Fasciatherapy to relieve trigeminal neuralgia and hemifacial spasm

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BACKGROUND: The clinical association between trigeminal neuralgia and hemifacial spasm is the so-called “tic douloureux”. Several theories exist to explain the possible causes of this pain syndrome. Leading research indicates that it is an enlarged blood vessel – possibly the superior cerebellar artery (SCA) – compressing or throbbing against the microvasculature of the trigeminal nerve near its connection with the pons. Such a compression can injure the nerve's protective myelin sheath and cause erratic and hyperactive functioning of the nerve characterized by episodes of intense pain in the face.

HYPOTHESIS: Very high level of myofascial tension generated by the powerful lower limbs may influence posture to an extent where the SCA affects the trigeminal nerve.

APPROACH: Explain to the client that fascia release work is done using touch, bodily sensations and breath. While providing firm, supportive, holding pressure [1], I encourage the client to describe location, type and intensity of bodily sensations to raise self-awareness, inhale deeply to stretch fascia, exhale without holding back to release, and reevaluate sensations. I change holding location when patient sensations decrease significantly or disappear.

RESULTS: Female age 50, diagnosed with tic douloureux has daily spasms, burning sensations and excruciating pain (10/10) on face’s left side. She experienced whiplash as a kid and her left eye tears 3 to 4 times weekly since 1975. After a 2 hour lower limb session, her pain level dropped from 9 to 2/10 and her spasms stopped. After a 72 hours follow-up, both pain and spasm were down to a light level (2/10) and the tearing stopped.

CONCLUSIONS: Early results suggest that this very simple fasciatherapy technique can release high levels of myofascial tensions and relieve tic douloureux intense pain. Client to return shortly for an upper body session and improve results.