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Case Report

Successful Treatment of Persistent Trigeminal Neuralgia with Mastoid Acupuncture Despite Jannetta Surgery

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Abstract

Mastoid Acupuncture (CMS) is a relatively new microsystem. It was first introduced by the author in 1998. It offers a wide range of possibilities to successfully treat difficult clinical pictures. This method is amazingly simple to use and highly effective.

The use of mastoid acupuncture in the treatment of trigeminal neuralgia is non-invasive and has proven successful in individual cases over the years.

Keywords: Mastoid acupuncture; Microsystem; Trigeminal neuralgia

Introduction

Trigeminal neuralgia is a disease of the central nervous system. The affected patients suffer from shooting pain in the area supplied by the trigeminal nerve. This pain affects one side of the face, occurs in attacks and is often chronically recurrent. Trigeminal neuralgia can affect one or more branches of the nerve.

The incidence of around 6/100000 in women is higher than in men (around 3.5/100000) [1].

A particular case of trigeminal neuralgia is pain due to a pathological vascular-nerve contact at the exit point of the trigeminal nerve at the brain stem. Other causes may be multiple sclerosis or inflammatory foci in the supply area. More frequently, there is no tangible cause for the pain attacks. This is referred to as idiopathic trigeminal neuralgia.

Treatment is usually symptomatic with first- or second-generation antiepileptic drugs.

In the case of vascular-nerve contact, if the medication does not have a sufficiently pain-relieving effect, a decompression operation (Jannetta) can be considered. Such an operation is risky and requires careful consideration. The complication rate of 1.4 percent is very high [2].

This clinical picture presents neurologists and pain therapists a major challenge. Due to the high level of suffering of the patients affected, action is always needed quickly.

Literature

There are several publications in the literature about the treatment of trigeminal neuralgia with Chinese acupuncture [3-5]. However, there is no publication on the treatment of trigeminal neuralgia with a microsystem.

Case Presentation

The following case reports on a patient with trigeminal neuralgia who still suffered from pain despite having undergone Jannetta surgery.

Pain intensity, sleep quality and quality of life were determined using standardized questionnaires.

Male patient born in 1962. He had been suffering from chronic recurrent trigeminal neuralgia since 2015.

First contact in my pain center on June 29, 2018. The pain was present daily at this time, triggered by eating, drinking, brushing teeth and head movements. Psychological stress increases the pain both in terms of frequency and intensity.

The patient was given a relatively low dose of gabapentin (2x100mg/die) by a neurologist. The symptoms were present until 2023, albeit at a tolerable intensity. (VAS: 4-6).

On July 23, 2023, the patient reported a renewed severe lightning-like pain in the right side of his face. The pain was unbearable despite medication (VAS: 8-10).

An MRI scan of the head confirmed the suspected vascular-nerve contact.

On September19, 2023, a neurosurgical intervention was performed. This resulted in a complication and the patient had to be operated on again.

The antiepileptic drugs (Pregabalin) taken until then were slowly phased out.

However, there were still recurring pain, although of shorter duration and lower intensity (VAS: 4-6)

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The patient could always make the correlation between psychological stress and the occurrence of pain.

In June 2024, the patient reported that he was still suffering from trigeminal neuralgia, despite taking 2x25 mg pregabalin daily. He was visibly disappointed.

Due to the persistent pain (VAS:4-6) and previous experience, I suggested to the patient a treatment with mastoid acupuncture.

The first treatment took place on November 4, 2024. The following areas were treated with one needle each:

- Mastoid tip (left) (Figure 1)

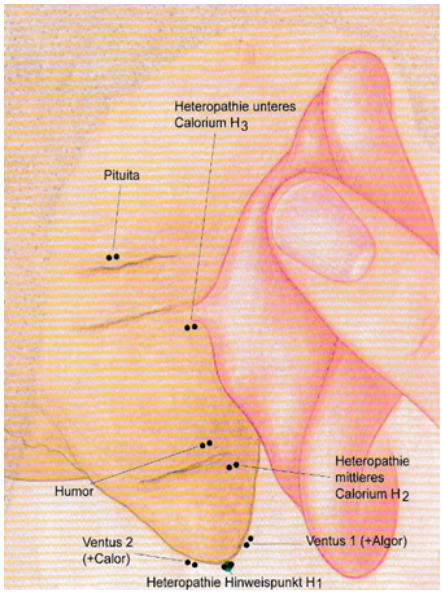

Figure 1: Mastoid tip.

