Treatment of Facial Pain with I Ching Balance Acupuncture

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ABSTRACT

Background: Trigeminal neuralgia (TN) is the most common cranial neuralgia in adults, with a slightly higher incidence in women than in men. This chronic pain condition affects the trigeminal nerve, also known as the 5th cranial nerve. It is one of the most deeply distributed nerves in the head. Antiseizure drugs are the main biomedical treatment of TN. However, TN is not the only source of facial pain. Background persistent idiopathic facial pain (PIFP) is also a chronic disorder, recurring daily for more than 2 hours per day over more than 3 months. PIFP occurs in the absence of a neurologic deficit. The underlying pathophysiologies of TN and PIFP are still unknown, and treatment options have not been sufficiently evaluated. Nevertheless, neuropathic mechanisms could be relevant in both TN and PIFP.

Cases: A 65-year-old Caucasian female with left facial pain was diagnosed by a neurologist with TN ~2.5 years prior to seeking acupuncture treatment. A 42-year-old Caucasian female with left and right facial pain was diagnosed by a neurologist with PIFP ~3 years prior to commencing acupuncture treatment. The cause of facial pain was treated with 60-minute sessions of I Ching Balance Acupuncture (ICBA) twice per week. Prior to each session, the effect of the previous session was recorded carefully in the patients' files.

Results: A complete dissipation of pain was achieved after 29 and 60 ICBA sessions in the TN and the PIFP patient, respectively.

Conclusions: The present article is the one of the first to demonstrate the efficacy of ICBA treatment for refractory facial pain. As the present article shows, ICBA treatment affects facial pain of different types successfully. However, additional larger-scale studies are necessary to validate the efficacy of ICBA in TN and PIFP treatment.

Keywords: pain, complementary and alternative medicine (CAM), I Ching Balance Acupuncture (ICBA)

INTRODUCTION

TRIGEMINAL NEURALGIA (TN) is the most common cranial neuralgia in adults, with a slightly higher incidence in women than in men.¹ This chronic pain condition affects the trigeminal nerve, also known as the 5th cranial nerve. It is one of the most deeply distributed nerves in the head. Antiseizure drugs are the main biomedical treatment for TN.¹ However, atypical facial pain is not necessarily caused by TN.² Background persistent idiopathic facial pain (PIFP) is also a chronic disorder, recurring daily for more than

2 hours per day over more than 3 months.² PIFP occurs in the absence of clinical neurologic deficits.² The underlying pathophysiology in PIFP is still unknown.³ Nevertheless, neuropathic mechanisms may be relevant in PIFP.² Chronic pain is a debilitating and challenging condition for both clinicians and researchers.⁴ Despite intense research, it is still not clear why some individuals develop chronic pain while others do not; nor is it clear how to heal this disease.⁴

TN and PIFP are considered to be two of the most confusing and difficult to treat facial pain conditions.¹ The

pharmacologic and surgical treatment of both TN and PIFP has not been evaluated sufficiently.¹ Although TN is typically characterized by brief attacks of severe pain, each followed by an asymptomatic period, some patients with TN may also have a constant dull background pain.¹ This constant pain sometimes makes differential diagnosis from PIFP challenging.¹ PIFP occurs in the absence of a clinically detectable neurologic deficit identified by clinical examination.²

Epidemiologic evidence on TN, and even more so on PIFP, is quite sparse, but, generally, both TN and PIFP are believed to be rare diseases.¹ The etiology and underlying pathophysiology of TN and PIFP are still unknown¹; however, neuropathic mechanisms might be implicated in PIFP.²

The present article describes the treatment of TN and PIFP, using I Ching Balance Acupuncture (ICBA), which is based on I Ching (Yi Jing, or Book of Changes).⁵ This method is subordinated to meridian theory, which has been historically used as a diagnostic tool for determining effective acupuncture treatment.⁵ ICBA is an ancient acupuncture method that relies on the interrelations among the acupuncture meridians—an idea first introduced by Chao Chen, DOM, LAc, in the 1970s.⁵

CASES

Patient 1

A 65-year-old Caucasian female suffering from left facial pain was diagnosed by a neurologist as having TN. (Fig. 1A) This diagnosis was made shortly after the pain onset, solely on the basis of its character and without any pathologic findings from a magnetic resonance imaging (MRI) scan that the patient had undergone. She experienced a sharp

shooting pain, which was triggered by facial movements, weather changes, and touching certain areas of her face. Her neurologist prescribed oral carbamazepine (Tegretol®). Because of severe side-effects, this treatment was discontinued without affecting the pain. After some time, another neurologist confirmed the TN diagnosis and prescribed oral duloxetine Hcl (Cymbalta®). This treatment also caused severe side-effects without affecting the pain and was discontinued. Thereafter, a third neurologist again confirmed the TN diagnosis and prescribed pregabalin (Lyrica®). This pharmacologic treatment was discontinued for the same reasons as the two previous treatments. Given that the patient continued to suffer, she sought acupuncture treatment ~2.5 years after she had been diagnosed with TN. This patient reported no other medical problems and was taking no other medications.

