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Usefulness of homoeopathic medicine Lachesis mutus in treating cervical dystonia: A case report

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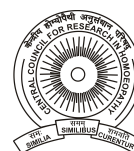
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Abstract

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Keywords: Cervical dystonia, Constitutional treatment, Homoeopathy, Neurological, Torticollis

INTRODUCTION

Cervical dystonia (as per International Classification of Disease code G24.9)^[1] is a neurological disorder characterised by painful, involuntary muscular spasms in the neck and head. It manifests as a deformity in which the head tilts to one side while the chin points in the opposite direction.^[2] The condition is idiopathic in most cases, though some instances have a familial history, and others are attributed to genetic mutations.^[3] Globally, the prevalence of cervical dystonia has increased from 0.0164% in 2023 to 0.03% in 2024.^[4,5] In India, the prevalence rate was 0.0077% among individuals under 30 years and significantly higher at 0.1779% in those aged 50–70 years in 2023.^[5]

Cervical dystonia presents in various forms, including congenital, traumatic, rheumatic, inflammatory, spasmodic, compensatory and secondary types caused by conditions such as Pott's disease of the cervical spine or contractures from burns and ulcers. Congenital dystonia is typically associated with a history of difficult labour and the subsequent development

of a sternomastoid tumour, where the affected muscle feels firm and rigid. Traumatic dystonia often follows fractures or dislocations of the cervical spine, whereas rheumatic dystonia may arise suddenly after exposure to cold or draughts. Inflammatory dystonia is linked to inflamed cervical lymph nodes. Spasmodic dystonia involves the sternocleidomastoid muscle of the affected side and the posterior cervical muscles of the opposite side in a state of spasm. Compensatory dystonia may result from scoliosis or visual defects, commonly referred to as ocular torticollis.^[6]

The muscle contractions associated with cervical dystonia can cause the head to twist in different directions. Depending

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on the movement pattern, cervical dystonia is classified into several subtypes: Laterocollis, where the head tilts towards the shoulder; rotational torticollis, involving rotation of the head along the longitudinal axis; anterocollis, characterised by forwards flexion of the neck and chin towards the chest; and retrocollis, defined by backwards hyperextension of the head and neck.^[2,7,8]

Additional symptoms include neck pain, occasional mass formation, thickened or tight sternocleidomastoid muscles, tenderness in the cervical spine, head tremors, asymmetrical shoulder heights and restricted neck mobility.^[3,6]

Diagnosis of cervical dystonia is primarily clinical, based on physical examination. Patients often exhibit forceful jerks in one direction, alternating with slower movements in the opposite direction. The head is typically tilted to one side, causing the chin to face the opposite direction, with the sternocleidomastoid muscle on the tilted side appearing prominent. This prominence becomes more pronounced when attempts are made to correct the tilt passively. Radiological investigations are usually normal and are performed to exclude other underlying conditions.^[2]

The Cervical Dystonia Impact Profile-58 (CDIP-58) is a disease-specific, patient-reported outcome measure designed to assess the impact of cervical dystonia on quality of life. It comprises 58 items across eight domains, including head and neck symptoms, pain and discomfort, upper limb activities, walking, sleep, annoyance, mood and psychosocial functioning. The patient rates each item, and higher scores indicate greater impact or disability. The CDIP-58 is a validated and widely used tool in clinical practice and research to quantify the burden of cervical dystonia and evaluate treatment outcomes.^[9]

Cervical dystonia is a lifelong and complex neurological condition, traditionally managed with interventions such as botulinum toxin injections or surgical procedures.^[10,11] While these approaches provide symptomatic relief, they often require continuous treatments and dosage adjustments.^[12] Despite these measures, the disorder is generally considered lifelong, with no definitive cure currently available.^[9] Recently, Homoeopathy has shown potential as an alternative therapy, demonstrating promising outcomes in symptom management and significant improvement in the quality of life of patient suffering with this kind of dystonic condition.^[13]

The case can be understood based on characteristics, peculiar symptoms, as well as the kingdom and miasm (concept) understanding. When both these aspects are considered simultaneously, then the chances of error in prescription are minimal. The given case report is a demonstration of the same.

