repertorization in his introduction to Boenninghausen's *Repertory*. Two cases. In one case, it served very effectively as an 'intercurrent remedy' with *Silicea*. In the other case, it was also the constitutional remedy (as is *Calcarea carbonica*). Sulphur is very closely related to *Bacillinum*, frequently used by Burnett. In the early days of my practice it was used as a specific for facial neuralgia and many setbacks were experienced. My mini-statistics seem to show that there is no specific remedy for every condition. When Sulphur is not the right remedy, it may give rise to considerable aggravations lasting as long as 2 or 3 weeks.

#### NUX VOMICA

In a case of facial neuralgia where the pain is *triggered by a draught* and there is no rhinorrhoea, the remedy is *Nux vomica*. If there is nasal discharge at the same time, becoming purulent after a few days, the remedy is *Hepar sulphuris*. *Nux vomica* was prescribed once on this indication. In the other case, it was prescribed on a general concomitant. A single dose was given in both cases.

#### CHELIDONIUM

The pain is seated at the level of *the right superciliary arch*. This is the dominant characteristic. (Consider the possibility of *Kalium bichromium*, Hughes.) Where *Chelidonium* is concerned, the specialists never know whether they are dealing with a case of facial neuralgia or one of migraine. (See the details of the symptomatology of this remedy.) The *Chelidonium* pain frequently rouses the patient from sleep (in two of my cases). Both were cured with a single treatment.

## SILICEA

Three cases. *The pain is considerably eased by heat and the patient tends to cover up, to protect the painful area. Pain is aggravated by draughts,* as with Nux. The pain was seated on the right, the lower branch of the trigeminal, in all my cases. *A peculiar symptom:* distressing itching in the auditory meatus with two of the Silicea cases. In one case it was prescribed because of *paraesthesia in the right half of the tongue.* Used as a complement to Colocynthis, as already indicated. A single dose.

## CALCAREA CARBONICA

Two cases. As already stated, Calcarea carbonica is often at the same time a constitutional remedy. (A corpulent patient, solidly built, perspiring easily, pillow-case wet at night.) One patient was cured with a single dose. The other received 3 doses of Calcarea at intervals of one year (October 1972, November 1973).

## KALIUM MURIATICUM

One case. The patient presented with facial paralysis at the same time. Kent's *Repertory* indicated Causticum. With the first dose of Causticum, there was a 40 per cent improvement for more than a month. The second dose had no effect. After consulting Lilienthal's therapeutic treatise, the patient was cured in 3 days with a single dose of *Kali muriaticum.* There has been no relapse since September 1973. My study began with this case, which I found fascinating.

## GELSEMIUM

Only one case, my second since September 1973. It concerned the wife of a colleague. She had suffered from facial neuralgia on the *right side* for 13 years. *The pain was shooting and intermittent.* After reference to Lilienthal, Gelsemium was prescribed. I was not then aware of the possibility of using Colocynthis in cases of facial neuralgia. The results were very satisfactory, although the patient was never completely cured. There remained some minor intermittent pain which was quite bearable. Gelsemium was prescribed three times, in October 1973, September 1974 and July 1976. An attempt should have been made to prescribe Colocynthis in July 1976!

## AGARICUS

One case. Left facial neuralgia with facial paralysis, *the left cheek frozen as soon as the patient felt cold; face bloated, with shooting pains in the ear.* One dose in February 1972, another in January 1974.

## ARSENICUM ALBUM

A single case. I was surprised not to have encountered more cases of Arsenicum. Aggravated by cold and alleviated by heat, as with Silicea and Mag. phos.

## LAC CANINUM

One case, in which it completed the action of Spigelia. Left facial neuralgia, left temple, affecting the eyeball, swelling of the cheek, stiffness in the cervical region. Duration 4 years. The pain completely disappeared with a single dose of Spigelia given in October 1973. The patient consulted me again in October 1974 with the same pain. Another dose of Spigelia. The pain moved to the right, then returned to the left. I prescribed a dose of Lac caninum which cured the condition. With Lac caninum, then, the pain moves to the opposite side, then returns to the same place. The seat of the pain seems to me to be unimportant.

