

CLINICAL CASES

DR. A. H. GRIMMER, M.D.

Two Cases of Facial Neuralgia or Tic Douloureux

Case I—Mrs. E. F. G., fifty-seven and one-half years of age. Severe attacks of right-sided facial pain off and on for some years. Had used coal tar drugs such as Aspirin, Anacin, etc., until they no longer help. Painful attacks start in early morning, awakening from sleep about 4 A.M., and pain continues till bed time. Weather changes <, especially cold. Very sensitive to touch, pressure, jar and motion. Weeping with the pain. Appetite indifferent, has no food desires or aversions. Modest thirst. Dietary and other living habits are good. Hysterectomy many years ago. Has a discharge of light-colored blood from nipple of right breast almost continually. No pain. No erosion or retraction of nipple. No lumps or swelling of the breast. No glandular enlargement in axilla or elsewhere in the body. The appearance of the face is dusky red and almost mottled at times.
July 5, 1948—*Kali cyn.* 10M.

August 19, 1948—*Kali cyn.* 10M. Patient had return of blood from nipple after it had stopped. Is better generally.

Sept. 14, 1948—Remedy continued. Less facial pain and fatigue.

Oct. 14, 1948—*Kali cyn.* 10M. Nipple healed, facial pain slight after it had ceased.

Nov. 9, 1948—Remedy continued, better every way.

Dec. 3, 1948—*Kali cyn.* 50M.

Jan. 13, 1949—*Kali cyn.* 50M.

Jan. 27, 1949—*Mag. phos.* 10M. Had a very severe attack of intermittent pain in the face for past few days. Pain is relieved by pressure and heat.

Feb. 22, 1949—*Puls.* 10M. Nipple has not discharged blood. Has a severe spot of pain in gum on affected side. Sleeping well. Very sensitive to heat and a close room.

Mar. 18, 1949—*Puls.* 10M.

April 22, 1949—*Puls.* 50M.

May 27, 1949—*Puls.* 50M. Still has some facial pain.

June 17, 1949—Remedy continued, Has been some better.

- Vision impaired, focus is slow. Some show of blood from nipple.
- July 28, 1949—*Caust.* 10M. Severe pain in face and gums, wakens her in early morning. Weakness of the knees with a sense of shortening of ham string muscles back of the knee.
- Sept. 16, 1949—*Caust.* 10M. More blood from nipple, pain in gums. Better for awhile. (*Causticum* was not a good prescription. The patient should have been put back on *Kali cyn.* after *Puls.* did its work. In all likelihood *Puls.* would have been better left out also).
- Oct. 5, 1949—*Carbo veg.* 10M. A severe head and laryngeal cold cleared up under *Carbo veg.* 10M.
- Nov. 11, 1949—*Kali cyn.* 10M. Neuralgic pain right side of face. Wakens her in early morning. Pulsation in right ear. Oozing of blood from nipple seems past. Numbness of right hand this morning.
- Dec. 9, 1949—*Arg. met.* 10M. No relief of neuralgia. Confined to a small area, never chilly. Prefers cool places < in warm places.
- Jan. 6, 1950—*Kali cyn.* 10M. Bleeding dark brown blood from right nipple. This comes on while bathing. Feels better in the open air and from cold bathing.
- Feb. 2, 1950—*Kali cyn.* 50M. Pain in the right sciatic region (old symptom). Face pain about the same. Nipple better.
- Mar. 2, 1950—*Kali cyn.* 50M.
- May 1, 1950—*Kali cyn.* 50M. Face pain > but very tired from least effort. Sleeps fairly well. A spot of shingles appeared on right breast.
- May 29, 1950—Remedy continued. Has over worked and was told by another doctor she had indications of cancer and should have her breast removed. Feels very depressed and frightened about it. Patient was assured she need have no fear of cancer.
- June 16, 1950—Remedy continued. Much better every way.
- July 28, 1950—*Kali cyn.* 50M. Hands numb much of the time.
- Aug. 25, 1950—*Kali cyn.* 50M. Slight return of bleeding and face pain.
- Sept. 22, 1950—*Kali cyn.* 50M. After relief, return of symptoms.

- Oct. 20, 1950—Remedy continued. Better.
- Nov. 28, 1950—*Kali cyn.* CM. Better generally, but some nerve point in face wakens her about 4 A.M.
- Jan. 11, 1951—*Kali cyn.* CM. Nerve in face still bothers in early morning.
- Feb. 12, 1951—*Kali cyn.* CM. Pain persists, not too bad.
- Feb. 13, 1951—Remedy continued. Bleeding from nipple stopped. Pain persists around nose which is swollen and hot. Cold applications > heat <.
- March 13, 1951—*Kali cyn.* 10M.
- April 12, 1951—*Kali cyn.* 10M.
- April 26, 1951—*Kali cyn.* 50M. Pain in face much better. Only comes when rubbing face hard. Nipple discharge gone.
- June 8, 1951—*Kali cyn.* 50M. Last two weeks has had some slight facial pain and some show of blood from nipple but the patient looks and feels well and is able to work without fatigue.