PATIENT INFORMATION

A 40-year-old male patient, a rural medical practitioner, visited the clinic on 16th January 2014. The patient was diagnosed with cervical dystonia four years ago and had been under both allopathic and homoeopathic treatments, where he consumed

tablet pacitane, tablet revocon during allopathic treatment and Homoeopathy medicines *Lachnanthes* 200, *Arsenic alb.* 200, *Mag phos.* 1M, *Dioscorea* 1M were received in the past, but without any relief. His symptoms were progressively worsening over time. All these medicines were stopped long before starting our treatment.

The patient presented with spasmodic, involuntary backward movements of the neck. He had head tremors and experienced sleeplessness. These involuntary movements were aggravated by stress and exertion and ameliorated by lying down or with external support. Numbness in the index fingers had been present since last year. He consistently wore a cap and required support for his head even during the case-taking session. He reported vertigo, vomiting and imbalance for the last 4 years, along with voice tremors that worsened during periods of stress.

The patient reported inability to perform professional tasks, such as administering injections, as his head would drop backwards during such attempts. This limitation caused him significant irritability and frustration. He felt as though others were constantly observing him, leading to feelings of offense and a tendency to avoid social gatherings. He perceived his social relationships to be irreparably strained. Intrusive thoughts occupied his mind, leaving him restless even during sleep.

Four years ago, a traumatic incident occurred in his hospital when the relatives of a deceased patient brought her in, falsely claiming she had committed suicide. The patient was coerced into transporting the deceased to a city hospital in his car. He later discovered that the case involved homicide, with the relatives having choked the woman to death. This event caused severe panic, which was followed by vertigo and insomnia. Since then, he harboured feelings of betrayal, believing those individuals had deceived and trapped him. He reported palpitations and anxiety upon seeing police officers, fearing they might summon him or falsely implicate him. Attempts at meditation to relieve this anxiety were unsuccessful due to his inability to concentrate.

The patient felt bad as if he was unable to perform his duties. He further described feeling helpless and trapped, often using hand gestures to symbolise being held tightly. He likened his experience to being pulled or stretched, and when asked, said that it was the exact opposite feeling of relaxed.

On the mental plane, the patient reported experiencing shallow breathing and anxiety localised in the abdomen, along with a persistent feeling of extreme danger, shock and sudden threat and demonstrated a heightened sensitivity to injustice and a pronounced interest in live debates, particularly those concerning religion. He actively engaged in such discussions, often becoming highly aggressive and dominating opponents with knowledge acquired from televised debates. His aggression during these debates was such that he felt that he might harm his opponent.

The patient reported being thirsty in general and having unsatisfactory sleep, which was often interrupted by dreams

involving arguments and debates. He enjoyed playing sports as a recreational activity.

The patient’s family history revealed that his mother also experienced neck tremors and was undergoing psychiatric treatment for depression and anxiety. His younger brother had some mental disability.

Clinical findings

Clinically, the patient presented with a backward tilt of the head accompanied by elevation of the chin and associated neck pain and stiffness. Contraction of the posterior cervical muscles, primarily the splenius capitis, semispinalis capitis, trapezius and paraspinal extensors, was observed in the patient. Abnormal posture was constant and relieved transiently by sensory tricks such as touching the back of the head. Tremors and jerky movements were also observed. No other systemic abnormalities were noted.

Diagnostic assessment

Cervical dystonia is primarily diagnosed through physical examination.^[2] In this case, the patient demonstrated distinct clinical features, including relatively forceful jerks in the backwards direction, followed by slower compensatory movements in the opposite direction. These findings distinguished the condition from the sinusoidal oscillations characteristic of true tremors.^[14]

The patient exhibited typical dystonic contractions of the neck, suggestive of retrocollis. A magnetic resonant imaging (MRI) was performed previously to rule out alternative explanations for the contractions and numbness in the index fingers, with results revealing no abnormalities. The diagnosis of cervical dystonia was subsequently confirmed, following evaluations by three neurologists, all of whom confirmed the findings.

Therapeutic intervention

The totality of the case was formed based on mental generals, physical generals and particular symptoms. Symptoms such

as spasmodic, involuntary backward movements of the neck better by support, voice tremors that worsened during periods of stress, irritability, anxiety with palpitations aggravation by motion, desire to hide oneself, aversion to company, feeling of repentance and inability to trust anyone, anxiety in abdomen and difficult, anxious respiration, were included in the totality.