- Trigeminal nerve (left) (Figure 2)

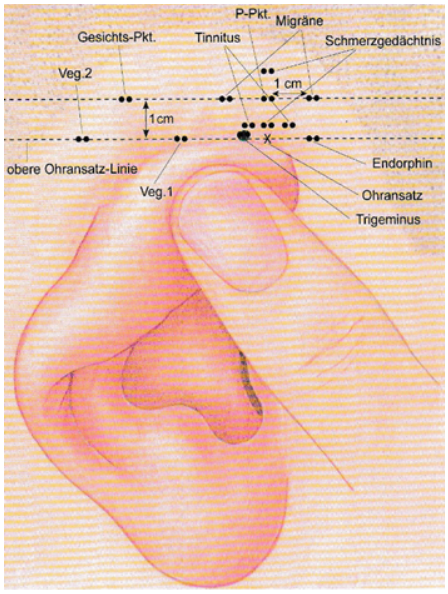

Figure 2: Trigeminal nerve.

- Stomach meridian (right) (Figure 3)

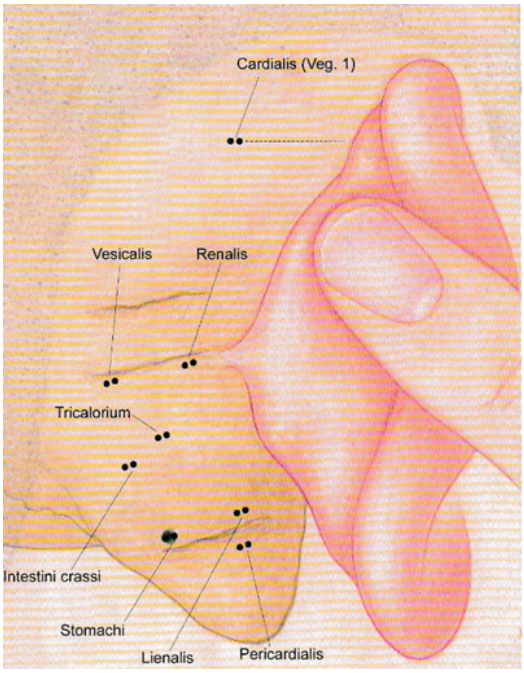

Figure 3: Stomach meridian.

A 1,000 gauss acupressure magnet was applied to the area of the stomach meridian for long-term treatment. At this point, the patient indicated a pain intensity of 5-6 on the VAS.

On November11, 2024, the patient reported slight relief (pain intensity: 4-5 on the VAS). The following areas were treated:

- Mastoid tip (left)
- Trigeminal nerve (left)
- Hippocampus (left)

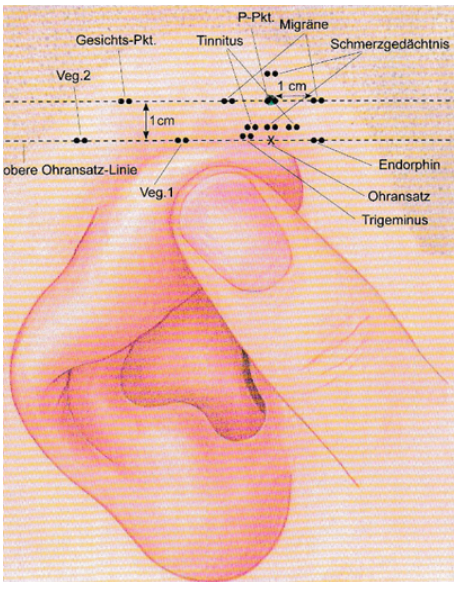

Figure 4: Hippocampus.

- Small intestine meridian (right)

A magnet was attached to the small intestine meridian (Figure 5).

