Homoeopathy in a Case of Chronic Tics Disorder

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Abstract: ***Tic disorders have emerged as complex, heterogenous, neuropsychiatric movement disorders of childhood onset that are manifestations of an intricate interplay of genes and environment. Tics represent very fine disturbances in the susceptibility and sensitivity of an individual suffering from it. Hence fundamentally it becomes necessary that this altered susceptibility needs to be brought back into health. For restoring this susceptibility constitutional remedy given in Homoeopathy can serve to be efficacious. The constitutional approach was used in a young female suffering from tics disorder and it helped patient a lot to improve her quality of life and function in a better manner with her disease as well as in a continued unfavourable environment.***

Keywords: Tics disorder, Homoeopathy, Susceptibility, Constitutional approach

1. Introduction

Tic disorders have emerged as complex, heterogenous, neuropsychiatric movement disorders of childhood onset that are manifestations of an intricate interplay of genes and environment.

Definition:
Tics are stereotyped, rapid, recurring motor movements or vocalizations (phonic or vocal tics) that are non rhythmic, involuntary or semivoluntary, sudden in onset. They involve one muscle or group of muscle, and may be characterized by their anatomical location, number, frequency, duration, and complexity.

Understanding Pathogenesis:
The etiology and pathophysiology of Tic disorders are unknown. It has been postulated that they occur due to some diffuse processes, in the brain involving cortico-striato-thalamo-cortical pathways in basal ganglia, striatum and frontal lobes. Imbalance between several neurotransmitters and neuro modulators have been implicated such as, dopamine, serotonin, endogenous opiods. Androgen exposure is speculated to play role in development of tics. Genetically twin studies have shown high concordance rate for tic disorders in monozygotic twins. Current understanding implicates multiple vulnerability genes that likely determine the form, severity of tics.

Apart from that, tics may increase as a result of stress, fatigue, boredom, or high-energy emotions, which can include negative emotions, such as anxiety, but positive emotions as well, such as excitement or anticipation.

Psychodynamics of tics:
Tics with psychodynamic point of view are considered to be conversion symptom. Tics are considered to be form of unconscious gesture language. In normal persons they are called as mannerisms. Normal mannerisms are often remnants of a forgotten repetitive gesture that at one time expressed something specific, an organic defect, an attitude of disdain, indifference, apology or compliance. It can continue as a habitual act even though they no longer express anything but piece of one's past. Sometimes tics are like fragment of some sentence from some story that he or she cannot recall.

Homoeopathic Approach:
As we see understand from above literature that causes of tics are multifactorial and in general is a complex chronic phenomena. Tics represent very fine disturbances in the susceptibility and sensitivity of an individual suffering from it. Hence fundamentally it becomes necessary that this altered susceptibility needs to be brought back into health. For restoring this susceptibility constitutional remedy can serve to be efficacious. Apart from that it becomes mandatory for a physician to understand various psycho-social stresses that are acting as either precipitating or maintaining causes for tics in the patient and needs to handle them too.

The Case:
Ms. Nj was 19yrs/F old FYBA student brought to us by her would be inlaws, suffering from chronic Simple tics, since 6-7yrs, for knowing the prognosis of her complaint. Her tics were very severe, and allopathic physician had said that there is no cure and the complaints may remain same always and referred to us. After that the inlaws backed out of the marriage proposal but her parents and she wanted to start homoeopathy and hence her case was defined.
Her chief complaints were:

Chief complaint:

Location	Sensation	Modalities	concomitants
CNS Face O-sudden D-6-7yrs, almost constant P-gradual Right>left	Involuntary blinking3 Involuntary movements3 Grimacing3 No pain, no lacrymation, no tingling, no numbness or any other sensory complaint. No visual problem	A/f-? >Temporary pacitane <touch3 <fright3 <fasting3 <potatoes3 <cabbage3 <bright light2	

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		<sudden noise3	
Head Right>left O- sudden D-Since 7-8yrs P-gradual F-for 1st 3-4 yrs almost daily Now 1-2/week R-Frontal to occipital F-occ	Pain throbbing, as if someone beating3 Nausea, vomiting No aura, no photophobia, no blurring of vision etc	A/f- ? >vomiting3 >tight bandage3 > painkillers2 <cold draft3 <tension2 <change of weather3	
CNS O- sudden D-few minutes F- 2 episodes (1st-july 2006)	Unconsciousness with ? frothing. No aura, no clenching, no UROEB, no involuntary stool/urine, no other symptoms	A/f-?	
Mind O- sudden D- since 1-1.5yrs P- progressive	Irritability3 Can't control anger, speaks out.3 Desire to harm herself Suicidal ideations But repents too Weeping spells2	A/f- Anxiety3 of responsibility And health of family members.	