After repertorisation using Synergy software [Figure 1] and a holistic and individualised understanding of the patient’s presentation, *Lachesis mutus* was prescribed in the 200C potency. The medicine was administered as a single dose and repeated twice over four months. Based on the patient’s response, the potency was subsequently increased to 1M and later to 10M to achieve a sustained therapeutic effect. The medicines were procured from a Good Manufacturing Practice-certified company.

Physiotherapy was typically not recommended in this case, as our prior clinical observations indicated that cervical dystonia symptoms tend to exacerbate with neck exercises. The patient did not receive any physical therapy or psychotherapy during the course of treatment. This approach was carefully tailored to the patient’s specific needs to ensure optimal outcomes.

Follow-up and outcomes

The initial dose of *Lachesis* 200C demonstrated significant clinical improvement during the first follow-up at one month. The patient exhibited a marked reduction in spasms of the neck and a 50% decrease in the pain intensity. The anxiety levels diminished significantly, leading to increased confidence and improved focus during meditation. A continuous improvement was observed over time, with *Lachesis* 200C repeated five times across a 19-month period.

Treatment was discontinued after two years and eight months, as the patient had achieved full clinical resolution of both physical and emotional symptoms of cervical dystonia. Follow-up care continues intermittently, with no observed relapse of symptoms to date.

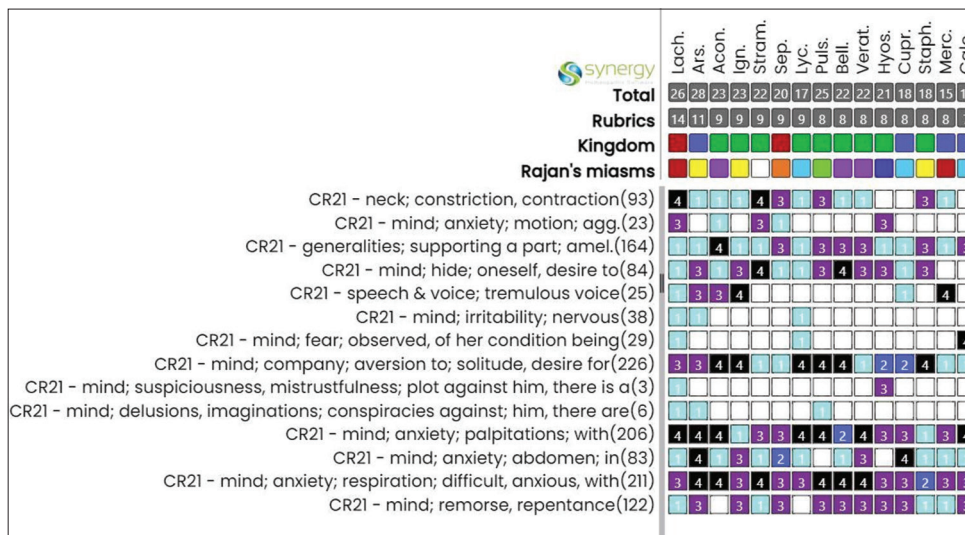


Figure 1: Repertorisation chart using Synergy software

The timeline of the case management is given in Table 1 below.

The symptom severity was monitored objectively using the CDIP-58 scale, with assessments conducted at six month intervals. The patient's baseline score of 56.03% before treatment showed a reduction to -12.93% by the end of the treatment.^[9,15,16]

The MONARCH criteria^[17] were used to assess the causal attribution between the treatment and the outcome [Table 2].

DISCUSSION

Dr. Samuel Hahnemann (1755–1843), in the *Organon of Medicine*, Aphorism 211, emphasises that a patient's disposition often plays a central role in selecting an appropriate homoeopathic remedy, stating that it constitutes a 'decidedly characteristic symptom which can least of all remain concealed from the accurately observing physician'.^[18] In this case, the patient's chief complaints were notably aggravated by anxiety and emotional distress, establishing a clear psychosomatic connection.