## MERCURIUS SOLUBILIS

One case. Left superciliary arch, left temple, beneath the left eye, the eyeball unaffected. Left ear. *Aggravated by the star's rays through a pane of glass* (very good modality of Mercurius). Cured with a single dose. This Mercurius case seems to me to be something of an exception.

## LYCOPodium

A single case. As we have seen, the pain always starts on the right and regularly moves over to the left. This was in April 1974. The patient thought he was cured. In April 1975, the pain reappeared, but on the left, invading the left arch. It was completely cured with a single dose of Spigelia. Spigelia is thus complementary to Lycopodium.

A detailed symptomatology of the remedies used is given below.

## KALMIA LATIFOLIA

*Facial neuralgia on the right side* (9 cases)

*Pain in the right eye* (3 cases)

beneath the eye and nasal cavity

Right (superciliary) arch

Nuchalgia

Increase in intraocular tension (2 cases)

Veil, unable to see out of this eye.

*Feeling that the eye is being torn out* (2 cases)

*Very strong shooting or stabbing pains in the eye* (3 cases).

provoking nausea

*Reddening of the eye* (2 cases)

*Lachrymation* (4 cases)

*Unilateral rhinorrhoea* (2 cases)

A very special pain, unlike any other, which greatly tires, shocks, the whole area painful, always on the right and inducing *sneezing* (2 cases)

A piercing sensation in the temple

*Throbbing* (2 cases)

Sensation of a draught blowing in the temple and penetrating the brain

*Burning sensation* (2 cases)

pins and needles

numbness of painful side of the face

Facial swelling

*Eyelid slightly red and swollen* (2 cases)

*Great facial heat* (2 cases), puts on cold compresses

A feeling that one eye is closed more than the other

Very severe attacks, particularly in the spring and autumn

Very intense pain, inducing thoughts of suicide

Pain like an electric current.

Twinges in the back of the head, then in the front; pain bad enough to make the patient cry out aloud, inducing vomiting

Attacks at almost any time of the day

An attack lasting from half an hour to several hours

Attacks occurring over a period of a month and a half

May be free from attacks for two weeks, then attacks every day

Sudden onset

Starts gradually; ends gradually (Stannum)

Starts suddenly; ends suddenly

Attack may last for no more than a few minutes

Aroused by the pain at night

Hourly attacks

Dreads going to bed

Aggravated in the morning on waking

Aggravated by the slightest draught

Aggravated by strong sun

Aggravated by thinking about it, concentrating on it

Aggravated at the slightest touch, unable to wash the face with a flannel in the morning

Aggravated by blowing the nose

Aggravated by coffee

Aggravated at mealtimes

Aggravated by talking

Aggravated by suction

Aggravated by drinking

Aggravated by chewing

Aggravated by yawning

Strikingly aggravated by change of position

Ameliorated by complete rest

Above all at 11 a.m.

Pain induces deafness

Photophobia

Previous history of renal tuberculosis



## SPIGELIA

*Left facial neuralgia* (4 cases)

*Pain in left eyeball* (3 cases)

*Affecting the left temple, face, nose*

Stiffness in the cervical region

Swelling of the left cheek

The pain starts in a tooth, spreading to the temple and communicated to the nape of the neck

Neck very stiff, like torticollis

Night perspiration in the region of the neck

*Aggravated every morning* (2 cases out of 4)

*Aggravated every night and ameliorated in the morning, on waking* (1 case)

Awakened by the pain at night

Aggravated by annoyances

Aggravated by stormy weather

Aggravated by changes in the weather

Aggravated above all by draughts

Aggravated by the wind

Tearing, rending sensation

Throbbing sensation

Like toothache

Photophobia

Duration: one hour (one case)

*Complementary remedy*: Lac caninum: One year after the dose of Spigelia, the pain moved to the right, then over to the left again. Cured with one dose of Lac caninum.

