

AYURVEDIC MANAGEMENT OF CERVICAL DYSTONIA WITH ANXIETY DISORDER

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ABSTRACT

The incidence of cervical dystonia is increasing in clinical practice and is recognized as a chronic movement disorder characterized by involuntary contractions of cervical muscles leading to abnormal postures of the neck. In modern medicine, it is classified under focal dystonias of neurological origin, whereas in Ayurveda, its clinical presentation can be correlated with Vata-pradhana Vyadhi, particularly involving Vyana and Udana Vata with Mamsa and Snayu Dushti. Classical Ayurvedic texts impaired Dosha gati and Srotorodha play a major role. The etiological factors include improper posture, repetitive strain, mental stress, trauma, and lifestyle-related Vata aggravation. Though not directly lifethreatening, cervical dystonia significantly affects quality of life and may be associated with pain, functional disability, and psychological distress. Diagnosis is based on clinical features, neurological evaluation, and imaging when required. Ayurvedic management emphasizes Nidana Parivarjana, Shodhana, Shamana, Panchakarma procedures, physiotherapy, Yoga, and lifestyle modification, aiming to restore Dosha balance and improve neuromuscular function.^[1]

INTRODUCTION

Cervical dystonia, also known as spasmodic torticollis, is a rare neurological disorder that originates in the brain. It is the most common form of focal dystonia in an office setting. Cervical dystonia is characterized by involuntary muscle contractions in the neck that cause abnormal movements and postures of the neck and head. In some cases, these abnormal contractions may be sustained or continuous; in others, they may be present as spasms that resemble tremor. The disorder can cause significant pain and discomfort as well as difficulty due to the abnormal postures. It can affect quality of life and activities of daily living including employment. Cervical dystonia typically begins in middle age, and rarely begins in adolescence and young adulthood.^[1]

In Ayurveda, cervical dystonia can be correlated with Manyastambha, Manyagraha, and Vatavyadhi, for the patient to seek medical attention, with the patient almost indifferent to the dystonic movements. Prakupita Vata (aggravated Vata) causes various kinds of diseases of Vata called VataVyadhi (diseases of vitiated Vata). The patient complaining of pain, stiffness of the neck, and tremors gradually progressing to hyperextension of the

neck was clinically diagnosed as Dhatu Kshaya Vata vikara and treated on the lines of Vata Vyadhi (diseases of vitiated Vata).^[2] Toronto Western Spasmodic Torticollis Rating Scale (TWSTRS) was assessed for the outcome of the treatment. The patient showed good improvement in pain, stiffness, tremors, and neck retention time. TWSTRS score had reduced from 53 to 18 and is presented here as a case study.

MATERIALS AND METHODS

Study design - Single-arm clinical case study. Study Place - OPD Ayurved Hospital.

Informed consent was taken from the patient.

HISTORY OF PRESENT ILLNESS

A 28 yrs old, male patient working as teacher at college was apparently asymptomatic 5–6 years ago, following which he gradually developed intermittent headache, which was mild in intensity initially. Approximately 3 years ago, the patient noticed swelling of the right eye associated with blurring of vision, which was insidious in onset. About 2 years back, the patient started experiencing symptoms suggestive of anxiety, including restlessness and excessive worrying, for which he later

sought psychological consultation. Around 1.5 years ago, jerky involuntary movements of the neck were observed, which were gradual in onset and progressive in nature. During the same period, there was a notable increase in the intensity and frequency of headache. Over the past 1 year, the patient has been suffering from disturbed sleep and has also developed difficulty in speech, especially during conversation. For the last 8–9 months, he has noticed a progressive decline in concentration and focus, affecting his work and studies.

The patient had been undergoing psychological treatment and was taking multiple medications.

He was diagnosed with anxiety disorder associated with myoclonic cervical jerks and headache on 26/08/2025. Despite treatment, symptoms showed gradual progression, prompting further evaluation and alternative management.