Table 1: Follow-up visits of the case

Date	Symptoms	Remarks	Prescription
16 January 2014 (First prescription)	Severe involuntary backwards movement of the neck; Pain of neck; Numbness of index fingers; Trembling of voice; Irritability; Sleeplessness; Lack of concentration; Anxiety	Patient presented with severe symptoms.	<i>Lachesis</i> 200C, Stat dose
15 March 2014	Involuntary backwards movement of the neck – Reduced; Pain of neck – Absent; Numbness of index fingers – Absent; Trembling of voice – Decreased; Irritability – Decreased; Sleep – Improved; Concentration – Improved; Anxiety – Reduced	Improvement of symptoms	<i>Lachesis</i> 200C, Stat dose
23 May 2014	Involuntary backwards movement of the neck – No change; Pain of neck – Absent; Numbness of index fingers – Absent; Trembling of voice – Decreased; Irritability – Present; Sleep – Disturbed with dreams; Concentration – Improved; Anxiety – No change	Slight improvement	<i>Lachesis</i> 1M, Stat dose
21 June 2014	Involuntary backwards movement of the neck – No change; Pain of neck – Absent; Numbness of index fingers – Absent; Trembling of voice – Decreased; Irritability – Decreased Sleep – Disturbed; Concentration – No change; Anxiety – No change	Marked improvement of symptoms	No medicine given as improvement continued
16 September 2014	Involuntary backwards movement of the neck – No change; Pain of neck – Absent; Numbness of index fingers – Absent; Trembling of voice – Absent; Irritability – Decreased; Sleep – Refreshing without dreams; Concentration – No change; Anxiety – No change	Improvement of symptoms	<i>Lachesis</i> 1M, Stat dose
04 April 2015	Involuntary backwards movement of the neck – Increased; Pain of neck – Increased; Numbness of index fingers – Absent; Trembling of voice – Reduced;	Marked improvement in symptoms	<i>Lachesis</i> 1M, Stat dose

(Contd...)

Table 1: (Continued)

Date	Symptoms	Remarks	Prescription
16 April 2016	Irritability – Present; Sleep – Normal; Concentration – No change; Anxiety – Reduced Involuntary backwards movement of the neck – Increased; Pain of neck – Increased; Numbness of index fingers – Absent; Trembling of voice – Reduced; Irritability – Present Sleep – Disturbed; Concentration – Much better; Anxiety – Absent	Marked improvement of all the symptoms.	<i>Lachesis</i> 10M, BD in fractional doses for 2 days
18 June 2016	Involuntary backwards movement of the neck – Absent; Pain of neck – Absent; Numbness of index fingers – Absent; Trembling of voice – Absent; Irritability – Reduced much; Sleep – Sound, refreshing Concentration - Improved; Anxiety – Absent	Marked improvement of all the symptoms. There was no further involuntary movement of the neck and the physical and mental state improved.	No medicine given as improvement continued.

Table 2: Modified Naranjo Criteria for Homeopathy (MONARCH)

S. No.	Domains	Yes	No	Not sure or N/A
1.	Was there an improvement in the main symptom or condition for which the homeopathic medicine was prescribed?	+2		
2.	Did the clinical improvement occur within a plausible time frame relative to the medicine intake?	+1		
3.	Was there a homeopathic aggravation of symptoms?		0	
4.	Did the effect encompass more than the main symptom or condition (i.e. were other symptoms ultimately improved or changed)?	+1		
5.	Did overall well-being improve? (suggest using a validated scale)	+1		
6A.	<i>Direction of cure</i> : did some symptoms improve in the opposite order of the development of symptoms of the disease?		0	
6B.	<i>Direction of cure</i> : did at least one of the following aspects apply to the order of improvement of symptoms: -from organs of more importance to those of less importance? -from deeper to more superficial aspects of the individual? -from the top downwards?		0	
7.	Did ‘old symptoms’ (defined as non-seasonal and non-cyclical symptoms that were previously thought to have resolved) reappear temporarily during the course of improvement?		0	
8.	Are there alternate causes (i.e. other than the medicine) that – with a high probability – could have caused the improvement? (Consider a known course of disease, other forms of treatment and other clinically relevant interventions)		+1	
9.	Was the health improvement confirmed by any objective evidence? (e.g. laboratory test, clinical observation, etc.)	+2		
10.	Did repeat dosing, if conducted, create similar clinical improvement?	+1		
	Total			+9

The case revealed traits such as competitiveness, a ‘you versus me’ attitude, aggression and interpersonal conflicts, including harassment and abuse. These behavioural patterns pointed towards remedies from the animal kingdom. Some specific attributes, such as cunning, manipulation, conspiracy and concealment, suggested the reptilian subgroup, particularly snake remedies like *Lachesis*. The patient’s tendency to avoid visibility and ‘hide’ further supported this association.^[19]

