CONDITION

Neuralgia

Neuralgia is sharp, burning, or electric-shock pain that follows the path of a nerve.

WHAT IT IS
Pain caused by irritation or dysfunction of a nerve

BODY SYSTEM
Nervous system

MAIN SYMPTOMS
Shooting pain, burning pain, electric shocks, touch sensitivity

WHAT CAUSES IT
Compression, injury, infection, illness, or no clear cause

HOW IT IS DIAGNOSED
Clinical history and examination; tests look for underlying causes

MAIN TREATMENT
Nerve-pain medicines, cause treatment, and sometimes procedures

CAN IT BE CURED?
Sometimes - when the underlying cause can be corrected

IS IT AN EMERGENCY?
Sometimes - with new weakness or bladder or bowel loss

LONG-TERM OUTLOOK
Often manageable, but some forms recur or persist

Overview

Neuralgia means pain that follows the path of a nerve. The pain may feel sharp, burning, stabbing, or like an electric shock. It can affect a small area, such as one side of the face, or travel along a limb.

Neuralgia is a condition rather than one specific disease. It describes a type and pattern of pain. Some forms have a known cause, such as shingles, nerve injury, or pressure on a nerve. In other cases, no clear cause is found.

Examples include trigeminal neuralgia, which affects a nerve supplying the face, and postherpetic neuralgia, which can continue after shingles. Occipital neuralgia causes pain involving nerves at the back of the head. Different forms can need different tests and treatments.

Neuralgia matters because repeated pain can disturb eating, sleep, movement, work, and mood. However, it is not usually life-threatening. Finding the nerve involved and checking for an underlying cause can help guide treatment.

Symptoms

Neuralgia often causes brief bursts of intense pain. Attacks may last seconds or minutes and repeat several times. Other people have pain that is present most of the day, sometimes with stronger flare-ups.

Common descriptions include:

Pain caused by something that would not normally hurt, such as a light touch, is called allodynia . An unusually strong response to a painful stimulus is called hyperalgesia .

The pattern depends on the nerve affected. Trigeminal neuralgia may cause sudden pain in the cheek, jaw, teeth, gums, or around the eye. Postherpetic neuralgia usually affects the area where a shingles rash occurred. Occipital neuralgia may begin near the neck and shoot toward the scalp.

Some people have predictable triggers. Cold air, washing the face, brushing the teeth, turning the head, or pressure from clothing can start an attack. Pain can also occur without an obvious trigger.

- Electric-shock, shooting, stabbing, or burning pain
- Tingling, pins and needles, or unusual sensitivity
- Pain caused by light touch, clothing, chewing, or movement
- Numbness or reduced sensation near the painful area

Causes and risk factors

Neuralgia develops when a nerve sends pain signals even though there is no ongoing injury to protect you from. This may happen because the nerve is compressed, inflamed, damaged, or affected by another condition.

Possible causes include:

A compressed or trapped nerve may cause pain along the area it supplies. In trigeminal neuralgia, a blood vessel sometimes presses against the trigeminal nerve near the brainstem. In postherpetic neuralgia, the nerve remains overactive or damaged after the shingles rash has

healed.

Older age raises the chance of some forms, including postherpetic neuralgia. Diabetes, previous shingles, and certain neurological conditions can also raise risk. However, neuralgia can occur without these factors.

Sometimes testing does not reveal a cause. This does not mean the pain is imagined. Nerve function can change in ways that are not visible on routine scans.

- Pressure from a blood vessel or nearby structure
- Shingles, which can damage sensory nerves
- Injury from an accident, operation, or dental procedure
- Diabetes or another illness affecting nerves
- Multiple sclerosis or another condition affecting nerve insulation
- A growth pressing on a nerve
- Alcohol-related or nutritional nerve damage

Diagnosis

There is no single test that confirms every type of neuralgia. Diagnosis usually begins with your description of the pain: where it starts, where it travels, how long attacks last, and what triggers them.

A physical and neurological examination checks sensation, strength, reflexes, movement, and the area supplied by the suspected nerve. Your mouth, teeth, skin, joints, or spine may also need assessment because other problems can resemble nerve pain.

Tests are selected according to the pain pattern and examination. They may include:

Imaging may support a diagnosis, but a normal scan does not rule out neuralgia. Likewise, a blood vessel touching a nerve on an MRI does not always prove that it is causing the pain.

Facial neuralgia may resemble dental pain, migraine, sinus problems, jaw-joint disorders, or other headache conditions. A careful assessment helps avoid unnecessary dental procedures and identifies symptoms that need more urgent investigation.

- MRI or CT scans to look for nerve compression, multiple sclerosis, stroke, or a growth
- Blood tests for diabetes, vitamin deficiencies, infection, or inflammation
- Nerve conduction studies, which measure how electrical signals travel through nerves

- Electromyography, which measures electrical activity in muscles

Treatment and management

Treatment aims to reduce pain, limit attacks, and address any underlying cause. The best approach depends on the nerve involved, whether the pain is occasional or continuous, and how treatment affects daily life.

Ordinary pain relievers may not work well for nerve pain. Medicines that change how nerves send signals are often more useful. These include certain anti-seizure medicines and some antidepressants like sertraline or fluoxetine . Their use for neuralgia does not mean that you have epilepsy or depression.

For trigeminal neuralgia, medicines such as carbamazepine or oxcarbazepine are commonly used. Other types of nerve pain may be treated with medicines such as gabapentin, pregabalin, amitriptyline, or duloxetine. Localised pain may sometimes be treated with lidocaine or capsaicin applied to the skin.

