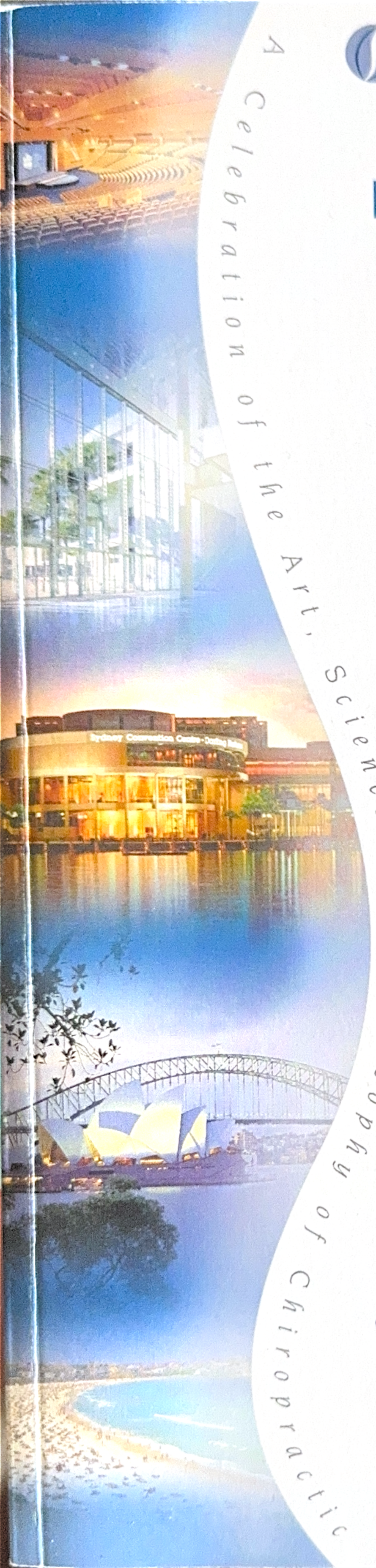

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WFC'S 8TH BIENNIAL CONGRESS

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Upper Cervical Chiropractic Management of Trigeminal Neuralgia: A Series of Case Reports

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Introduction: Trigeminal Neuralgia (TN) is a seriously debilitating facial pain condition with an uncertain etiology, though it has established criteria for diagnosis. Upper cervical spinal kinematic dysfunction has been implicated in the etiology of TN; this evidence is discussed. Clinical observation supports this, particularly chiropractors claiming to affect, and normalize functional capacity, of the upper cervical joint complex. However, no extensive scientific data on these observations exists. Subjects within this group demonstrated various levels of prior intervention, such as pharmacological, surgical, as well as complementary, including other forms of chiropractic technique, but all were chronic. Goals of this study were to assess any change in pain perception in patients with diagnosed TN over the course of chiropractic care, and to monitor any change in pain medication dependency or functional capacity over same period.

Methods: Eight patients were sourced from the Sydney Support Group of the Trigeminal Neuralgia Association of Australia. They were placed on a program of chiropractic care, following meeting of established criteria of TN diagnosis, and protocols pertaining to Atlas Orthogonal Chiropractic (AOC) spinal correction procedures. This included pre and post adjustment radiographs and McGill and Visual pain scales. Correction of atlas malalignment was attempted through a vector calculated via sagittal, frontal and horizontal plane radiograph views. Vectors were then applied to the side-lying patient at the level designated in line with the atlas transverse process on the superior side of atlas tilt, using a low-force and amplitude percussion instrument. Adjustments were performed until rectification of atlas mal-alignment was corrected according to AOC protocols. Follow up was over twelve months.

Results: Over the period of care, all but one patient reported decreased pain values and functional improvements. The majority of subjects displayed no complete cessation of perceived TN pain, but decreased medication dosages were recorded. Subjective reports and objective findings of musculoskeletal related improvements are also discussed.

Conclusions: The majority of subjects in this study demonstrated a decreased perception of pain, which was often directly related to decreased medication intake. The results suggest a correlation between applied, specific, directional mechanical forces to the upper cervical spine and TN pain. The mechanisms and modes of action are largely unknown, but credible support for a neuro-musculo-skeletal connection with TN would only be forthcoming with further, larger studies.