Miasmatic analysis identified syphilitic tendencies, characterised by hopelessness, extremism, aggression and a destructive mindset. The patient perceived himself as the subject of scrutiny and conspiracies, leading to

avoidance of public gatherings to protect his ego. In stressful situations, he felt victimised, threatened and physically experienced sensations of being trapped, stretched and stiff. This perspective formed the ‘system understanding’ of the case.^[20]

The ‘symptomatic understanding’ was developed through detailed analysis of rubrics, including trembling speech, nervous irritability, palpitations, laboured respiration and abdominal discomfort. Anxiety, the dominant emotion, was aggravated by motion, further exacerbating the physical symptoms. These rubrics, analysed in conjunction with *Materia Medica*, confirmed the prescription of *Lachesis* in

200C potency, addressing the strong psycho-somatic interplay observed in the case.^[21]

The individualised treatment plan resulted in significant improvements, with dynamic dosing and infrequent repetitions of *Lachesis*. However, initial fluctuations in the symptom intensity highlighted the inherent challenges of managing chronic conditions.

This case report obtained a MONARCH score of 9, indicating a probable causal relationship between the therapeutic intervention and the observed clinical improvement. A score of 9 reflects a high level of confidence that the observed clinical changes are attributable to the prescribed homoeopathic remedy, thereby strengthening the validity of the treatment outcome in this case and supporting its inclusion in scientific literature.

This case also underscored the complexity of managing a patient who, even though a conventional physician, was familiar with Homoeopathy and thus practised caution and restraint in expressing complaints. His previously unsuccessful treatments with allopathic and homoeopathic remedies had led to despair and emotional imbalance. Hence, rebuilding the patient's trust in the treatment process and addressing emotional concerns were pivotal to the therapeutic success of the case. An active listening, emotional support to the patient by the family and careful observation during follow-ups were essential components of the management strategy.

Cervical dystonia, a rare condition, presents limited homoeopathic research references. Nonetheless, existing evidence supports the effective use of Homoeopathy in managing dystonic conditions.^[13] In many cases, emotional factors like anxiety precede motor symptoms, emphasising the importance of addressing psycho-somatic connections.^[22]

This case highlights the value of integrating systemic and symptomatic analyses to achieve a holistic understanding. Despite limitations, such as the absence of MRI report, delayed relief and initial fluctuations in intensity, persistent observation and patient-tailored adjustment enabled long-term and sustained improvement of the case.

CONCLUSION

This report demonstrates that holistic homoeopathic treatment can effectively address complex pathologies such as this, achieving successful outcomes with a strongly indicated single remedy. By integrating miasmatic and symptomatic perspectives, significant improvements were achieved, even in a challenging case. This approach underscores the importance of holistic care, patience and perseverance in homoeopathic practice. Further research is warranted to expand the understanding and application of Homoeopathy in dystonic disorders.

Declaration of patient's consent

A written informed consent was taken from the patient and he was assured of best efforts to maintain anonymity while reporting his case.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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Utilité du médicament homéopathique *Lachesis mutus* dans le traitement de la dystonie cervicale : étude de cas

Introduction: La dystonie cervicale est un trouble neurologique caractérisé par des spasmes musculaires douloureux et involontaires affectant le cou et la tête. Elle est généralement d'origine idiopathique et associée à un pronostic sombre. La prise en charge conventionnelle comprend généralement l'administration de toxine botulique ou des interventions chirurgicales, qui n'apportent qu'un soulagement partiel et s'accompagnent souvent d'une récurrence des symptômes. De nouvelles données suggèrent qu'un traitement homéopathique individualisé pourrait offrir une efficacité supérieure dans de tels cas.

