

Effective Home Remedies that Doctor's Give Their Patients



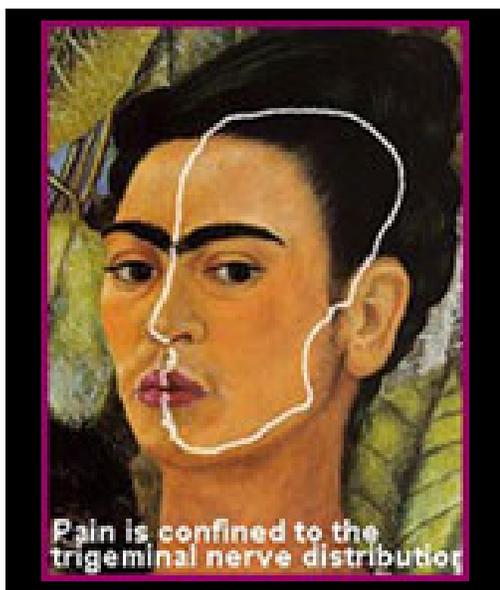
Dr. Kukurin has studied at some of the world's finest institutions including Harvard, the Mayo Clinic and Johns Hopkins. He has applied his knowledge of acupuncture, chiropractic and rehabilitation to more than 10,000 patients over the past two decades. The unique methods he developed, along with his vast experience in patient care, allow him to treat even the most difficult cases quickly and effectively. The results our patients experience are exceptional. They have been featured on ABC, FOX and NBC news affiliates; have been published in the National Library of Medicine and even presented to other doctors at Johns Hopkins Medical School. Dr. Kukurin's reputation for providing world class patient care has been recognized by The Consumers Research Council of America, Who's Who in Medicine and Who's Who in Leading Professionals. Making Dr. Kukurin, one of the country's top chiropractic physicians.

**Journal of Rapid
Pain Relief**

Trigeminal Neuralgia can produce some wicked pain shooting through your face. Patients describe it as a lightening bolt, or electrical shock. Since it comes and goes and is so painful, it also tends to produce anxiety in patients. The fear of not knowing if and when the next jolt will hit, definitely creates distress in these patients. Just to give you some perspective on Trigeminal Neuralgia, in medical history books, it states that patients can actually become suicidal from the combination of pain and anxiety. Most cases of Trigeminal Neuralgia are idiopathic, meaning that the exact cause is unknown. There are a few extremely rare, but serious conditions associated with Trigeminal Neuralgia, including strokes and tumors. But as stated these are rare. We know that in neuralgia, the nerve sends massive discharges of electrical impulses (almost like static electricity), but we really don't know why. Since we don't know why these discharges occur, the medical treatment for Trigeminal Neuralgia is (not surprisingly) inadequate. Various classes of

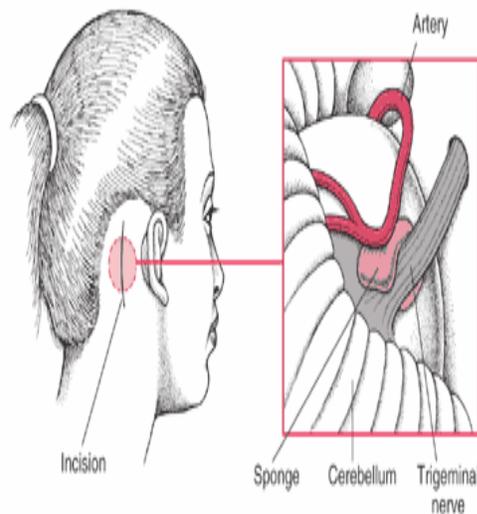
drugs are the first line treatment. Several surgical procedures have been developed for use when drugs fail to control the episodes of pain. One procedure, popularized in my hometown of Pittsburgh, is to pad the root of the nerve and separate it from the surrounding blood vessels. A procedure called neurovascular decompression. See the illustration to the right. The number of Trigeminal patients who actually have nerve compression in this area is unknown. 9 So the utility of this procedure is debatable. 9 A second procedure known as the Gamma Knife, uses radiation focused at the root of the Trigeminal Nerve to try to selectively kill the nerve in the skull 8 Without actually opening the skull as is required for the surgical decompression procedure. I have seen many patients with Trigeminal Neuralgia in my practice. We have had truly remarkable results treating this condition using techniques of stimulation induced analgesia. Turn to page two, I'll explain.

