

## An interoceptive method for resistant trigeminal neuralgia

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### Abstract

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## Abstract

**Introduction.** Classical Trigeminal Neuralgia (CTN) (ICHD-3, 13.1.1.1) is the most common craniofacial neuralgia and can profoundly affect the quality of life of patients. Pain is characterized by recurrent, evocable, unilateral brief, electric, shocklike pains with an abrupt onset and cessation that affects one or more divisions of the trigeminal nerve<sup>1</sup>. Pharmacological approach is considered the first line treatment. The infiltrative and surgical approaches are considered only when drugs are contraindicated or when pain becomes refractory to them. There is no unequivocal evidence in the literature regarding the effectiveness of autogenic training in headache management and in particular in CTN<sup>2</sup>, but the role of the interoceptive cerebral system in modulating pain and resilience is an emerging topic.

We present the experience of a 47-year-old female civil-service worker no significant medical history but who is responsible for her sister's cancer treatment plan for the last four years. She had been suffering for episodic CTN for 2 years which is refractory to every pharmacologic approaches. CTN attacks were so intense that she often had to go to first-aid point (up to twice a month). Pain typically occurred at night and for this reason she developed sleep disturbances and anticipatory anxiety with consequent limitations in her daily activities and social and working life.

**Methods.** The patient attended a specialist course designed to manage chronic pain through relaxation techniques and mindfulness exercises, in particular with Interceptive autogenic training (TAInt). The course lasted eight weeks, with regular follow-up sessions to evaluate the effectiveness of the training.

**Results.** Post-course evaluation showed a significant reduction in the intensity and frequency of CTN attacks. There was an improvement in sleep quality and a reduction in painkillers consumption. She developed greater awareness of the build-up of tension throughout the day and she found exercises to release it useful.

After two months of follow-up, her situation was proceeding well: CTN attacks were less frequent and severe (there was no longer a need for emergency room); her anticipatory anxiety had decreased significantly and the questionnaires reflected these improvements, highlighting greater emotional and social well-being.

**Conclusions.** The sudden onset of intense CTN can dramatically increase levels of physiological alertness and anxiety leading to a vicious cycle of anxiety, muscle tension and pain. Standard or targeted relaxation and mindfulness practices based on interoceptive approach can help to reduce alertness and muscle tension levels by interrupting this cycle as shown in this case. It is probably that the effectiveness of these approaches

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