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EFFICACY OF HOLISTIC HOMOEOPATHIC PRESCRIPTION IN TREATMENT OF DYSTONIA: A CASE REPORT

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ABSTRACT

Introduction: Dystonia is a severely disabling neurological disorder characterized by involuntary, painful spasmodic contractions of specific muscle groups. Among its various forms, cervical dystonia is the most prevalent, primarily affecting the muscles of the head and neck. Although extensive research has been conducted, a definitive long-term cure remains elusive. Conventional treatment modalities provide only temporary symptomatic relief, while surgical interventions are often costly, carry considerable risks, and are not suitable for all patients. Recent studies, however, indicate encouraging outcomes with individualized homoeopathic treatment, which not only alleviates the primary symptoms but also contributes to a marked improvement in patient's overall quality of life.

Case summary: The patient is a 49-year-old civil contractor suffering from cervical dystonia for the last 1 year. The patient experiences painful involuntary spasms in the neck which causes his head turn to the left (rotational torticollis). He experiences local symptoms such stiffness of neck, pain and emotional stress. Individualization is done on the basis of knowledge of Materia Medica, Organon & Repertory. Complete Repertory 2021 is used for analysis & confirmation of the remedy. Spasms, pain, stiffness, emotional stress, physical and mental generals are considered to evaluate the progress of the patient in the follow ups. The patient was assessed with CDIP-58 scale. The patient is not only remarkably improving in his physical complaints, but also in the emotional and mental plane leading a much peaceful and qualitative life. Given case report proves that individualized homoeopathic treatment can cure even the most difficult and so-called incurable pathologies with the help of SINGLE REMEDY.

KEYWORDS: Case report; Cervical dystonia; Individualized; Neurological; Torticollis.

INTRODUCTION:

Dystonia is a neurological disorder characterized by continuous or intermittent abnormal movements or postures or both. They are often aggravated by voluntary action, but can occur even during rest. [1] Epidemiological estimates vary with methodology and geography. Systematic reviews and national datasets peg prevalence of isolated/primary dystonia on the order of ~10–20 per 100,000 population, but estimates vary (some reviews report pooled estimates near 16.4/100,000); focal forms such as cervical dystonia are among the commonest presentations in adults. The time from symptom onset to diagnosis is often prolonged. [2][3] Clinical classification uses two axes: clinical characteristics (age at onset, distribution — focal, segmental, multifocal, generalized, hemi-dystonia — temporal pattern and associated features) and aetiology (inherited, acquired/secondary, idiopathic). Common focal dystonias include cervical dystonia (neck), blepharospasm (eyelids), and oromandibular dystonia (jaw and lower face); generalized dystonia can be disabling and often has genetic or metabolic causes.[4] Dystonia arises from diverse aetiologies including genetic, acquired, and idiopathic causes. Genetic forms (e.g., *DYT1/TOR1A*, *etc.*) often present with early-onset generalized or segmental dystonia, while newly identified mutations such as *TSPOAP1* further expand the genetic spectrum [4][2]. Secondary causes include structural brain lesions (stroke, trauma, tumours), metabolic or systemic disorders (Wilson's disease, Huntington's disease), toxic exposures (carbon monoxide, manganese), and drug-induced dystonia (notably from dopamine receptor–blocking agents) [5][6]. Despite extensive workup, many cases remain idiopathic. Diagnosis is clinical, based on history and neurologic exam; investigations are directed by suspected aetiology and may include MRI, metabolic testing, and targeted genetic tests.[7] Clinically, dystonic movements and postures have a typical pattern which may be repetitive and may be jerky or tremulous. These movements often have a twisting quality which differentiates it from other movement disorders. However, in some types e.g., blepharospasm and laryngeal dystonia, sudden brief phasic movements such as spasms are seen instead of overt twisting or abnormal postures. These patients tend to develop specific sensory tricks known as Geste antagoniste which helps them alleviate their movements temporarily.[1] Comprehensive assessment should also capture pain, disability, and quality of life. The Cervical Dystonia Impact Profile (CDIP-58) is a patient-reported, disease-specific questionnaire developed to assess the health-related quality of life in individuals with cervical dystonia. It contains 58 items across eight domains, including pain, head and neck symptoms,