This Issue: Alternative Medicine Info to help with Neuralgia



The three branches of the Trigeminal nerve are distributed to the forehead, known as the ophthalmic or V1 branch, the cheek, called the maxillary branch or V2 and to the jaw, known as the mandibular branch, V3. (above)

In neurovascular decompression, a pad is placed between the nerve and surrounding blood vessels. This requires entering the skull to expose the Trigeminal Nerve. (below)



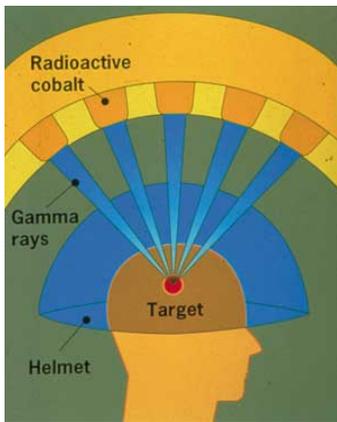
Stimulation-Induced Analgesia

Our Results in treating patients with Trigeminal Neuralgia were presented at Johns Hopkins and will soon be published in a journal indexed in the National Library of Medicine!

Using stimulation to control abnormal nerve activity has been so successful that in June of 2006 I was invited to present a case at a

conference at Johns Hopkins in Baltimore. More recently we had a patient suffering from Trigeminal Neuralgia, that had both the neurovascular decompression procedure and GAMMA Knife radiation. This patient received little or no relief from the surgical procedures. Using the theory of stimulation induce analgesia 1 (applying Laser and Ultrasound to the nerves shown on the illustration to the right, he had complete pain

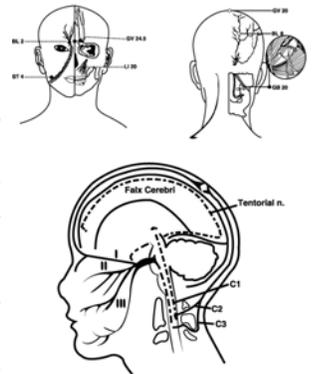
relief and is off all medications. We just received notification from the editor of the journal *Medical Acupuncture* that this case has been accepted for publication. Currently, we are working with a patient who had the GAMMA Knife procedure and had a horrible outcome. His face and tongue are terribly numb. Making it difficult for him to eat or even speak. We remain hopeful that we can provide him with relief.



Health food store remedies:

The Amino Acid GABA is a neurotransmitter that may suppress over activity in nerves. Combined with Valerian Root, Passion Flower and Hops you have an alternative to the prescription medications Neurotin and Lyrica. 5,11 Two of the more popular medical treatments for Trigeminal Neuralgia.

The drawings to the right show superficial nerves that connect deep inside the brainstem with the Trigeminal Ganglion. Each of these nerves, when stimulated, have been shown to suppress pain messages traveling through the Trigeminal system. 1-4 They are perfect “switches” to attempt to shut off the abnormal nerve activity associated Trigeminal Neuralgia. This can be accomplished with Laser, ultrasound or TENS. 6,7,10



The GAMMA Knife, shown in the illustration above, uses focused radiation in an attempt to kill the Trigeminal Nerve. In a percentage of the cases treated with the GAMMA Knife, severe numbness results. 8

Recently two cases of trigeminal neuralgia treated by Drs. Cuttita and Kukurin were accepted for publication in the Journal of Medical Acupuncture. This is a scientific peer reviewed medical journal indexed with the National Library of Medicine. It demonstrates the exceptional results patients obtain at our office.

~ Dr George Kukurin

The superficial nerves of the face (above) are related to classical acupuncture points. A potential alternative to surgery for pain relief.

References

1. Peripheral stimulation for treatment of trigeminal postherpetic neuralgia and trigeminal posttraumatic neuropathic pain: a pilot study. *Neurosurgery* 2004 Jul; 55(1):135-41
2. Nerve stimulation for the regional anesthesia of the face: use of the blink reflex to confirm the localization of the trigeminal nerve. *Anesth Analg* 2005 Aug;101(2):589-91
3. Functional connectivity between trigeminal and occipital nerve revealed by occipital nerve blockade and nociceptive blink reflexes. *Cephalgia* 2006 Jan;26(1):50-5
4. Convergence of cervical and trigeminal sensory afferents. *Curr Pain Headache Rep* 2003 Oct;7(5):377-83
5. In vitro binding experiments with a Valerian, hops and their fixed combination extract (Ze91019) to selected central nervous system receptors. *Phytomedicine*. 2004 Nov;11(7-8):633-8.
6. Low-level laser therapy is an important tool to treat disorders of the maxillofacial region. *J Clin Laser Med Surg*. 1998 Aug;16(4):223-6.
7. The treatment of cranio-facial pain by electroacupuncture and laser irradiation. *Ann Ital Chir*. 1997 Jul-Aug;68(4):505-9.
8. Influence of nerve radiation dose in the incidence of trigeminal dysfunction after trigeminal neuralgia radiosurgery. *Neurosurgery*. 2007 Apr;60(4):681-7;
9. Microvascular decompression as a treatment for cranial nerve hyperactive dysfunction - a critical view. *Acta Neurol Scand Suppl*. 2007;187:30-3.
10. Trigeminal neuralgia: sudden and long-term remission with transcutaneous electrical nerve stimulation. *J Manipulative Physiol Ther*. 1997 Jul-Aug; 20(6):415-9.

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