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HOMOEOPATHIC MANAGEMENT OF A CASE OF CHRONIC CERVICAL PAIN WITH MOVEMENT-ASSOCIATED VERTIGO USING *LACHNANTHES TINCTORIA* 30C

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Abstract Background

Chronic neck pain is a common musculoskeletal complaint associated with functional limitation, reduced cervical mobility, and impaired quality of life. Dizziness occurring in association with cervical pain and neck movement is sometimes described as cervicogenic dizziness; however, its diagnosis remains challenging because of the absence of universally accepted diagnostic criteria and the need to exclude vestibular, neurological, and vascular causes. This case report describes the clinical course of a patient with chronic neck pain and movement-associated dizziness managed with *Lachnanthes tinctoria* 30C within a homoeopathic clinical setting.

Case presentation

A 34-year-old male lawyer presented with pain in the nape of the neck for six months. The pain had gradually progressed and extended towards the right shoulder. It was associated with dizziness on sudden turning of the neck. The patient characteristically described a sensation "as if a piece of ice were lying on the back." Symptoms were aggravated by movement, lying down, cold air, and cold wet weather. Clinical assessment revealed neck pain associated with restricted and painful cervical movement and muscular stiffness, without documented systemic or gross neurological abnormalities. Baseline pain intensity was 8/10 on the Visual Analogue Scale (VAS), and the Neck Disability Index (NDI) score was

28/50.

Based on the recorded characteristic symptom totality and consultation with homoeopathic materia medica, *Lachnanthes tinctoria* 30C was prescribed as a single initial medicinal intervention, followed by placebo. Supportive advice regarding posture, cervical exercises, avoidance of prolonged neck flexion, warm fomentation, and avoidance of cold exposure was also provided.

Outcome

During approximately three months of follow-up, progressive improvement was documented in neck pain, radiation to the right shoulder, cervical stiffness, movement-associated dizziness, and cervical mobility. At the final assessment, the VAS score decreased from 8/10 to 3/10 and the NDI score decreased from 28/50 to 18/50. Vertigo was reported as absent, shoulder radiation had resolved, and only occasional discomfort following strain persisted.

Conclusion

This case documents clinical and functional improvement temporally associated with homoeopathic management using *Lachnanthes tinctoria* 30C together with conservative supportive measures. The findings from a single case cannot establish treatment efficacy.

Controlled clinical studies and more rigorous diagnostic assessment are required to evaluate the specific contribution of the homoeopathic intervention.

Keywords: Chronic neck pain; cervical spondylosis; cervicogenic dizziness; *Lachnanthes tinctoria*; homoeopathy; Neck Disability Index; Visual Analogue Scale.

Introduction

Chronic neck pain is a significant musculoskeletal problem that may interfere with occupational activities, concentration, sleep, and routine functioning. Cervical degenerative changes, muscular dysfunction, postural strain, and other mechanical factors may contribute to persistent cervical pain. Cervical spondylosis is commonly diagnosed from clinical features, although detailed neurological assessment and appropriate investigation are important when diagnostic uncertainty or concerning features are present.[1]

Dizziness associated with neck pain or cervical movement has been described as

cervicogenic dizziness. The proposed mechanism includes altered proprioceptive input from cervical structures resulting in sensory mismatch between cervical, vestibular, and visual information. Nevertheless, cervicogenic dizziness remains controversial and is generally regarded as a diagnosis requiring exclusion of alternative causes. [2]

In homoeopathic materia medica, *Lachnanthes tinctoria* has traditionally been described in relation to stiffness and pain of the neck, difficulty or pain on cervical movement, and a characteristic icy-cold sensation between the shoulders. Classical descriptions also mention the sensation of a piece of ice lying on the back between the shoulders. [3]

The present case describes the clinical course and outcome of a patient with chronic neck pain and movement-associated dizziness managed with *Lachnanthes tinctoria* 30C.

Patient Information

A 34-year-old married male, working as a lawyer, attended the outpatient department of Gokul Homoeopathy Medical College & Hospital on 28 June 2025. The primary complaint was pain in the nape of the neck for approximately six months. The patient reported that he had been apparently well before the onset of the present illness. The pain developed gradually, initially being mild and intermittent. Over time, the intensity increased and the pain began extending towards the right shoulder.

The neck pain was accompanied by episodes of dizziness, particularly following sudden turning of the neck.

The patient described a peculiar cold sensation over the back "as if a piece of ice were lying on the back."

Pain was aggravated by cervical movement and lying down. Temporary relief was obtained with rest. The patient was generally sensitive to cold and reported aggravation from cold air and cold wet weather.

There was a history of recurrent cervical strain and frequent exposure to cold air. Occasional headaches were also reported.

No significant addiction history was documented.

Family history was non-contributory except for knee joint pain in the patient's mother.