mood, sleep, and psychosocial functioning, and is particularly valued for its sensitivity in detecting treatment-related changes, such as after botulinum toxin therapy.[8] In contrast, the Unified Dystonia Rating Scale (UDRS) is a clinician-rated tool designed to provide a standardized assessment of dystonia severity and anatomical distribution. It evaluates dystonia across multiple body regions using a scoring system for severity and provoking factors, making it suitable for both clinical and research applications (Comella et al., 2003). Together, CDIP-58 and UDRS complement each other by capturing both the patient's subjective experience and the objective clinical severity of dystonia.[9] Management of dystonia is multimodal and individualized. Botulinum neurotoxin (BoNT) injections remain first-line for focal dystonias, with strong RCT evidence for symptomatic relief. [10] Oral drugs provide modest, symptomatic relief. [11] Rehabilitation therapies such as physiotherapy and sensorimotor retraining may serve as useful adjuncts. In refractory cases, deep brain stimulation (DBS) offers sustained benefits.[12] Still, many patients experience incomplete relief, repetition and increased doses. Emerging clinical evidence and documented case reports suggest that homoeopathy can play a significant role in managing dystonia through the use of a single, carefully individualized remedy. Unlike conventional approaches that often provide only symptomatic relief, individualized homoeopathic prescriptions target the patient's overall constitution and unique symptom totality, leading to sustained improvement in motor symptoms, pain, and psychosocial well-being. Several published cases highlight marked reduction in abnormal movements and enhanced daily functioning, enabling patients to regain independence and enjoy a better quality of life.[13][14] These findings emphasize the potential of homoeopathy as a holistic, patient-centred therapeutic option in dystonia.

MATERIALS AND METHODS:

Patient information: A 49-year-old male patient visited clinic on 16/02/24 for treatment of cervical dystonia. He is a civil contractor, but is not able to visit the site due to this complaint. He has taken allopathic, homoeopathic and physiotherapy treatments for his dystonia without any significant relief.

History of illness: The patient has been suffering from cervical dystonia since 1st July 2023. His neck involuntarily turns to the left (rotational torticollis), which worsens while walking. He experiences stiffness on the right side of the neck, accompanied by pain described as if the nerves were being stretched. The stiffness aggravates on walking and bathing with warm water, while it is relieved by sitting and lying down. The pain is continuous, unbearable, and

feels bruised in nature. It is further aggravated on turning to the sides during sleep. The onset of complaints was preceded by significant stress related to financial debts. The patient also reported formication in the right arm for one year, which he had ignored, along with early fatigue during daily walks. Past history reveals bronchitis in 1998.

He is a very silent person by nature, reserved, with only a few close friends. He does not get irritated easily and is sensitive to conflicts with close relations, particularly his wife and mother. He gets hurt easily, keeps brooding over such incidents, and feels bad but refrains from expressing his feelings. He feels better on consolation. He prefers to remain silent, avoiding arguments as he believes they would escalate the situation and keep troubling his mind. He is helpful and generous, often lending money to friends even when in financial difficulty, and hesitates to ask for repayment. He expressed distress about being unable to do much for his mother, who is undergoing surgery, and expressed a strong desire to recover and care for his parents.

He was shy in childhood, preferred selected company, and avoided making friends on his own. He only interacted when approached. He was afraid of sitting on the first bench in school, fearing that if questioned by the teacher and unable to answer, he would be scolded.

He has a fear of water, as in the past it entered his nose and caused discomfort. He experiences suffocation in closed rooms and while bathing with hot water. He rarely gets angry, except when confronted with arrogance. He narrated an incident where his business partner concealed money received from a client; since then, he has avoided speaking to him. He tends to believe people easily and admits difficulty in distinguishing truth from falsehood. He reported severe stress about loan repayment, with persistent thoughts that creditors might come to his house, seize belongings, and cause public embarrassment. These thoughts disturb his sleep, and he often switches off his phone to avoid them. He feels his life has been completely disturbed, unable to manage responsibilities such as children's fees and daily expenses. As a result, he avoids social gatherings and work sites, finding relief only in rest.

The WISE (Witnessing Inner Song of Experience) process, developed by Dr. Rajan Sankaran, is a therapeutic technique that helps patients express their innermost emotions and experiences through guided imagery and storytelling based on selected pictures. On being shown the image of a woman, he described her as a frightened lady being chased by many people, saying, "don't beat me." He imagined her as innocent yet pursued, as if accused of

theft or crime. When asked to place himself in her position, he said he would plead for forgiveness and try to explain, despite being frightened. He described physical sensations of fear as raised blood pressure, profuse perspiration (especially on the forehead), trembling of arms and legs, rapid respiration, general weakness, choking of throat, and inability to speak. He emphasized the painful impact on both mind and body. He recalled a similar experience during a fight at his office, where he felt frightened with elevated blood pressure, followed by relief on sitting silently.