Patient 2

A 42-year-old Caucasian female suffering from left and right dull and persistent facial pain was diagnosed by a neurologist with PIFP, based on the results of appropriate tests. (Figs. 1B and 2) She was prescribed nonsteroidal anti-inflammatory drugs (NSAIDs), which affected the pain very slightly if at all. After ~3 years of trying various NSAIDs, which were of no avail, this patient was referred to a psychiatrist but decided to seek acupuncture treatment. This patient reported no other medical problems. In terms of additional medication, she used birth control pills prior to and during the treatment with NSAIDs.

Diagnostics and Treatment

Facial pain was determined as a local problem for these 2 patients, 1 with TN and 1 with PIFP.⁶ To detect the involved “sick” meridians, meridian mapping was performed

FIG. 1. Diagrams of: (A) patient 1 trigeminal neuralgia pain area and (B) patient 2 persistent idiopathic facial pain area.

FIG. 2. Left persistent idiopathic facial pain areas.

as described by the current author in a previous article.⁶ (Fig. 3) After the “sick” meridians were diagnosed, balancing meridians were chosen from the five most popular and effective systems of meridian interrelations in ICBA.⁷ Chinese pulse diagnostics was used to confirm the involvement of the diagnosed meridians as has been described by Tan.⁸ Both patients were treated with 60-minute ICBA sessions twice per week.

Acupuncture points were punctured, using 0.22×30 mm, U.S. Food and Drug Administration–approved, sterile acupuncture needles with copper handles and silicone cooling. (Boenmed, Bar Tipul Technologies, Ltd., Rehovot, Israel). This description refers only to the type of needles used—not to the adjunctive treatment. The needles were inserted to a depth of ~ 2 mm and remained not stimulated until removed by the end of each 60-minute ICBA session. Immediately after the insertion of the needles, the patients felt warmth and soft currents in the punctured areas and in the areas of facial pain. These sensations, together with an immediate decrease in facial pain, served as an indication of the correctness of the treatment.

Oral informed consent for the publication of the present case report was obtained from the patients.

Patient 1 (TN). An imbalance of the left facial segments of the Hand *Yang Ming* (Large Intestine; LI) and Foot *Yang Ming* (Stomach; ST) meridians was detected (Figs. 1A and 3A). In accordance with the five Systems of Balance in ICBA, to balance the “sick” facial part of the LI meridian, the ipsilateral *Ashi* points around the Foot *Jue Yin* (Liver; LR) meridian (LR 3) were punctured⁶ (Fig. 4A and B). To balance the “sick” facial part of the ST meridian, the ipsilateral *Ashi* points around the Hand *Jue Yin* (Pericardium; PC) meridian (PC 8) and contralateral Foot *Tai Yin* (Spleen; SP) meridian (SP 3–SP 4) were punctured (Fig. 4C).

Patient 2 (PIFP). An imbalance of the Foot *Yang Ming* (ST) and Foot *Tai Yang* (Small Intestine; SI) meridians was detected (Fig. 1B and Fig. 3B). In accordance with the five Systems of Balance in ICBA, to balance the right and left “sick” facial parts of the ST meridian, the ipsi- and contralateral *Ashi* points around PC 8 and SP 3–SP4 were punctured⁶ (Fig. 4A and C). To balance the right and left “sick” facial parts of the Hand *Tai Yang* (SI) meridian, the ipsi- and contralateral *Ashi* points around LR 3 were punctured (Fig. 4B).

FIG. 3. (A) Trigeminal neuralgia meridian mapping. (B) persistent idiopathic facial pain meridian mapping.

FIG. 4. (A) Ashi points around PC 8. (B) Ashi points around LR 3. (C) Ashi points SP 3–SP 4.

RESULTS

ICBA treatment affected the facial pain successfully in both patients. Throughout the treatment period, both patients felt a gradual decrease in the intensity of pain and narrowing of the pain areas. In both patients, the overall improvement of their clinical pictures started immediately during and continued following the first 60-minute ICBA sessions. Unfortunately, the improvement was nonlinear and was mediated by drastic weather changes, physical and emotional stress, etc. In the patient with PIFP, the improvement was also affected by the phases of her menstrual cycle and possibly by her use of birth control pills.