These medicines can cause effects such as sleepiness, dizziness, nausea, swelling, or balance problems. Some require blood tests or gradual dose changes. Do not stop a regularly used nerve-pain medicine suddenly without medical advice.

Treatment may also address the cause. Examples include managing diabetes, correcting a vitamin deficiency, or treating pressure on a nerve. Antiviral treatment is used during shingles, although established postherpetic neuralgia may need separate pain treatment.

If medicines do not provide enough relief or cause difficult side effects, specialist options may include nerve blocks, injections, electrical stimulation, or surgery. For some people with trigeminal neuralgia, procedures can reduce pressure on the nerve or interrupt pain signals. Benefits can last for different lengths of time, and some procedures can cause numbness or other complications.

Medicines commonly used for trigeminal neuralgia include carbamazepine . Which one suits you, if any, is a decision for you and your doctor.

Keeping a record of attack timing, triggers, pain severity, and medicine effects can make follow-up more useful. Gentle activity, regular sleep, and practical changes to avoid known triggers may also help, although they do not repair the affected nerve.

Complications

Repeated or continuous neuralgia can interfere with sleep, concentration, eating, physical activity, and work. Some people avoid touching or moving the painful area because they fear another attack. With facial neuralgia, this may affect toothbrushing, speaking, or nutrition.

Long-lasting pain can contribute to anxiety, low mood, or social withdrawal. These effects are part of the health impact of persistent pain, not a sign that the pain is psychological.

Complications can also come from the underlying condition or treatment. Nerve damage may cause lasting numbness or weakness. Medicines can cause sedation, falls, or interactions with other medicines. Procedures may produce altered sensation, and pain can sometimes return afterward.

Neuralgia itself does not usually spread through the body. New pain in another area may have a separate cause and should not automatically be assumed to be the same condition.

Prevention

Many forms of neuralgia cannot be fully prevented. This is especially true when the cause is an anatomical pressure point, multiple sclerosis, an injury, or an unknown change in nerve function.

Shingles vaccination lowers the risk of shingles and its complications, including postherpetic neuralgia. Eligibility differs by age, health condition, and country.

Managing diabetes can reduce the risk of further nerve damage. Using appropriate protective equipment at work or during sport may prevent some nerve injuries. Balanced nutrition and limiting heavy alcohol use can reduce certain causes of neuropathy, which means damage affecting one or more nerves.

These steps cannot guarantee that neuralgia will not occur. They are most useful when they target a specific preventable cause.

Living with it and what to expect

The course of neuralgia differs by type. A compressed or injured nerve may improve as pressure or inflammation settles. Pain after shingles may gradually reduce over months, but it can continue for years in some people. Trigeminal neuralgia may have pain-free periods followed by recurrences.

Symptoms can change over time. Brief attacks may become more frequent, or a background ache may develop between attacks. In other cases, treatment provides stable control for long

periods.

Finding a useful medicine can take time because pain relief must be balanced against side effects. Follow-up is usually needed after starting or changing treatment, if attacks become more frequent, or if pain begins to affect eating, sleep, mobility, or mood.

Many people remain active and independent while managing neuralgia. Practical adjustments may include protecting sensitive skin, choosing softer foods during facial-pain flares, planning rest after poor sleep, or adjusting activities that reliably trigger pain. Treatment may need review over months or years rather than remaining unchanged.

When to get medical help

Arrange a routine appointment if you develop repeated shooting, burning, or electric-shock pain, particularly if it follows the same path each time. Assessment is also appropriate if pain persists after a shingles rash, ordinary pain relief is not helping, or symptoms interfere with sleep or daily activities.

Seek prompt medical advice if you have a new shingles rash on the face, near an eye, or around an ear. Early treatment may reduce complications. Rapidly worsening numbness, unexplained weight loss, fever, or new difficulty walking also needs prompt assessment.

Call emergency services for nerve-like pain accompanied by:

These symptoms can indicate stroke, serious spinal nerve compression, or another emergency rather than uncomplicated neuralgia.

- Sudden facial drooping, arm or leg weakness, or difficulty speaking
- New loss of bladder or bowel control
- Numbness around the genitals or buttocks
- Rapidly worsening weakness in one or both legs
- Sudden loss of vision, confusion, or an unusually severe headache

Common questions

Is neuralgia the same as neuropathy?

Not exactly. Neuralgia means pain along a nerve. Neuropathy means that a nerve is damaged or not working normally and may cause pain, numbness, tingling, or weakness. Neuropathy can cause neuralgia, but neuralgia does not always come with measurable nerve damage.

Can neuralgia go away on its own?

Sometimes. Pain caused by temporary irritation or a healing injury may settle. Other forms can recur or become long-lasting. The outlook is influenced by the cause, how long symptoms have been present, and whether treatment can address the affected nerve.

Does stress cause neuralgia?

Stress does not usually damage a nerve or directly cause neuralgia. It can increase muscle tension, disturb sleep, and make pain feel harder to manage. Stress reduction may help with coping and flare-ups, but it does not replace assessment or treatment of the nerve problem.

Can an MRI show neuralgia?

An MRI cannot show pain itself. It may reveal a blood vessel pressing on a nerve, multiple sclerosis, a growth, or another possible cause. Some people with clear neuralgia have a normal MRI, while some scan findings are unrelated to their symptoms.

Is neuralgia dangerous?

Neuralgia is not usually dangerous, but the underlying cause sometimes needs treatment. Sudden weakness, speech changes, bladder or bowel problems, or loss of vision are not routine neuralgia symptoms and require emergency assessment.

Why does light touch hurt so much?

An irritated or damaged nerve may process harmless touch as a pain signal. This is called allodynia. It can make clothing, washing, shaving, chewing, or a light breeze painful even when the skin looks normal.

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