The patient has a marked desire for sweets, with a strong preference for non-vegetarian food, especially chicken. Thirst is increased. Perspiration is noted predominantly on the back and neck. Thermally, the patient is chilly. Sleep is disturbed, and he prefers to lie on his side while resting. He is sensitive to noise.

Diagnostic assessment- Diagnosis of cervical dystonia is done based on physical examination. The patient showed typical dystonic movement of the neck to the left direction.
MRI cervical spine s/o-

- Mild reversal of cervical lordosis, with consistent muscular spasms.
- Mild compression deformities are noted involving vertebral bodies.
- Multiple cervical spondylosis.

Treatment Given- The totality of symptoms was evaluated on the basis of mental generals, physical generals, and particular symptoms. A holistic and individualized analysis of the case pointed towards *Pulsatilla*. The patient was prescribed *Pulsatilla* 200 and LM 6, with subsequent repetitions in the same potency, followed by 1M and LM 8, as per the assessment during follow-ups.

RESULTS: The patient was initially prescribed a single dose of *Pulsatilla* 200, followed by *Pulsatilla* LM 6 for one month. This regimen was continued and repeated in the same potency for the next five months, with careful evaluation at each follow-up. In the sixth month, as the patient's dreams became more prominent, *Pulsatilla* 1M and LM 8 were prescribed. Remarkable improvement was observed within a short span of time, considering the challenging pathology. Alongside physical recovery, the patient's mental state showed significant progress—his anxieties and irritability markedly reduced, and his confidence levels increased. The CDIP-58 score improved substantially, decreasing from 65.51% to 20.25% over seven months and upto 5.17% by one year of treatment.

The timeline of the case management has been shown in Table 1.

The patient was evaluated with the help of CDIP-58 scale in the beginning and after seven months of the treatment. The symptoms included in CDIP-58 scale are shown in figure 1.

Table 1: Follow up chart 1.

DATE	SYMPTOMS	REMARKS	PRESCRIPTION
16/02/2024	Stiffness of neck- Severe Jerks- Severe Pain in nape of neck- Severe Contraction of neck- Severe Creaking noise in the neck- Present Spasms of back- Present Imbalance- Present Sleep- Disturbed Emotionally- Anxiety and irritability	Symptoms were severe.	Pulsatilla 200 stat dose followed by Puls LM6 OD for 1 month
16/03/24	Stiffness of neck- Reduced significantly Jerks- Reduced Pain in nape of neck- Reduced Contraction of neck- Reduced slightly Creaking noise in the neck- Present Spasms of back- Present Imbalance- Present Sleep- Same Emotionally- Same	Marked improvement.	Pulsatilla 200 stat dose Pulsatilla LM6 OD for 1 month
13/04/2024	Stiffness of neck- Absent Jerks- Absent Pain in nape of neck- Present Contraction of neck- Present Creaking noise in the neck- Present Spasms of back- Reduced Imbalance- Absent Sleep- Sound	Significant improvement of symptoms	Pulsatilla 200 stat dose Pulsatilla LM6 OD for 1 month

	Emotionally- Same		
15/05/2024	Stiffness of neck- Only in morning Jerks- Absent Pain in nape of neck- Decreased Contraction of neck- Decreased Creaking noise in the neck- Occasional Spasms of back- Present Imbalance- Absent Sleep- Slight pain while turning to sides Emotionally- Same	Improvement of symptoms	Pulsatilla 200 stat dose Pulsatilla LM6 OD for 1 month
13/07/2024	Stiffness of neck- Dec by 70% Jerks- Absent Pain in nape of neck- Slightly increased Contraction of neck- Absent Creaking noise in the neck- Absent Spasms of back- Absent Imbalance- Absent Sleep- Sound Emotionally- A little better	Improvement of symptoms	Pulsatilla 200 stat dose Pulsatilla LM6 OD for 1 month
16/08/2024	Stiffness of neck- Slight Jerks- Absent Pain in nape of neck- Decreased Contraction of neck- Absent Creaking noise in the neck- Absent Spasms of back- Absent Imbalance- Absent Sleep- Sound	Marked improvement of symptoms.	Pulsatilla 1M stat dose Pulsatilla LM8 OD for 1 month