*Itself complementary to* Lycopodium

## COLOCYNTHIS

*Left laterality* (4 cases)

*Left upper lip* (2 cases)

Follows the lower edge of the left lower jaw

*Lower left gum* (2 cases)

*Swelling of the left lower gum*, engorgement of the gums, inducing pain (2 cases)

The lower part of the face is red and puffy

Apple redness of the face and neck

Pain extending to the left eye (one case)

Small benign cyst in the trigeminal

*Shooting, stabbing pain, like an electric shock* (4 cases)

*Burning sensation* (2 cases), fiery sensation (3 cases)

*Drawing sensation* (2 cases)

Cold penetrating the jaw (this case was complemented with Silicea)

Throbbing sensations

## Dryness in the throat

Modalities: *aggravated by the least touch* (3 cases)  
*aggravated by eating* (3 cases)  
 aggravated by drinking  
*aggravated by talking* (2 cases)  
 aggravated by blowing the nose

Dryness in the nose: dryness in the throat

## Salivation

Pain appearing at any time of day, comes and goes

Pain persisting for 30 seconds

Pain persisting for 15 minutes

Aggravation at 4.30 a.m., 5 p.m., 9 p.m.

No pain in the evening

Amelioration when in bed

Peculiar symptom: intense itching sensations inside the ear (eczema) (but the case had been complemented with *Silicea*), impression of something wanting to erupt from the ear.

*Complementary remedy: The pain often moves to the right and was complemented in 2 cases by Kalmia latifolia, and in one by Kalmia and then Silicea.*

A recalcitrant and recurring form

Departure point for burning pains: left ear

Radiography: enlarged appearance of the lower left alveolar canal, above all proximally, suggesting a dental neuroma.

## STANNUM

Pain comes in waves

Pain in the jaw where there are teeth missing

*Pain in the lower jaw and temporomaxillary articulation* (2 cases)

Pain beginning in the jaw and spreading to the temple

Pain located on the left superciliary arch and all round the eye

the eye is red; watering; but no pain in the eye;

2 to 4 attacks a day, every day; the attacks last from 5 to 45 minutes; like extremely hot water trickling down the temple; during the attack, a feeling of compression;

Pain is always seated on the right (one case)

Right side becomes red and painful

Attacks every day, at the beginning of the afternoon, or the evening: one hour after meals

Feels like a knife-thrust in a tooth; as if something very painful is being driven in

*Pain appears gradually and disappears slowly* (in all cases)

Pain disappears from the jaw when it reaches the temple

In a case of spastic colon of the Iodum+++ type

## SILICEA

*Pain is seated on the right (3 cases)*

*Pain is seated in the lower maxillary (2 cases)*

Right side (painful side) of the tongue does not feel the cold nor the heat  
(keynote)

Intermittent pain .

Pain as if the patient had received a box on the jaw  
tenderness with lack of sensation

Modalities: *draughts and the cold* make the patient wince and bring on the  
pain (4 cases)

Cold makes the face insensitive

Much perspiration from the feet and head

In a case of arthritis

Needle pricks in the trapezius

Peculiar symptom: *painful pruritus of the auditory meatus* (2 cases!—eczema)

## SULPHUR

Pain is seated on the left

The left upper maxillary region, cheek and temple

Swelling of the face and neck

Left superciliary arch

Pain spreads out to the throat

Pain reaches the right side

Pain like raging toothache

Pain associated with burns

Sensation of heat

Skin feels stretched

Eyelid feels heavy

Lancinating pains from the right temple extending to the parietal region

Head feels heavy

Aggravated in the morning

Aggravated by pressure

Aggravated by draughts

Aggravated by the wind

Found in an anxious person of the Sulphur type, with continually changing  
symptoms