CHIEF COMPLAINTS

Headache - 5-6 yrs

Rt. Eye swelling and blurry vision – 3yrs ago Anxiety – 2yrs ago

Jerks in neck observed – 1.5yrs ago

Intensity of headache increased – 1.5 yrs back Disturbed sleep – 1yrs ago

Speech difficulty -1 yrs ago

Focus and concentration in work and study decreasing – 8-9 months

Past history: Not specific Family history:

Mother – Varicose veins Father – HTN

EXAMINATION

Nadi – Vata-pttj nadi Mala – Malabaddhata Mutra – Samyak Jihva – Niram Shabda – Ruksha Sparsha – Ruksha Drik – Samyak Aakriti – Madhyam

Prakriti : Pitta – vata prakriti Agni : Madhyam

Koshtha : Madhyam

INVESTIGATIONS

12/08/24 : EEG – intermittent spike and wave discharges noted less than one sec. The EEG record shows abnormal awake record.

15/08/24 : MRI of orbit and brain – few periventricular white matter changes are seen. 27/08/25 : MRI of brain – multiple small and discrete t2/ flair hypertense foci in bilateral fronto parietal white matter could be suggestive of mild chronic ischemic changes.

30/08/25 : MRI Venography Brain – relatively poor flow signal is seen along the right transverse and right sigmoid sinuses suggestive of slow flow.

AYURVEDIC ANALYSIS

Hetu : Ruksha Aahar, Atishoka, Atichnta, Atijagarana, Hastamaithun,

Dosha : Vata – Pranavayu, Vyanavayu, Udaanavayu, Aapanavayu; Pitta –Sadhak Pitta; Kapha – Tarpak Kapha

Dushya: Rasa, Majja, Snayu, Mansa, Mana, Oja

Srotas: Rasavaha Srotas, Majjavaha Srotas, Manovha Srotas

Samprapti : Due to Hetu sevana such as Vata Prakopaka Aahar - Vihar, there is vitiation of Vata Doṣa. This aggravated Vata leads to Dhatu Kshaya, which may occur in two ways, Anuloma Dhatu Kshaya and Pratiloma Dhatu Kshaya by Repeated strain or faulty activities (maithuna / excessive or improper physical activity) further aggravate Vata Dosha, worsening the dhatu depletion. The vitiated Vata gets localized in the Manya Pradesh, leading to Sthanasamshraya, which cause Shosha (degeneration/dryness) of Manya Pradesiya Sira and Kandara (muscles, tendons, nerves, and vessels of the neck). This structural and functional derangement causes uncontrolled and involuntary movements of the Manya Pradesh. Ultimately, this manifests clinically as Manya Kampa (tremors/spasmodic movements of the neck).^[3]

DIAGNOSIS

Modern Diagnosis: Cervical Dystonia with anxiety
Ayurvedic Diagnosis : Manyakampa.^[4]

MANAGEMENT

Nidana Parivarjana, especially avoidance of Atishoka (excess grief), Atichinta (excessive worry), Atijagarana (night vigil), and Hastamaithuna (excessive sexual activity), plays a crucial role in breaking the causative chain of Vata vitiation. These factors predominantly aggravate Manasika and Sharirika Vata, leading to instability of Prana and Udana Vata, which manifest as anxiety, disturbed sleep, tremors, and abnormal neck movements. Their avoidance helps in mental calming, restoration of normal sleep, conservation of Ojas, and prevention of further progression of the disease.

Snehan and Swedana^[5], administered initially, pacify aggravated Vata by counteracting its Ruksha and Sheeta qualities, thereby reducing stiffness, pain, and muscular spasm while preparing the body for further therapies. Nasya with Gandha Taila directly acts on Shirogata Vata, nourishing the nerves and muscles of the head and neck, while Matra Basti regulates systemic Vata and improves involuntary movements, sleep, and anxiety. Agnikarma^[6] with Rajata Shalaka provides effective localized relief in pain and stiffness by alleviating Sthana- gata Vata. Pradhmana Nasya^[7] with Vacha Churna, administered twice weekly, clears Kapha Avarana over Vata and improves neuromuscular coordination, speech, and cognitive functions, thereby enhancing the overall therapeutic outcome.

The medicines and therapeutic procedures mentioned below were selected after assessing the disease condition and associated symptoms and were modified in further visits based on the patient's response to treatment.

