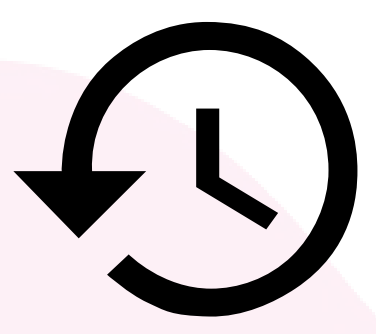


How to thrive with a sting in your face

The effects of acupuncture on the management of Trigeminal Neuralgia in MS: A Case Study.

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Background and aim

There are several studies and systematic reviews examining the effectiveness of acupuncture in the management of idiopathic or primary trigeminal neuralgia (TN), there is little associated with the MS population. The MS Trust states that 4-6 people in 100 with MS experience TN; often significantly impacting on quality of life¹.

Mačianskytė et al, 2011², suggest there is a higher prevalence of anxiety and depression amongst those living with TN, whilst another study reported those with TN experienced significantly higher incidences of depressive disorder, anxiety disorder, and sleep disorder³.

Acupuncture is known to provide pain relief for a host of different conditions, as well as providing a holistic approach to the patient's well-being.

The aim of this case study was to investigate the efficacy of acupuncture in the management of TN.



Understanding the patient situation /problem

Patient profile:

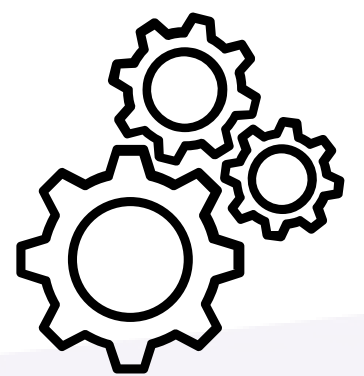
41 y.o female with secondary progressive multiple sclerosis (SPMS), presenting with left-sided trigeminal neuralgia (TN).

HPC:

History of L TN due to MS. Approx 8 years ago had gamma knife radiation surgery to treat it, which was successful, but was warned it was likely to return. Gradual return of symptoms, now requiring Carbamazepine (Tegretol) to manage it, but requiring a high dose.

Under a specialist consultant who is keen to repeat the gamma knife radiation surgery, but the patient requires further tests before she can go ahead. During previous bout of TN, the patient reports she used acupuncture which was helpful in reducing the pain.

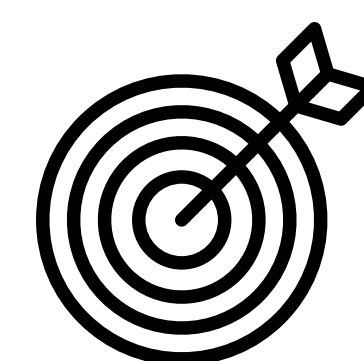
The patient describes the pain as a constant ache scoring 5/10 on a VAS, with 'pangs' scoring up to 9/10. Triggers include drinking hot or cold drinks, eating on L side, brushing teeth, yawning and occasionally talking. Increased Carbamazepine from 200mg per day to 600-700mg per day.



What we did:

7 sessions of acupuncture provided over a period of 10 weeks. Acupuncture points used – LI4, ST44, ST7, GB14 specific for pain and TN/dental neuralgia; plus GV20 to calm the spirit; plus the occasional use of other points for other symptoms e.g. TE5 for shoulder pain, CV4 for bladder.

My primary outcome measure was the Hospital Anxiety and Depression Scale (HADS) completed pre and post course of treatment. The secondary outcome measure was a visual analogue scale (VAS) for pain. I took a holistic approach to treating my patient, not only treating the main problem (TN), but responding to other symptoms throughout the course of treatment.