*An intercurrent remedy of Silicea*

## NUX VOMICA

In a Natrum sulphur asthmatic + + +

Pain is seated on the right

Pain is seated on the left (arches, cheekbone, under the eyes; the ali nasi)

Burning sensation

Slight swelling

Aggravated by the least touch  
Aggravated in the morning  
Aggravated in hot weather  
Aggravated by draughts (not cold at all) (characteristic)  
Pain spreads to the front half of the breast  
Concomitants: (important with Nux) pain in the region of the gall bladder  
Patient becomes light-headed if he eats more than usual  
Flushes in the morning

## CHELIDONIUM

Pain seated in the right superciliary arch (in all cases)  
Pain behind the right eye, extending to the back of the head  
Redness of eye  
Lachrymation  
Continual pain with paroxysms  
Really violent pain  
Pain not at all pulsating  
Irritating pain  
Pain which freezes the neck  
Pain at 4 to 5 p.m.  
Pain on waking in the morning  
Pain in the night which rouses (2 cases)  
Pain starts gradually, but very rapidly, and ends gradually  
Myopia of the right eye  
The eye is obscured by a veil before the attack, once only  
Aggravated by reverberation  
Unilateral rhinorrhoea  
Subject is anxious and restless

## CALCAREA CARBONICA

*Pain seated on the right, in the lower jaw (2 cases)*  
Pain ascends vertically  
Pain in the region of the right upper lip (Colocynthis on the left) in sudden  
knife-thrusts, very violent, making the patient cry out (like Colocynthis,  
cf. Gelsemium)  
Mouth twisted during the attack  
Becomes pale during attacks  
Aggravated by lying on the painful side  
Aggravated by opening the mouth (2 cases)  
Aggravated by talking  
Aggravated by eating  
Aggravated by the least touch  
After a dental extraction  
Also the constitutional remedy in both cases, corpulent subject, solidly built,

perspiring easily from the head, pillow-case wet at night.

**KALIUM MURIATICUM**

*Left facial neuralgia*

After an attack of shingles

Zygoma, temple, left arch, but not the eye

Feels like fire

Cannot remain without a scarf

Aggravated by the least touch

Aggravated by the wind

Aggravated before a storm

Aggravated by changes in the weather

Washing with cold water does not provoke any unusual pain

*With facial paralysis (keynote)*

**GELSEMIUM**

Right facial neuralgia since the age of 13; wife of a colleague

But has had long periods of remission

Starting point: right cheekbone

Spreads to the back (of the head)

Aggravated when she wakes up in the morning

Aggravated by opening her mouth

Aggravated on beginning to eat

Aggravated by putting on lipstick

Aggravated by blowing her nose

Aggravated if she rubs the corner of her eye

Aggravated by talking

The more infrequent the attacks are, the stronger and more painful they are

The more frequent they are, the more fleeting

*Intermittent shooting pains* (Colocynthis? Calc.); (this served as a keynote)

Pains like an electrical discharge

The superior branch of the trigeminal is also involved

**LAC CANINUM**

Every morning

Complementary of Spigelia (quite typical)

the pain moves to the right, then back to the left again, following failure of a second dose of Spigelia

9 October 1973: Spigelia >>>

9 October 1974: Spigelia =

8 November 1974: Lac caninum >>>

**AGARICUS**

Left facial neuralgia with facial paralysis (Kali mur., Causticum)

Five years ago, facial paralysis—extreme cold. Paralysis persisting each winter, the left cheek feeling like wood. Shooting pains in the ear, pain eased by heat

Aggravated by changes in the weather

Aggravated if scratched

Most severe at the level of the lower jaw

Has to make an effort to pronounce certain words

Reaction to raindrops which produce a pricking sensation, on returning into the heat the face swells up

Always keeps himself very warm

*Freezing of the left cheek* (keynote)

Nuchalgia

#### ARSENICUM ALBUM

Right facial neuralgia, upper and lower jaw; permanent low-level pain with very strong bouts of pain, like toothache

