

tion. Auscultation normal. Aversion to meat and vegetables, especially fatty meat, which is immediately vomited. Stool hard. Prickling in feet as "if going to sleep," worse from walking. Feels especially bad evenings, is then "so tired" that she desires to sleep. Has had allopathic treatment for three months without help.

Sepia 200c was given once daily for three days. After six days menses appeared, though scanty. In three weeks she reported general improvement of all symptoms, though they were yet present. *Sepia* 200c. was repeated. In two weeks patient menstruated again. Improvement continued. After three months' treatment patient was cured (R).

Sulphur

Sulphur corresponds with *Pulsatilla*, and can be given in alternation with it. (Hartmann).

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TIC DOULOUREUX

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Trigeminal Neuralgia (Tic Douloureux) is the most common form of neuralgia. One or all three branches of the nerve may be involved. If more than one is involved, usually one branch has pain which is more severe than the rest. The maxillary branch is the one most frequently involved, and the ophthalmic is the one least involved. It is unilateral in involvement; bilateral in about 1% of the cases, but not simultaneous. The exact cause of tic douloureux is not known. However, the following causes are believed to contribute to its appearance: a general run down condition, diseased teeth or sinuses. Inflammatory and degenerative changes and, rarely, calcification have been found in the gasserian ganglion, and are believed responsible for the pain. It is possible that toxic, vasomotor, or nutritive factors contribute to the cause.

It is most common in high strung individuals, and usually in adults, especially elderly people, and is more common in women.

The general symptomatology is sudden, violent stabbing, or shooting pain, or boring as with a glowing iron, lasting a few seconds and recurring paroxysmally for minutes, hours, or days. The pain is so violent that the patient is stunned motionless by its intensity. He will not chew, bite, move, talk, swallow, brush his teeth or wash his face for fear that a paroxysm may be precipitated or aggravated. Accompanying the pain there may be muscular twitchings, screwing up of the face, or smacking of the lips. The pain is so severe that it is sometimes accompanied by mental changes; frequently there is depression and occasionally suicide. The pain is along the course of one of the branches of the fifth cranial nerve.

The course is variable depending upon the cause, age, and condition of the patient, and especially on the treatment (whether it is homœopathic or allopathic). Rarely there is but one attack; usually it is repeated at gradually shortened intervals. Prognosis is best in young, healthy individuals, and in those receiving homœopathic treatment.

In treatment the regular school doctor has no medicines which will even control the pain. He generally resorts to alcohol injections which are palliative in some of the cases, but generally the disease continues and is finally referred to the neuro-surgeon for an operation on the gasserian ganglion. Corneal ulceration, or paralytic neurokeratitis, may follow either of these procedures even with good technique. It is claimed that diathermy is the safest method of palliation.

By far the safest and most successful treatment is the treatment by the homœopathic similimum. Any homœopathic remedy may cure the case if it is similar; however, the following are the most commonly used: *Aconite*, *Apocynum*, *Belladonna*, *Arsenicum album*, *Actea racemosa* (*Cimicifuga*), *Chelidonium*, *Cedron*, *Cinchona*, *Kalmia latifolia*, *Magnesia phosphorica*, *Mezereum*, *Platina*, *Ranunculus bulbosus* and *Spigelia*.

Following are two cases, one of which was completely cured after the third prescription and the third attack.

Mr. P. reported to the office on March 6, 1948, complaining of pain in the left jaw for a week, but especially bad the last two nights. The pain was so intense that he got out of bed and paced the floor, making pressure on the left jaw. He had had an x-ray of the teeth the previous day which was negative. Physical examination was negative except for extreme tenderness of the left jaw. He was given *Ranunculus bulbosus* 10M., three powders dry on the tongue, 1 hour apart, and *Sac. lac.*, every two hours. He was also given Ascorbic acid 500 mg. daily.

March 9, 1948. Reports he was better two days, then flared up again today. He was given *Apocynum* 10M., 3 powders dry on the tongue, one hour apart, and *Sac lac.*, 2 every two hours.

April 10, 1948. Patient reports that his pain returned two days ago. He noticed that each time *it has flared up, it has been before a rain.* Left side of jaw and teeth are sore. Has taken aspirin without relief the last two days. *Apocynum* 10M., 3 powders dry on tongue, 1 hour apart and *Sac lac.*, 2 every two hours was given. He has not been a patient since then, and reports, when I meet him, that he has had no return of pain since the last medicine, April 30, 1948. His family still comes to us when any of them are sick.