This patient should in a short time be entirely cured. She may need several potencies of the extreme height, viz. : the DM and MM before this is accomplished ; if symptoms remain after these extreme potencies have acted we will drop down to the 12. or 30.

There can be no doubt about this remedy being her specific.

We are not at all proud of the handling of this case. It is likely that had we never broken in on the rhythm of the remedy with other remedies, even though they seemed indicated for some of the acute and changing manifestations of sickness evolving under the similimum, our patient would have been nearer a cure today. We feel lucky that we did not entirely spoil our case by breaking in with a seemingly needed remedy.

We well know that there are cases that one remedy seems unable to do more than start the patient toward a cure and a complementary remedy is needed to finish the work.

Or, as Kent states, at times a remedy corresponding to one miasm in chronic conditions may need to be followed by another remedy to meet another complicating miasm in the system. Such examples come up often in the treatment of cancer and other degenerative diseases.

The second case seems simpler . . . Mrs. G. W., fifty-two years of age. Neuralgia of face since last October. Teeth X-rayed and declared negative. Good general health, but always more or less nervous. Pressure and applied heat > the pain. Uses no tobacco. Coffee and tea moderately. Had no menstrual troubles. Is subject to hay fever. Wind < the pain. Has taken much Aspirin and other pain killing drugs, they no longer help the pain. She sleeps well, better at rest. Appetite for little food at night. No thirst. Feet always cold. Requires lots of clothing to keep warm. Bowels move without drugs. Pains come and go suddenly (intermittent). Even though pressure >, when pain is on the face is sensitive to touch. May 23, 1951 *Mag. phos.* 200.

Any tyro in Homœopathy would have given this patient *Mag. phos.*, and that is what she got in the 200th potency.

June 6, 1951—*Mag. phos.* 10M. Patient reports less frequent attacks of pain and it is much more endurable. The patient states it is quite light.

Mag. phos. was Dr. Kent's choice for antidote of Aspirin and similar drugs.

There can be no doubt about the speedy cure of this case with the one remedy, indicated by the symptoms and history of the case.

Let us hear from others about remedies used in this most painful and obstinate ailment which often culminates in nerve injection, or cutting of the nerve, leaving at best a paralyzed face and often the shifting of the trouble to deeper centers with disastrous results.

DISCUSSION

DR. ROGER A. SCHMIDT [San Francisco, Calif.] : A paper by Dr. Grimmer is always an inspiration.

I should like to mention a case of prosopalgia I had several years ago affecting an old nurse in her late seventies. She had been operated upon for cancer of the breast and heavily irradiated and was in a very miserable condition for months and months. Soon after that operation she started to have a case of prosopalgia on the left side of her face. She tried, of course,

morphine and all the other analgesics, with very little help. She needed and wanted very much to go to work, and she was taking care of infants, mostly.

A patient of mine who had been nursed by her fifty years before or more, just told me of her case and asked me, "Now, do you think anything at all could be done for that woman whom I love very much, and it is such a pitiful thing to see her suffer so much?"

I said, "I shall be glad to try."

It seemed that the symptoms brought a clearcut picture of *Spigelia*, which I gave in the sixth centesimal potency, repeated daily for a while, with astonishing results; in fact, in a very few days she was practically painless. Her general condition improved and she resumed her activities, and perhaps two or three months later she started to relapse, and the same potency of the same remedy did very good work. I think that must be three or four years ago and she is still active.

DR. WILBUR K. BOND [Greensfork, Ind.]: I wish to report a case indirectly of postpalatine neuralgia, through a very fine prescriber in Indiana, who happened to relate this case to me, and it was a case of laughing neuralgia. I thought it was of particular interest because I don't suppose any of us will ever see a case like it. The harder the pain struck, the more the patient laughed. This prescribed gave *Hura brasiliensis*, and it was successful.

DR. ALLAN D. SUTHERLAND [Brattleboro, Vt.]: I have mentioned this before because it struck me as such a peculiar situation, and showed my own stupidity. Years ago I had an old lady in her eighties with a very severe facial neuralgia, the details of which I do not remember except there was one outstanding symptom to which for months I paid no attention: the pain, which was severe, always went off at night, so she was able to sleep nights quietly. As soon as the day began, and she was up and around, the pain began again. Finally I cracked wise to the fact that that was an indication for *Cimicifuga*, and a single dose of the 200. cured it like that.

DR. EDWARD C. WHITMONT [New York, N. Y.]: I think Dr. Grimmer's paper should draw our attention to a neglected

remedy. *Kali cyanatum* is one of the most deadly poisons we have, and the strongest poisons are the deepest acting remedies in potency. It has an incomplete proving. It has a few symptoms in Boericke's *Materia Medica*, and is mentioned for injection in pains of cancer. Apparently it is just a medicine having intractable pains.