	Dreams- Of thieves Emotionally- Better		
24/09/2024	Stiffness of neck- Slight Jerks- Absent Pain in nape of neck- Absent Contraction of neck- Absent Creaking noise in the neck- Absent Spasms of back- Absent Imbalance- Absent Sleep- Sound Emotionally- Feel good and comfortable	Marked improvement of symptoms	Pulsatilla 1M stat dose Pulsatilla LM8 OD for 1 month
20/01/2025	Stiffness of neck- Slight Jerks- Absent Pain in nape of neck- Absent Contraction of neck- Absent Creaking noise in the neck- Absent Spasms of back- Absent Imbalance- Absent. Able to walk. Sleep- Sound Emotionally- Better	Marked improvement of symptoms	SL for 1 month
20/03/2025	Stiffness of neck- Slight Jerks- Absent Pain in nape of neck- Absent Contraction of neck- Infrequent Creaking noise in the neck- Absent Spasms of back- Absent Imbalance- Absent. Able to walk. Sleep- Sound Emotionally- Better	Mild contraction in stressful conditions	Pulsatilla 1M 4 doses

26/06/2025	Stiffness of neck- Slight Jerks- Absent Pain in nape of neck- Absent Contraction of neck- Absent Creaking noise in the neck- Absent Spasms of back- Absent Imbalance- Absent. Able to drive. Sleep- Sound Emotionally- Better	Marked improvement of symptoms	SL
25/09/2025	Stiffness of neck- Slight Jerks- Absent Pain in nape of neck- Absent Contraction of neck- Absent Creaking noise in the neck- Absent Spasms of back- Absent Imbalance- Absent. Able to do all activities. Sleep- Sound Emotionally- Better	Marked improvement of symptoms	SL