Drug / Therapy	Dose	Key Constituents	Role in Cervical Dystonia
Gandha Taila (Nasya)	2 drops/nostril	Bala, Ashwagandha, Dashamoola	Vata-shamana, nerve nourishment, reduces stiffness
Pradhamana Nasya (Vacha Churna)	250–500 mg	Vacha	Clears head–neck srotas, reduces spasms
Punarnava Mandura	1 Tab BD	Punarnava, Mandura Bhasma	Anti-inflammatory, tissue metabolism
Lakshmi Vilas Rasa	2 Tab BD	Abhraka, Parada, Gandhaka	Controls rigidity, neurological symptoms
Kushmanda Avaleha	1 Spoon BD	Kushmanda, Ghrita	Brimhana, muscle & nerve strength
Narsingh Rasayana	1 Spoon at morning	Ashwagandha, Bala	Rasayana, improves muscle tone
Vatagajankusha Rasa	1 Tab BD	Hingula, Vatsanabha	Reduces tremors & abnormal postures
Shunthi Churna + Eranda Taila	At bed time	Shunthi, Castor oil	Vatanulomana, reduces stiffness
Kaishora Guggulu	500 mg BD	Guggulu, Triphala	Chronic inflammation & pain relief
Ashwagandha, Vidar, Jatamansi Churna, Vanga & Rajata Bhasma	½ Spoon BD with luke warm water	Medhya & Balya drugs	CNS calming, neuromuscular stability

RESULT

The patient experienced instant relief in pain and stiffness immediately after Agnikarma with Rajata Shalaka. After the second follow-up visit, there was

marked overall improvement, with approximately 80–85% relief in all symptoms. A significant reduction in the TWSTRS score from 53 to 18 was observed on examination, which is presented in the following slide.

TWSTRS Examination Record

Patient: Mr. Chaitanya Mali 25 yrs / Male Date :07/11/2025

	Torticollis Severity Scale (Maximum 35)							
	A. Maximal Excursion						07/11/2025	08/01/2025
1. Rotation	0	1	2	3	4	5	3	1
2. Laterocollis	0	1	2	3	4	5	3	1
3. Anterocollis or Retrocollis	0	1	2	3	4	5	3	1
a. Anterocollis	0	1	2	3	4	5	2	0
b. Retrocollis	0	1	2	3	4	5	2	0
4. Lateral shift	0	1	2	3	4	5	1	0
5. Sagittal shift	0	1	2	3	4	5	1	0
B. Duration Factor (Weighted x 2)	0	1	2	3	4	5	4	1
C. Effect of Sensory Tricks	0	1	2	3	4	5	2	1
D. Shoulder Elevation/Anterior Displacement	0	1	2	3	4	5	1	0
E. Range of Motion	0	1	2	3	4	5	2	1
F. Time	0	1	2	3	4	5	1	0
	SUBTOTAL SEVERITY						23	6
	II. Disability Scale (MAXIMUM = 30)							
A. Work	0	1	2	3	4	5	4	2
B. Activities of Daily Living	0	1	2	3	4	5	4	2
C. Driving	0	1	2	3	4	5	3	1
D. Reading	0	1	2	3	4	5	3	1
E. Television	0	1	2	3	4	5	3	1
F. Activities Outside the Home	0	1	2	3	4	5	4	2
	SUBTOTAL DISABILITY						21	9
	III. Pain Scale MAXIMUM = 20)							
A. Severity of Pain (worst + best + (2*usual))/4	0	1	2	3	4	5	2	0

B. Duration of Pain	0	1	2	3	4	5	3	1
C. Disability Due to Pain	0	1	2	3	4	5	4	2
	SUBTOTAL PAIN						9	3
	Total TWSTRS Score						53	18

CONCLUSION

Manyakamp/ Cervical dystonia is rare yet impactful neuro muscular condition that not only affects the posture and movement but also deeply influences a patient's quality of life. The Toronto Western Spasmodic Torticollis Rating Scale (TWSTRS) was used to assess the outcome of treatment. The patient showed marked improvement in pain, neck stiffness, tremors, and neck retention time following therapy. The TWSTRS score reduced significantly from 53 at baseline to 18 after treatment, indicating substantial clinical improvement. Clinically, the patient experienced approximately 80–85% symptomatic relief by the follow-up visit. Based on this significant functional and symptomatic improvement, the case is presented as a successful case study of cervical dystonia management.

Post treatment, the patient felt better and had better sleep and is now happy. In this case, Hasthamaithun and Atichinta was the primary nidaan and nidaan parivarjan is the most important step in any treatment. Also, almost in every neurological condition Vaat Dosha shoA.

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