I recall only one instance of its use, in a child about to die from a brain tumor, where the child was a *Tuberculinum* child constitutionally, but it was 'way past its stage. It was also paralyzed in the lower part of the body and bladder, so far as I recall, and *Kali cyanatum*, in repeated doses, did a great deal to relieve the pain, also a pain that was completely intractable by the ordinary analgesics. The child died, of course. It was taken out of our hands, but I shall certainly take this paper as a reminder to see what we may be able to dig up to help us with a remedy, because all the potassiums deserve a great deal of consideration.

DR. CHARLES A. DIXON [Akron, Ohio]: I think somebody should remark on any physician who can carry a case of proso-palgia for five or six years. I don't know how he hangs on to his patients that way when they are in pain. Wonderful!

DR. F. K. BELLOKOSSY [Denver, Colo.]: These cases of hæmorrhage from the nipples in older women are generally malignant. These is a papilloma that forms inside the milk duct and it can become malignant, and it is possible that this case of Dr. Grimmer's is a malignant condition of the breast.

DR. ROYAL E. S. HAYES [Waterbury, Conn.]: I hope the lesson that Dr. Grimmer gave us in that first case that was reported won't be lost on us. I think it is a lesson for the most experienced prescriber. The most critical time is when you think of changing a remedy, and it is a curious thing that symptoms will come out at that time that seem so like a picture of a remedy, and still we should not change. I should like to have that explained. There must be a *modus vivendi* there that isn't clearly understood, because very often when we do give another remedy on a new totality, apparently it comes out and then we find it is a mistake afterwards.

DR. LUCY SWANTON CLARK [Cleveland, Ohio]: I had a case

of a young man this past winter, who complained of headaches all the time, frontal, sometimes coming down on the face, and the symptoms seemed to indicate *Sulphur*, which I gave, and that would clear up the headache for about a day, and it would come back. He had had the headaches for two years and for three years had been working in a garage.

There wasn't anything in Boericke's *Materia Medica* on carbon monoxide, but a remedy given for congestive headaches, so I had the blood tested for carbon monoxide poisoning, and it was negative. The blood pressure was low but he had a blood count of five-million-something red count, and 95 per cent hemoglobin, and the laboratory analysis indicated that the hyper-hemoglobin and increased red count were due to some chronic poisoning, so I sent for the *Carbonum oxygenum*, I think it is, and that has cleared up the headaches. I had to work from 30. to 200. to the 1M, and he takes a powder of the 1M once every two weeks and has been free of the headaches.

I have wondered if he will need *Sulphur*, probably, to finish off the other, or how long does that run on the *Carbonum oxygenum*, on the carbon monoxide. I shall also be interested in seeing what the blood count is perhaps a month hence—if that has been altered. The blood pressure has come up from around 90 to 115. His general feeling is much better. Of course, there is a question in my mind whether he should change jobs or not, but it is a pain around the head that was obviously due to another type of poisoning, which has been helped by a poison.

DR. T. K. MOORE [Sharon Center, Ohio]: Don't you think in this case there was a continuing cause, and we can't do much for that dyscrasia?

DR. CLARK: Nobody will believe it is carbon monoxide poisoning, though.

DR. MOORE: I have seen the fellows around garages with disturbed conditions; a lot of them come right out and blossom, as soon as the garage fumes are taken off through pipes.

DR. F. K. BELLOKOSSY [Denver, Colo.]: Now, this is not quite true in every case. The poison may continue and the homœopathic remedy will help just the same. I have had a

case of epithelioma on the lower lip. I gave him *Silica*, while he continued smoking as much as before.

DR. GRIMMER (*closing*): I want to thank all of you for your comments, and I am especially thankful to Dr. Hayes for bringing out what I hoped would be brought out, a discussion about changing the remedy when we see a patient evolving in a chronic condition such as we have in tic douloureux at its worst. It was a mistake to put in those remedies, though the patient was suffering dreadfully and it seemed urgent, but I am sure had we repeated the remedy in a lower or higher potency, or waited without anything for a few days, we would have seen that patient come through.

Dr. Dixon asked how we keep patients that long under pain. It is obvious, it is after they have been the other rounds, and at last have got relieved, and she was improving, and while the pains were hard, they kept getting lighter and the attacks were getting farther apart. That is the only answer to your question.

Dr. Hayes's comment I wanted to bring out.

DR. DIXON: Say something about Dr. Bellokossy's insisting that that is malignant.

DR. GRIMMER: He is right so far as I can see. I could find no other evidence of malignancy except the electronic test showed a malignant condition, which the patient never knew and never was told of. Another doctor saw the case in an acute condition, and this doctor sometimes cooperates with me, an old school doctor, but a very good diagnostician, and a little bit surgically inclined and tried to get the patient to go to surgery if she got my consent. Well, of course, she didn't get my consent, because I felt that was a curable case, and it was.

One thing more about this remedy—that is what I wanted relationship to malignancies. It has cured cancer of the tongue. to add—Dr. Whitmont brought out the question about its. It is one of the remedies to remember in those very conditions. I think it was Dr. Kent who mentioned it. I had one case I confirmed. I cured one case of cancer of the tongue with *Kali cyanatum*, so it is a valuable remedy to study.

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