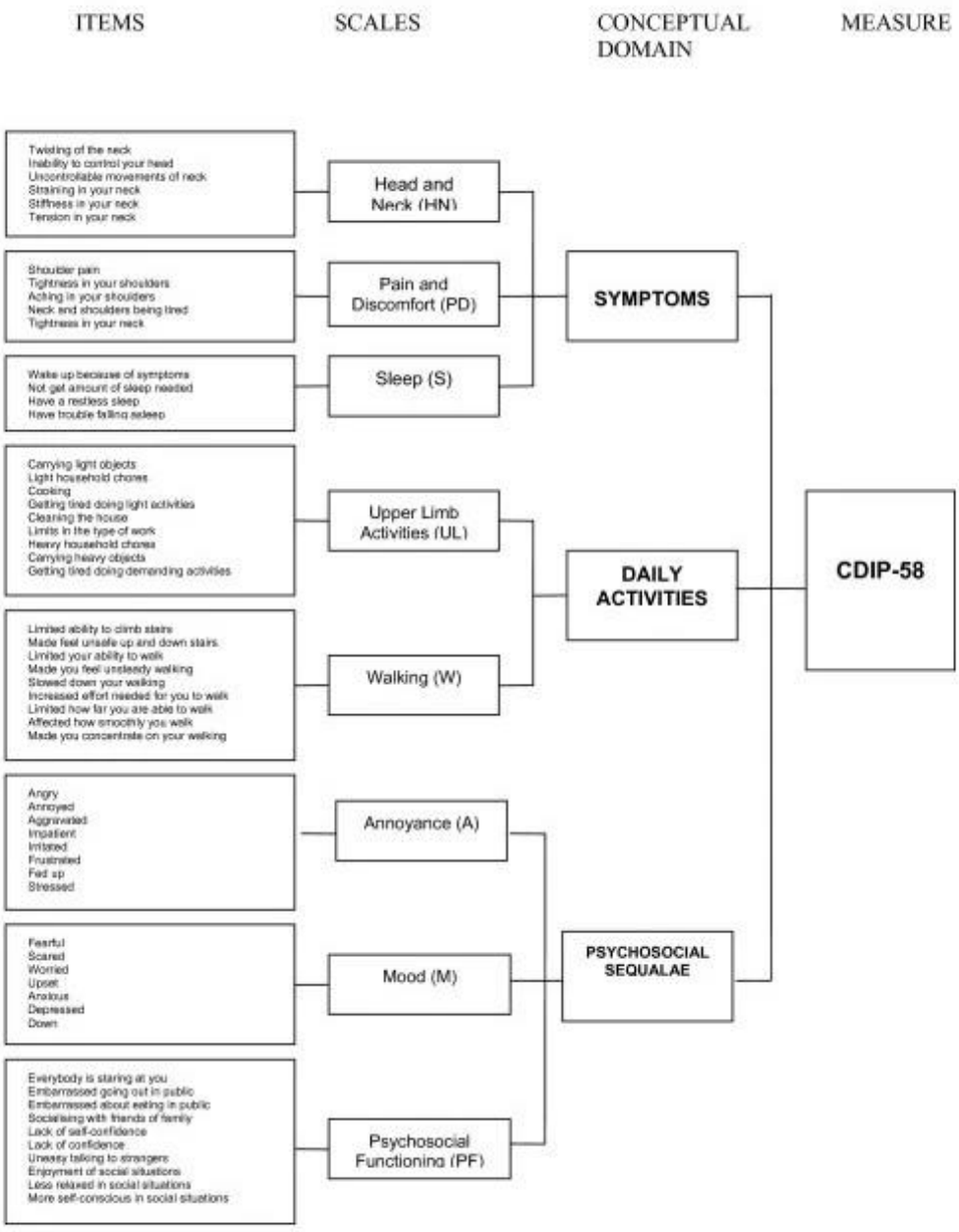

Figure 1: CDIP-58 Scale [15]

DISCUSSION

In aphorism 7 of *Organon of medicine*, Dr. Samuel Hahnemann (1755-1843) has given direction for homoeopathic prescription which must be based on holism and totality of

symptoms. Considering all physical, emotional characteristic symptoms of the person with disease condition, together in totality forms the complete picture. Based on these guidelines, in a given case, physical and emotional characteristics, basic nature and pace of the disease are taken into consideration.

The patient is very sensitive and mild in nature. He prioritizes others over himself. Even when he lends money, he is hesitant to ask his own money back. He thinks more about the other person how he may return. He cannot be rude with others. This behaviour pattern indicates towards remedies belonging to 1st Subclass of plant kingdom. Miasmatic analysis identified sycotic tendencies characterised by avoidance, acceptance and stubborn nature of the pathology. Patient always behaves in a gentle way and sensitivity for the slightest rudeness. He also manifests lot of psycho-somatic symptoms.

The 'symptomatic understanding' through characteristic symptoms and carefully analysed rubrics including difficult respiration during anxiety, oversensitivity to noise, perspiration on forehead, back and chest, tremulous fears and choking throat indicates remedy Pulsatilla.

Materia medica drug picture of remedy Pulsatilla clearly matches with the personality picture of the patient. Follow ups in the form of immediate generalized improvement justifies the prescription. Our experience of treating dystonia patients gives the possibility of fluctuations of symptom intensity in follow-ups. But this case is among the rare which shows steady progressive improvement without any relapse.

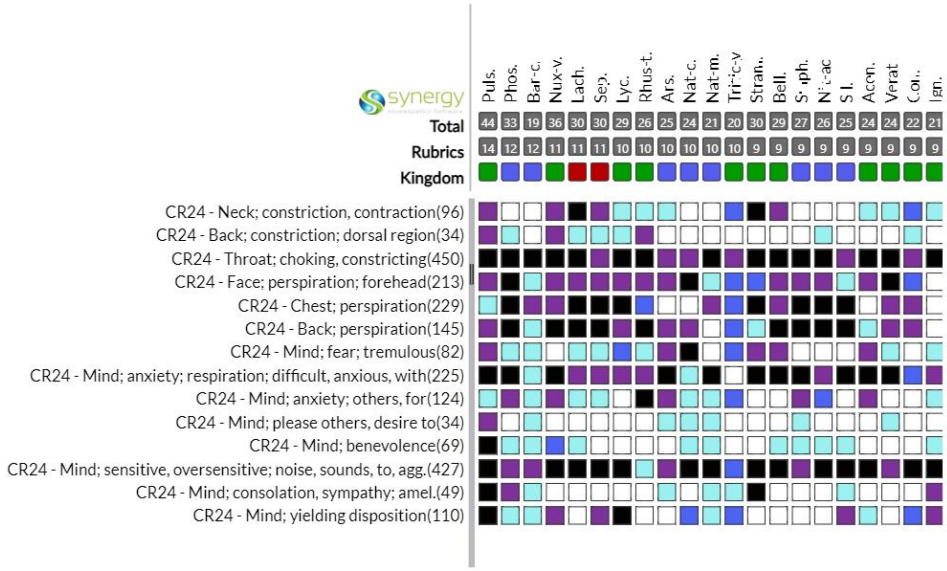

Figure 2: Repertorization chart.

CONCLUSION

This case highlights the potential efficacy of homoeopathy in the management of dystonia through the use of a single individualized remedy. The patient not only experienced a significant reduction in abnormal movements and associated discomfort but also reported an overall improvement in general well-being and quality of life. Unlike conventional therapies that often provide only temporary or partial relief, the individualized homoeopathic approach addressed the patient's totality of symptoms in a holistic manner, leading to sustained improvement without adverse effects.

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