Résumé du cas: Un homme de 40 ans s'est présenté à la clinique avec un diagnostic de dystonie cervicale préexistant depuis quatre ans. Le Répertoire complet 2021 a été utilisé pour l'analyse et la confirmation du remède, ce qui a conduit à la prescription de *Lachesis mutus* à la dilution 200 CH. Dans le cas présent, la raideur de la nuque, la douleur, les spasmes involontaires du cou, les tremblements de la voix et les troubles émotionnels et physiques généraux ont été les paramètres d'évaluation des progrès lors des suivis. L'attribution causale a été déterminée à l'aide de l'inventaire MONARCH, qui a obtenu un score de 9, suggérant une attribution causale positive entre le traitement et le résultat. Les résultats du traitement ont révélé une disparition complète des symptômes localisés et systémiques, ainsi qu'une amélioration globale du bien-être du patient. Ce rapport de cas met en évidence le potentiel du traitement homéopathique holistique pour traiter efficacement des pathologies complexes. Les résultats soulignent que de tels cas peuvent être guéris grâce à l'administration d'un seul remède bien indiqué.

Nützlichkeit des homöopathischen Arzneimittels *Lachesis mutus* bei der Behandlung von zervikaler Dystonie: Ein Fallbericht

Einleitung: Zervikale Dystonie ist eine neurologische Erkrankung, die durch schmerzhafte, unwillkürliche Muskelkrämpfe im Nacken- und Kopfbereich gekennzeichnet ist. Sie ist häufig idiopathischen Ursprungs und mit einer schlechten Prognose verbunden. Konventionelle Behandlungsmethoden umfassen typischerweise die Gabe von Botulinumtoxin oder chirurgische Eingriffe, die jedoch nur eine teilweise Linderung bewirken und oft mit einem Wiederauftreten der Symptome einhergehen. Neuere Erkenntnisse deuten darauf hin, dass eine individualisierte homöopathische Behandlung in solchen Fällen eine höhere Wirksamkeit bieten kann.

Fallzusammenfassung: Ein 40-jähriger Mann kam mit einer seit vier Jahren diagnostizierten zervikalen Dystonie in die Klinik. Das Complete Repertory 2021 wurde zur Arzneimittelanalyse und -bestätigung herangezogen, was zur Verschreibung von *Lachesis mutus* in der Potenz C200 führte. Im vorliegenden Fall dienten Nackensteifigkeit, Schmerzen, unwillkürliche, krampfartige Nackenbewegungen, Stimmzittern sowie emotionale und körperliche Beschwerden als Parameter zur Beurteilung des Behandlungsfortschritts in den Nachuntersuchungen. Die Ursachenzuordnung wurde anhand des MONARCH-Inventars ermittelt, das mit 9 Punkten eine positive kausale Zuordnung zwischen Behandlung und Behandlungsergebnis nahelegt. Die Behandlungsergebnisse zeigten eine vollständige Abheilung der lokalen und systemischen Symptome sowie eine allgemeine Verbesserung des Wohlbefindens des Patienten. Dieser Fallbericht unterstreicht das Potenzial einer ganzheitlichen homöopathischen Behandlung, komplexe Pathologien wirksam zu behandeln. Die Ergebnisse unterstreichen, dass solche Fälle durch die Gabe eines gut indizierten Einzelmittels geheilt werden können.

सर्वाइकल डिस्टोनिया के उपचार में होम्योपैथिक दवा लैकेसिस म्यूटस की उपयोगिता: एक केस रिपोर्ट

परिचय: सर्वाइकल डिस्टोनिया एक न्यूरोलॉजिकल विकार है, जिसमें गर्दन और सिर को प्रभावित करने वाली दर्दनाक, अनैच्छिक मांसपेशियों की ऐंठन होती है। यह आमतौर पर अज्ञातहेतुक मूल का होता है और खराब रोगनिदान से जुड़ा होता है। पारंपरिक प्रबंधन में आमतौर पर *बोटुलिनम टॉक्सिन* प्रशासन या सर्जिकल हस्तक्षेप शामिल होते हैं, जो केवल आंशिक राहत प्रदान करते हैं और अक्सर लक्षण पुनरावृत्ति के साथ होते हैं। उभरते हुए साक्ष्य बताते हैं कि व्यक्तिगत होम्योपैथिक उपचार ऐसे मामलों में बेहतर प्रभावकारिता प्रदान कर सकता है।