Began in a tooth following curettage

Feels as if a pointed object is being painfully thrust into a gum

Like an open wound

Like needles in the mouth

Pins and needles in the chin

Before the attack, lachrymation on the painful side

Lachrymation in foggy weather, but not related to the attacks of pain

No rhinorrhoea

Pain rouses the patient at night

Cannot sleep on the painful side

Aggravated by eating

Aggravated by chewing

Aggravated by the least touch

Aggravated in the morning

Aggravated by the wind

Aggravated by cold drinks

Aggravated by speaking

Aggravated by draughts

Aggravated in snowy weather

Ameliorated by hot drinks

Ameliorated by the application of a hot cloth

Ameliorated by working the jaw

#### MERCURIUS SOLUBILIS

Pain seated at the left superciliary arch below the left eye;

left ear

the upper teeth

Sinuses clear

Swelling of the face  
 Like something tugging in the ear  
 Aggravated by draughts  
 Aggravated by heat  
*Aggravated by the sun's rays through a pane of glass (this served as a keynote)*  
 Aggravated after meals  
 Aggravated by shocks (jarring)  
 Aggravated by sudden cooling

## LYCOPODIUM

Starts with yawns at 3.30 p.m., and 9 p.m.  
 Bilateral  
 Never in the morning, 2 attacks per day  
 Postprandial  
 Lancinating pains  
 Pain starts in the last two molars in the lower jaw, travels round the eyes to finish up in the nasal ala; not both sides at the same time  
 Lasts 5 minutes or longer; maximum one hour  
 Nerves on edge  
 No modalities  
 Angry  
 Starts 2 to 2½ hours after meals  
 Digestion good, no flatulence  
*Pain always begins on the right, regularly moving to the left*

In April 1975, exactly one year later to the month, the pain reappeared on the left, then moved to the right; it began in the upper maxillary and then invaded the left superciliary arch and left eye. Cured with one dose of *Spigelia* which is thus complementary to *Lycopodium*.

Since the completion of this study, one case has been treated successfully with *Mezereum*.

Characteristics: *As though the blood was not circulating to the right side of the face which feels like cardboard*; aggravated by least touch, and by least draught which causes a piercing pain in the ear.

Another case with *Magnesia phos.*: pain ameliorated by warmth and pressure.

It may be deduced, from the comparative study of the different *materia medica*, that it is utopian to attempt to cover all the symptoms, even with the help of a computer. Above all, one must not allow oneself to be dominated by the modalities and this is the principal cause of their setbacks.

## SUMMARY

When confronted with a case of facial neuralgia, and if this is seated on the right and there is an absence of other indications, there is a strong chance

that the remedy will be *Kalmia latifolia*. If it is seated on the left and the eyeball is affected, the remedy is *Spigelia*. If the pain is of the electrical discharge type and seated at the level of the left upper lip, or else of the lower left gum, the remedy is *Colocynthis*. When the pain appears gradually and disappears slowly, whether seated on the right or on the left, the remedy is *Stannum*. If the pain is aggravated by draughts, think of *Nux vomica*. If it is aggravated by the cold, think of *Silicea*, *Sulphur* and *Calcarea carbonica* are the two remedies for facial neuralgia which are at the same time the constitutional remedy for the patient, an exception to the rule which says that facial neuralgia is never treated constitutionally.

Facial pain of vascular origin, on the other hand, is treated constitutionally, like migraine (*Sepia*, *Aurum*, *Pulsatilla*).

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#### A CASE OF HEREDITARY HAEMORRHAGIC THROMBO-ASTHEMIA

(Continued from page 320)

the case and restored the patient to health in the strict sense of a Hahnemannian cure. The author would appreciate that mere disappearance of symptoms without removal of the fundamental cause constitutes palliation of the disease expressions. It is suggested that a detailed pathological study of the patient be carried out from the point of view of the diagnosis of haemorrhagic thrombo-asthenia and the findings published as a satisfactory proof of a cure.

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