Mr. E. reported to us on May 15, 1948, complaining of pain shooting from the right nostril to the right temple. Pain is very severe and the skin in that area is very sensitive. First noted pain in 1943. The attacks would come about every six months until he had one last March and again one week ago. At first the attacks lasted only a few days, but lately they have been lasting one month. During the attacks, the pain lasts only an instant, but returns every fifteen minutes. Wife reports he grimaces his face during the pain. X-ray of teeth negative and physical examination was negative except for sensitiveness of the right cheek area. He was given *Spigelia* 10M., 2 doses, and *Sac lac.*, 2 every two hours.

May 20, 1948. Some better. Severe pains are less frequent. Given *Placebo* and *Sac lac.*, 2 every two hours.

June 3, 1948. Practically all bad feeling gone from face. Still a little sensitive to touch. Given *Placebo* and *Sac lac.*, 2 every two hours.

June 10, 1948. Much better, only slight sensitivity left. *Spigelia* 10M., repeated and *Sac lac.*, 2 every two hours.

June 17, 1948. Pain in face once only. Given *Sac lac.*, 2 every two hours.

July 1, 1948. Had a cold. Some return of tic douloureux but not as severe as previously. Given *Ranunculus bulbosus* 200. and *Sac lac.*, 2 every two hours.

July 15, 1948. Cold is gone. Pain in face only two or three days. Given *Sac lac.*, 2 every two hours.

July 29, 1948. Practically no pain—only a little on eating. Given *Rann. bulb.* 200. and *Sac lac.*, 2 every two hours.

Aug. 12, 1948. About the same, only a little sensitivity in face. Given *Sac lac.*, 2 every two hours.

Aug. 26, 1948. Had a cold. No face pain. Given *Rann. bulb.* 1M., and *Sac lac.*, 2 every two hours.

Sept. 10, 1948. Another cold. No face pain. Given *Sac lac.*, 2 every two hours.

Sept. 24, 1948. No complaints except for an occasional sensitivity in the face. Given *Ars. alb.* 200. and *Sac lac.*, 2 every two hours.

October 8, 1948. Intestinal upset—no face pain. Given *Ars. alb.* 200. and *Sac lac.*, 2 every two hours.

October 22, 1948. Slight cold, good otherwise. Given *Placebo* and *Sac lac.*, 2 every two hours.

Nov. 5, 1948. Slight cold, but no tic pain. Given *Ars. alb.* 1M., and *Sac lac.*, 2 every two hours.

November 19, 1948. No pain and no complaints. Given *Sac lac.*, 2 every two hours.

December 3, 1948. No pain. Repeated *Ars. alb.* 1M., and *Sac lac.*, 2 every two hours.

December 17, 1948. Been to dentist and had novocaine. Tic flared up and is very bad. Given *Rann. bulb.* 200. and *Sac lac.*, 2 every two hours.

December 24, 1948. Pain severe every night except the first. Has had a slight cold. Given *Placebo* and *Sac lac.*, 2 every two hours.

December 31, 1948. Some better—pain is less intense and of shorter duration. Given *Rann. bulb.* 10M., and *Sac lac.*, 2 every two hours.

Jan. 6, 1949. Still some pain. Given *Sac lac.*, 2 every two hours.

Jan. 15, 1949. Pain in face is much less—little return periodically. Given *Rann. bulb.* 10M., and *Sac lac.*, 2 every two hours.

Jan. 29, 1949. Very little pain. Given *Sac lac.*, 2 every two hours.

Feb. 10, 1949. Couple of twinges of pain after on witness stand two and one-half hours. Given *Rann. bulb.* 50m and *Sac lac.*, 2 every two hours.

March 12, 1949. Slight pain in face. Given *Rann. bulb.* 50M., and *Sac lac.*, 2 every two hours.

March 29, 1949. Still slight pain in face about one-tenth intensity. Given *Rann. bulb.* c.M., and *Sac lac.*, 2 every two hours.

April 26, 1949. (last report) Very little pain in right face. Given *Placebo* and *Sac lac.*, 2 every two hours.

Mr. E. will be kept free from pain but his recovery will be slow because he had had it five years before he received any homœopathy.

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