केस सारांश: एक 40 वर्षीय पुरुष चार साल से सर्वाइकल डिस्टोनिया की पूर्व-निदान स्थिति के साथ क्लिनिक में आया। उपचार विश्लेषण और पुष्टि के लिए कम्प्लीट रिपोर्टरी का उपयोग किया गया, जिसके कारण 200C पोटेन्सी में *लैकेसिस म्यूटस* दी गई। दिए गए केस में, गर्दन की अकड़न, दर्द, गर्दन की अनैच्छिक ऐंठन, आवाज में कंपन और भावनात्मक तथा शारीरिक सामान्यताएं अनुवर्ती में प्रगति का मूल्यांकन करने के लिए पैरामीटर थे। मोनार्क इन्वेंटी का उपयोग करके कारणात्मक आरोपण निर्धारित किया गया, जिसमें प्राप्त किए गए 9 अंक, उपचार और परिणाम के बीच एक सकारात्मक कारणात्मक आरोपण का सुझाव देते हैं। उपचार के परिणामों ने स्थानीयकृत और प्रणालीगत लक्षणों के पूर्ण समाधान के साथ-साथ रोगी के स्वास्थ्य में समग्र सुधार का खुलासा किया। यह केस रिपोर्ट जटिल विकृति को प्रभावी ढंग से संबोधित करने के लिए समग्र होम्योपैथिक उपचार की क्षमता पर प्रकाश डालती है। निष्कर्ष इस बात पर जोर देते हैं कि ऐसे मामलों में एक अच्छी तरह से संकेतित एकल उपाय के प्रशासन के माध्यम से इलाज प्राप्त किया जा सकता है।

Utilidad del medicamento homeopático *Lachesis mutus* en el tratamiento de la distonía cervical: Reporte de un caso

Introducción: La distonía cervical es un trastorno neurológico caracterizado por espasmos musculares dolorosos e involuntarios que afectan el cuello y la cabeza. Suele ser de origen idiopático y se asocia con un mal pronóstico. El tratamiento convencional suele incluir la administración de toxina botulínica o intervenciones quirúrgicas, que solo proporcionan un alivio parcial y suelen ir acompañadas de recurrencia de los síntomas. La evidencia reciente sugiere que el tratamiento homeopático individualizado puede ofrecer una eficacia superior en estos casos.

Resumen del caso: Un hombre de 40 años acudió a la clínica con un diagnóstico previo de distonía cervical desde hacía cuatro años. Se utilizó el Repertorio Completo 2021 para el análisis y la confirmación del tratamiento, lo que condujo a la prescripción de *Lachesis mutus* en potencia 200C. En el caso dado, la rigidez de nuca, el dolor, los movimientos espasmódicos involuntarios del cuello, los temblores de voz y las generalidades emocionales y físicas fueron los parámetros para evaluar el progreso en los seguimientos. La atribución causal se determinó mediante el inventario MONARCH, que obtuvo una puntuación de 9, lo que sugiere una atribución causal positiva entre el tratamiento y el resultado. Los resultados del tratamiento revelaron la resolución completa de los síntomas localizados y sistémicos, junto con una mejora general del bienestar del paciente. Este informe de caso destaca el potencial del tratamiento homeopático holístico para abordar eficazmente patologías complejas. Los hallazgos enfatizan que estos casos pueden lograr la curación mediante la administración de un único remedio bien indicado.

顺势疗法药物 *Lachesis mutus* 在治疗颈部肌张力障碍中的应用：病例报告

引言: 颈部肌张力障碍是一种神经系统疾病，其特征是颈部和头部出现疼痛性、不自主的肌肉痉挛。该病通常由特发性因素引起，且预后不良。常规治疗通常包括肉毒杆菌毒素注射或手术干预，但这些方法只能部分缓解症状，并且常常伴有症状复发。新兴证据表明，个体化的顺势疗法治疗此类病例可能疗效更佳。

病例摘要: 一名40岁男性，因确诊患有颈部肌张力障碍四年而来诊。患者使用2021年《完整文献汇编》进行药物分析和确认，最终开具了200C浓度的 *Lachesis mutus* 处方。在本例病例中，颈部僵硬、疼痛、颈部不自主痉挛性运动、声音震颤以及情绪和身体的普遍症状是评估随访进展的参数。因果归因采用MONARCH量表进行确定，该量表得分为9分，表明治疗与结果之间存在正向因果关系。治疗结果显示局部和全身症状完全缓解，同时患者的整体健康状况得到改善。本病例报告强调了整体顺势疗法在有效治疗复杂病症方面的潜力。研究结果强调，此类病例可以通过使用一种适应症明确的单一疗法获得治愈。