

Barral Institute Case Study

Neural Manipulation - Trigeminal Neuralgia

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Abstract

Trigeminal Neuralgia is a condition that can become quite debilitating. Finding a nonsurgical effective way to treat this condition would be quite welcomed. In this case study we see the effectiveness of manual therapy on the whole of the nervous system to reduce the tensions on the trigeminal nerve.

Key Words

Trigeminal Neuralgia, trigeminal nerve, facial pain, neural manipulation

Introduction

32 year old woman had sudden onset left face and jaw pain following a dental appointment. This was the third and most severe episode in the past 2 years.

Method

Treatment 1: GL: cranium. LL at vertex: left tent. Mobility test of tentorium showed left was more restricted than right. Treatment of left tentorium was followed by a second vertex listening which went to the left trigeminal ganglion. EL of the ganglion went to the mandibular branch. Treatment of the trigeminal ganglion was done in combination with V2 release via the ear canal.

Treatment 2: GL: cranium. LL at vertex: left tentorium. Treatment of left tentorium (mobility test not as restricted as previous treatment) was followed by a second cranial LL which went post. Listen at RCPM was left inferior and a sacral dural tension test positive with pelvic tilt. LL sacrum: left uterosacral lig. Treatment was performed on the left uterosacral ligament at which time the patient informed the therapist that she hadn't menstruated in over 6 months (without being pregnant). Finished with motility of uterus and ovaries.

Treatment 3: GL: post inferior. LL: left sciatic n. Elongation treatment was performed on the sacral plexus as well as the sciatic nerve just distal to piriformis. A second GL: post, inferior cranium. LL: left OA. Joint mobilization with listening was performed on OA.

Treatment 4: GL: left neck, LL: brachial plex at ant scalenes. EL: pleural dome. Treatment was performed on the proximal brachial plexus with a combination technique with the left apical pleura (via costopleural ligament). This immediately improved ease of breathing. Postural re-education instructions were given to integrate the new movement through the neck.

Results

After the first treatment her symptoms diminished by more than 50%. By the fourth treatment she had no face pain remaining but the odd headache. She was more active with a smoother gait pattern and had her first period.

Discussion

Neural tension in the body can develop anywhere and great adaptive changes occur to allow the person to continue to function. In this case the trigeminal ganglion was affected by the tentorium which in turn was affected by inferior visceral and neural restrictions. Surgical interventions for Trigeminal Neuralgia has limited success rates, so being able to treat this condition with conservative methods is an appealing choice for treatment of this debilitating condition.

Surgical approaches for this condition includes treating the nerve directly or treating associated vasculature which then frees up space for the nerve. During the manual therapy of neural manipulation treatment, the elongation treatment of the neural structures also helps restore vascular mobility and pressures. Which percentage of benefit comes from the neural component versus the vascular component, we may never know.

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