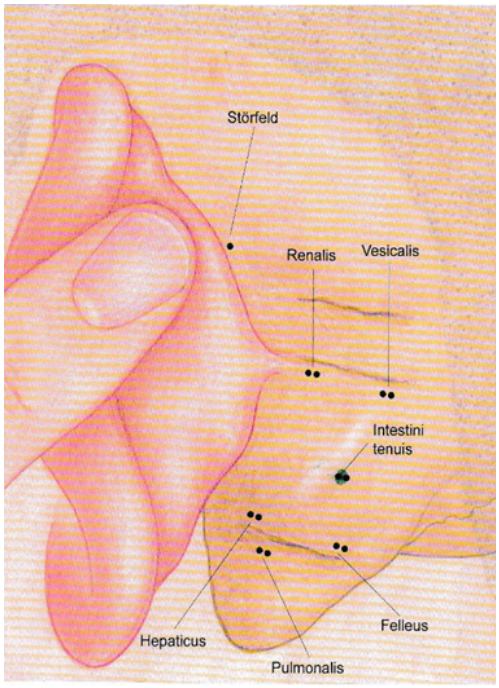

Figure 5: Small intestine meridian.

Due to a flu-like infection of the patient, treatment was postponed for 4 weeks.

December12, 2024: The patient reports pain relief despite the interruption of treatment (pain intensity 3-4 on the VAS.)

The following areas were treated with needles.

- Mastoid tip (left)
- Trigeminal nerve (left)

A magnet was attached to the area of the stomach meridian (right).

December 19, 2024: The patient reports significant and sustained pain relief (pain intensity: 2-3 on the VAS).

The following areas were treated:

- Trigeminal nerve (left)
- Mastoid tip (left)

A magnet was attached to the area of the pericardium meridian (right) (Figure 6).

January 9, 2025: Patient reports fluctuating symptoms over the holidays (pain intensity: 2-5 on the VAS). He attributed this to the end-of-year festivities and the resulting stress.

The following areas were treated with needles.

- Trigeminal nerve (left)
- Mastoid tip (left)

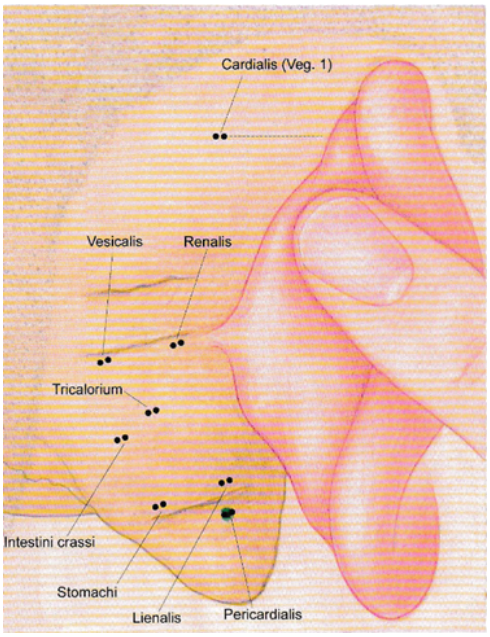

Figure 6: Pericardium meridian.

A magnet was attached on the area of the stomach meridian (right)

January16, 2025: The patient was able to sleep throughout the night every night and had only rarely a little discomfort (pain intensity: 1-2 on the VAS).

The patient was treated the same way as on January 9.

January 23, 2025: The patient is completely symptom-free (pain intensity: 0 on the VAS). He also reported a significant improvement of quality of life.

The patient was treated the same way as on January 9, despite the absence of pain.

January 30, 2025: The patient is still completely symptom-free. Nevertheless, he was treated the same way as on January 9.

The treatment will continue according to the same protocol, but less frequently, as long as the patient remains symptom-free, until the medication is completely discontinued.

Discussion

A few studies on the treatment of trigeminal neuralgia with body acupuncture can be found in the specialized literature. No study or case report on the use of a microsystem has been published. More case studies and possibly scientific studies are certainly warranted to substantiate the effectiveness of mastoid acupuncture.

Summary

Due to the unbearable pain and enormous deterioration of the quality of life of patients suffering from trigeminal neuralgia, any non-invasive treatment is desirable. Mastoid acupuncture is certainly an option that should be investigated more thoroughly through further case studies and clinical trials.

The case presented encourages us even more to pursue this work. More cases will certainly be presented in the future.

The author does not indicate any conflicts of interest.

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