

ACUPUNCTURE VS CARBAMAZEPINE IN TRIGEMINAL NEURALGIA

Pages with reference to book, From 13 To 13

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INTRODUCTION

In Pakistan carbamazepine (tegretol) is invariably prescribed for patients suffering from trigeminal neuralgia. The initial dose is 100-200 mg twice daily orally. In some cases as much as 1600 mg may be required. Side effects include dry mouth, dizziness, drowsiness, diarrhoea, nausea, etc. In some cases skin rashes, jaundice and leucopenia were also seen¹. The study was undertaken to compare the effects of acupuncture in patients suffering from trigeminal neuralgia.

PATIENTS METHOD AND RESULTS

During the last 5 years we treated 36 cases of trigeminal neuralgia who reported to our pain clinic. All of them were on carbamazepine (tegretol) for more than one month and had no pain relief. Male to female ratio was 1:3 (male 9 and female 27). Two acupuncture needles were inserted at point taiying (about 2 cm outer side of eye canthus) and yangbai (about 2 cm above the eyebrow) on the affected side. For half an hour needles were stimulated with (BT 701 electroacupuncture machine) low frequency and high intensity. This form of stimulation is thought to inhibit pain by activating enkephalinergic interneurons in the dorsal horn and invoke production of endorphins in the brain². Treatment was continued for 15 days as first course of treatment. After interval of 2 weeks second course was started in few patients. Maximum 2-5 courses were needed for most of the patients to get maximum benefit. Fifteen patients showed excellent improvement. They stopped taking all drugs. There was no recurrence for 2 years. In 9 patients intensity of pain was much reduced and duration of pain was less. They described their pain 'just bearable'. In another 8 patients response was variable. Four patients showed no change at all in their pain character or intensity.

COMMENTS

Carbamazepine is the drug of choice for the treatment of trigeminal neuralgia³. Phenytoin or baclofen can also be used. The most popular operation consists of lesioning of the gasserian ganglion but have a high relapse rate. The patients who are not benefitted with drugs or surgical intervention or by repeated nerve blocks should have trial of acupuncture. It has no side effects. This study was conducted in those patients who were already taking drugs. A control study might be more helpful.

REFERENCES

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