A complete dissipation of pain was achieved in the patient with TN following 29 ICBA sessions. This patient stayed pain-free for 3 months after completing the treatment and is still being followed.

The patient with PIFP received 60 ICBA sessions until she had a complete dissipation of pain. This patient stayed pain-free for 2 months after completing the treatment and is being followed.

DISCUSSION

Up to 26% of the general population has suffered from facial pain at some point.⁹ To date, a number of pharmacologic, nonpharmacologic, and invasive treatment options have proven to be moderately effective for the treatment of TN and PIFP.⁹

Treatment Options for TN and PIFP in Western Medicine

Although TN is well-known to neurologists, recent developments in classification and clinical diagnosis, new MRI methods, and a debate about surgical options require an update on the topic.¹⁰ Diagnostic tests are necessary to distinguish among three etiologic categories: (1) idiopathic TN; (2) classic TN; and (3) secondary TN.¹⁰

As shown by Di Stefano and Truini, TN frequently has an excellent response to some drugs, which, however, often have disabling side-effects.¹¹ Voltage-gated, frequency-dependent sodium channel blockers (carbamazepine and oxcarbazepine) are still the treatments of choice for TN.¹⁰ Both carbamazepine and oxcarbazepine are known antiseizure drugs. However, many patients experience significant side-effects, and patients with concomitant continuous pain respond less well to this pharmacologic treatment.¹⁰ The undesired effects cause withdrawal from treatment or a dosage reduction to an insufficient level in many patients who are treated with sodium-channel blockers.¹²

Single and repeated dosing of *Botulinum* toxin type A (BTX-A) treatment for TN were compared by Zhang et al. Their study indicated that, although repeated dosing has no advantage over a single dose, dosing should be adjusted to the individual patient.¹³

As suggested by Cruccu all existing surgical interventions are very efficacious for the treatment of TN. Precise MRI criteria for differentiating a true neurovascular compression from an irrelevant contact will be of benefit when selecting patients for microvascular decompression.¹⁰ Endoscope-assisted neurectomy was shown to be a safe and effective surgical method of treating TN in the mandibular branch when patients refuse neurosurgical options.¹⁴ Speedy recovery after this surgical method was shown by Huang et al.¹⁴ Factors determining the outcome

of percutaneous balloon compression treatment for TN were discussed by Unal et al.¹²

Given that no clinical underlying pathophysiology is presently known to be associated with PIFP, the treatment options for this disorder are more limited than for TN. PIFP is a condition poorly understood by clinicians, which explains its late diagnosis and inaccurate treatment.¹⁵ According to the available literature, anticonvulsants, antiseizure drugs (benzodiazepines, gabapentin, and carbamazepine) and tricyclic antidepressants (amitriptyline Hcl) are the most widely used drugs for PIFP treatment.¹⁵ Acute PIFP treatment may also include NSAIDs and skeletal muscle relaxants.¹⁶

Acupuncture Treatment of TN and PIFP

Unfortunately, no study showing and discussing the effect of acupuncture treatment on PIFP was found. Nevertheless, traditional acupuncture and traditional acupuncture combined with ear acupuncture were shown to alleviate pain in TN, in a study performed by Ahn et al.¹⁷ A positive clinical effect of acupuncture treatment on primary TN was achieved by He and Zhang by needling the sphenopalatine ganglion.¹⁸

The work of Tao et al. indicated that the clinical treatment of TN is focused on local acupoints in combination with nerve distribution-based acupoints, distal acupoints, and special acupoints.¹⁹

The present cases showed that that ICBA has a potential to treat TN and PIFP effectively. It is known that the effect of ICBA treatment is a matter of the number of treatment sessions. However, an increased frequency of ICBA sessions could decrease the required number of sessions and speed the treatment process. Factors such as emotional stress, drastic weather changes, etc., exacerbated the patients' pain during treatment. Nevertheless, despite these fluctuations, ICBA treatment caused a gradual decrease in pain intensity until its complete dissipation.

The ICBA diagnostics method relies on a virtual meridian system. At the same time, conceivably, it enables the practitioner to focus on universal variables. Anatomical structure similarities, the meridian system of coordinates, and the interrelation of meridians refer to the universal variables. Certainly, the unique anatomical and physiologic properties of each individual are important considerations.

CONCLUSIONS

The present article is one of the first to show the efficacy of ICBA treatment for both TN and PIFP. ICBA treatment is able to affect facial pain of different types successfully. ICBA's alternative diagnostic and therapeutic approach appears to be as effective as those used in

Western medicine. Certainly, additional large-scale studies are necessary to validate the efficacy of ICBA in TN and PIFP treatment.

AUTHOR DISCLOSURE STATEMENT

The author has no conflicts of interest to declare.

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