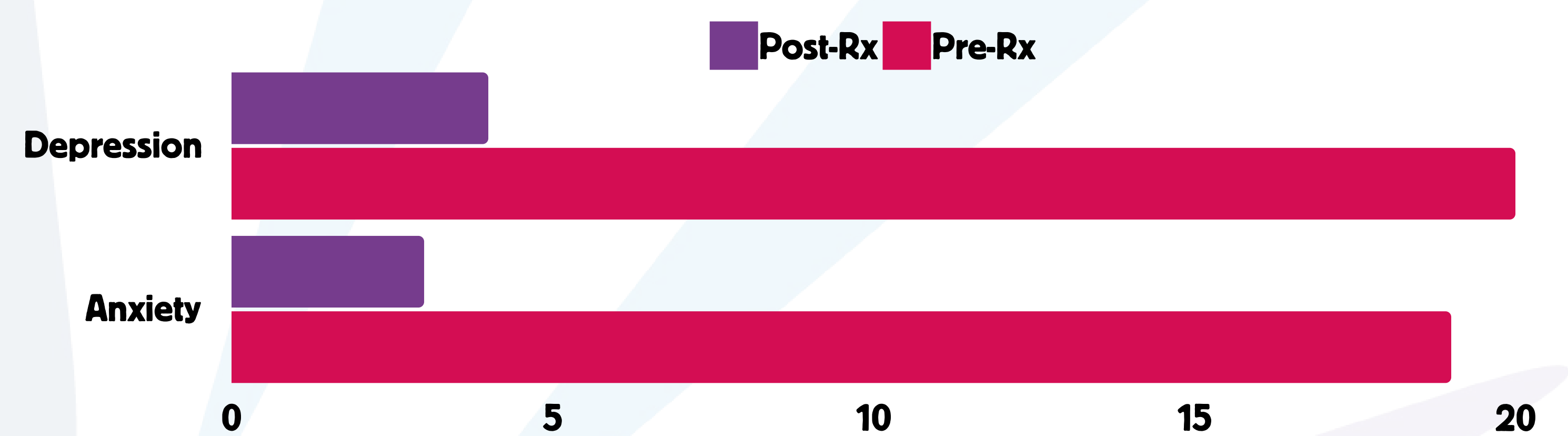


Impact

Primary outcome measure of HADS showed significant improvement pre and post treatment.

	Pre-Rx	Post-Rx
Depression	20/21	4/21
Anxiety	19/21	3/21

How equipped and confident do I feel to carry out a personal yoga practice at home?



A pain VAS was used as a secondary outcome measure, this measured the constant pain the patient was experiencing. The pain VAS went from 5/10 at the first session to 0/10 by the last session.

Patient feedback:

"I wouldn't have survived without acupuncture."



Key reflections, learning and next steps

The impact of supporting this individual with a symptom of their MS that significantly affected their quality of life has been truly rewarding. Having recently trained in acupuncture with the AACP, where the majority of the therapists were musculoskeletal therapists, I wondered what impact I could have on a neurological symptom, especially as the research is limited. The feedback provided by the patient (and others since), makes me appreciate this new tool I can use to support members of the Chilterns Neuro Centre (CNC) experiencing pain, not only for musculoskeletal symptoms, but also for neurological symptoms.

Acupuncture provides an opportunity to take a holistic approach to the management of the patient, not only treating physical symptoms like pain, but by using the concepts of traditional Chinese medicine, to affect other symptoms like bladder, emotion, and sleep all in one treatment session⁴.

The CNC has provided an acupuncture service for our members for many years, treating a wide range of symptoms; however, with an extensive waiting list and a change in staffing and therefore skills, it is important we re-evaluate the symptoms we can support with this service. Alongside the other acupuncturist at the Centre, we will be reviewing our pathway for acupuncture and the symptoms we can support, but with a focus around pain management to enable the patient to resume their normal activities and empower them to self-manage their condition.

The service can also be available to our carer members if they are experiencing musculoskeletal pain, to support them to be able to resume their extremely important caring role; therefore reducing the impact on the NHS and the social care system.

For any physiotherapist with an interest in supporting their patients with pain management, I would highly recommend completing the AACP Foundation course.

References

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4. White, A., Cummings, M., Filshie, J. (2018). *An Introduction to Western Medical Acupuncture.* 2nd ed. Great Britain: Elsevier.