Patient as a person:
Appearance: lean, thin, delicate features, dark to wheatish complexion.
Wound healing: normal
Perspiration: profuse all over, no staining/odors
Craving: sweets3, icecreams3, spicy3, potatoes2+
Aversion: sour3
Stools/urine-normal
Menstrual function: FMP-14yrs, initially regular, monthly, since 4-5 months irregular, may miss cycle for 1.5 to 2 months. Flow- profuse, dark red, small clots2, no odors, light stains remain, twisting pain in lower abdomen3 has to take painkiller, >pressure3, warm application2
Leucorrhoea- nil
Sleep, disturbed thoughts2+, dreams3+ of blood2, snakes3, frightful2, someone lying besides her2, startles3 cant sleep well after that.
Thermals: Chilly
Past history: pneumonia 1yr back
Family history- mother hypothyroidism, vitiligo, depression father- HTN, IHD, hernia(?inguinal operated)

Life space:
Patient since childhood very much attached to father. But her IPRS with mother were always strained. Patient felt that her mother would never understand her problem of tics and felt that patient, and would shout at her and say that patient is not her daughter. At that time patient would really feel that she is not her daughter and hence mother never cared for her. She always had a feeling of not being understood, and hence in childhood would like to be alone. Her father would understand her but then he would get worried so she stopped sharing even with him. She would get angry and hurt but then would try to forget it. At times in anger she would feel like ending her life and had also even once attempted suicide. She has lot of interest in studies, and was good at it. Her school friends, teachers all were cooperative. But because she was never loved by her mother she would be unhappy and always would weep even when alone again because she would feel that no one could even understand her tears. But slowly as her mother understood her problem her behavior improved still at times mother does misunderstand her. Since one year patient has become highly irritable and is not able to control he anger she just speakes anything but then she quickly feels bad about it. This is because, since one year lot of illnesses occurred in her family wherein her father was admitted for IHD, mother went into depression, brother got malaria 2-3 times, due to this their finances also went down and she had to take up suddenly lot of responsibility being eldest sibling. And before this she had never handled any of such responsibilities. SO this created lot of anxiety in her whether she would be able to handle the responsibilities, what would happen to health of her family members. She likes to be in company now, has many friends and otherwise can mix easily with people. Her mother was insisting on marriage and although she was not ready she for her mother's sake had agreed, and thus was not affected when inlaws backed out of the proposal. She was very much afraid of high places and especially bridges. Also she would get anxious before exams as if whether she would be able to remember things or not although prepared and would get fever at times.

Repertorisation: (<- aggravation, > - amelioration)
Approach- Boenninghausen
<fright
<anticipation
Fear of high places
<change of weather, <touch, <cold air, < fasting, <bright light, <sudden noise
>warmth, >pressure, >vomiting
Av- sour, Cr-sweets, Cr-spicy, Cr-Icecreams
Startling , sleep during
Menses- dark red, staining, indelible.

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Remedies: Nat M- 17/12, Phos-26/11, puls 23/11, Nux v 21/11, sulph-21/11, sil-26/10, lyco-21/10, calc-18/10, sep-20/10, nat c-16/10, mag c-13/10
PDF: (Potential Differentiating Field)
Thermals- chilly, Dreams: frightful, Dreams-snakes, Dreams- blood
Remedies: Phos, Sil, Arg nit, kalic c, cench, med, merc.

2. Discussion

Considering the RS and PDF, Phosphrous was a remedy which comes up strongly, another remedy which stands strong is silicea. But considering the type of built, sensitivity Phos has better coverage than Sil. Moerover unlike sil, who are timid, image conscious, throughout this case a strong feeling state of patient that comes up is 'about not being understood by her mother, that she being not her daughter, and orphan and not cared for. Hence a remedy from our HMM understanding which can be thought of was Magnesium. Magnesium also has a good coverage in RS and in PDF it covers, dreams frightful. Also the sector affinity is of Nervous system, spasms, twitches etc.
So based on this the final remedy prescribed was Mag Phos.
Initially, she was prescribed, MagPhos 30 Bd for 1 week on 8/7/12

Follow ups are as follows:

Date	Follow-up	action
13/7/12	Tics >20% for first 2-3 days Headaches 2 episodes but less intensity. Generals-normal, irritability SQ	Mag phos 200 1P once a week (considering the high sensitivity and high susceptibility)
20/7/12	Tics->50-60% patient say, she felt the difference and even people said to her that her problem appears to be almost not there Headache- self limiting only one episode, irritability >, menstrual abdominal pain >2 in intensity	Mag phos 200 1P once a week continued for 2 weeks
3/8/12	Tics >3 but do increase in stress No episode of headache, irritability >3, generals-normal	Mag phos 200 1P once a week for 4 weeks.
1/9/12	Tics Sq, felt a bit to be increased, Headaches, frequency 2-3 episodes /week, irritability >	Mag phos 200 1P once week for 2 weeks
18/9/12	Tics SQ, Headaches SQ	Mag Phos 200 3P Per week for 4 weeks.
15/10/12	Tic almost nil.. 1-2 times noticed. Only 2 episodes of headaches in 4 weeks, mild intensity generals normal	Mag Phos 200 3P per week for 4 weeks.

3. Conclusion

The tics of this patient were brought well under controls which were very severe initially, by Mag phos 200 3P. The remedy registration was also seen at a dynamic plane, where her irritability was also reduced to good extent. At the same time it was observed that the stresses were persistent of her mother, financial conditions etc, which do act probably as maintaining cause for her tics, but her overall adaptability was improved towards them, which indicates that her susceptibility too improved with the remedial force. Hence the constitutional approach in this case helped patient a lot to improve her quality of life and function in a better manner with her disease as well as continued unfavourable environment.

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