Physical and Mental Generals

The patient was thermally chilly and was aggravated by cold air and cold wet weather. Appetite was normal, with a marked desire for sweets. Thirst was increased.

The patient reported hard stools with a tendency towards constipation. Urination was satisfactory.

Sleep was described as sound and refreshing. He preferred sleeping on the abdomen rather than on the back.

Psychologically, persistent pain had resulted in irritability. The patient reported anxiety regarding the chronic nature of his illness. Difficulty in concentration was particularly experienced during episodes of dizziness.

Clinical Findings

On general examination, the patient was conscious and clinically stable.

Pulse rate was 82 beats/minute, blood pressure was 120/84 mmHg, respiratory rate was 19 breaths/minute, and body temperature was 98°F.

The patient was well nourished with a flabby build. There was no pallor, cyanosis, jaundice, clubbing, or oedema.

Respiratory, cardiovascular, gastrointestinal, and urogenital examinations revealed no documented abnormalities.

Gross nervous system examination was recorded as showing no abnormality.

Locomotor examination revealed neck pain aggravated by movement with associated numbness and cervical muscular discomfort.

Diagnostic Assessment

Based on the chronic cervical pain, X-ray, bulging at c2-c3 level, radiation towards the right shoulder, cervical stiffness, aggravation from movement, and movement-associated dizziness, a working clinical diagnosis of **chronic mechanical neck pain with suspected cervical spondylosis and associated cervicogenic dizziness** was considered.

X- ray, bulging at c2-c3 level. Therefore, radiographically confirmed **Cervical spondylosis**.

Differential diagnoses considered

The clinical differential diagnosis included mechanical neck pain, cervical myofascial pain, cervical disc-related pain, cervical radiculopathy, benign paroxysmal positional vertigo, peripheral vestibular disorders, and other neurological or vascular causes of dizziness.

Homoeopathic Assessment

The characteristic symptoms considered during homoeopathic assessment were:

1. Pain and stiffness in the cervical region.
2. Cervical pain extending towards the right shoulder.
3. Pain aggravated by movement.
4. Movement-associated dizziness.
5. Peculiar sensation as if a piece of ice were lying on the back.
6. General aggravation from cold air and cold wet weather.
7. Chilly thermal reaction.
8. Marked desire for sweets.
9. Preference for sleeping on the abdomen.
10. Anxiety concerning health.

The sensation "as if a piece of ice were lying on the back" was considered particularly characteristic. Traditional materia medica descriptions of *Lachnanthes tinctoria* include cervical stiffness, neck pain on movement, and an icy-cold sensation between the shoulders. [3-5]

On the basis of the documented characteristic symptom correspondence and materia medica consultation, *Lachnanthes tinctoria* was selected.

Selection of Medicine:

"The prescription was based primarily on characteristic symptom correspondence and confirmatory consultation of homoeopathic materia medica rather than formal repertorisation."

Therapeutic Intervention

On 28 June 2025, the patient received: **Lachnanthes tinctoria 30C**, administered as documented in the original prescription, followed by placebo.

Subsequently, placebo was continued during follow-up visits without documented repetition of *Lachnanthes tinctoria*.

The patient was additionally advised to avoid prolonged neck flexion, maintain appropriate sitting posture, perform gentle cervical exercises, use cervical support if required, apply warm fomentation, and avoid exposure to cold wind.

No adverse event associated with the intervention was documented in the available case

record.

Timeline and Follow-up

Date	Clinical status	Management
28/06/2025	Neck pain for 6 months; radiation to right shoulder; dizziness on sudden turning; VAS 8/10; NDI 28/50	**Lachnanthes tinctoria 30C**, followed by placebo and supportive advice.
14/07/2025	Slight reduction in pain; shoulder radiation less frequent; dizziness reduced; sleep improved	Placebo continued
29/07/2025	Pain reduced by approximately 25-30%; stiffness decreased; occasional dizziness only on abrupt movement	Placebo and cervical exercises
13/08/2025	Marked reduction in shoulder radiation; cold sensation occasional; neck mobility improved	Placebo
28/08/2025	Dizziness minimal; concentration improved; pain mainly after prolonged activity	Placebo
12/09/2025	Mild residual stiffness after prolonged sitting; shoulder radiation absent; general well-being improved	Placebo
29/09/2025	Occasional discomfort after strain; dizziness absent; cervical movement reported near normal	Placebo

Outcome Assessment

Pain intensity was assessed using the Visual Analogue Scale.

At baseline, the VAS score was **8/10**. At the final documented assessment, the VAS score was **3/10**, representing an absolute reduction of **5 points** and a **62.5% reduction from baseline**.

Functional disability was assessed using the Neck Disability Index.

The baseline NDI score was **28/50**, equivalent to **56% disability**. At final assessment, the score decreased to **18/50**, equivalent to **36% disability**.

Thus, the absolute NDI score improved by **10 points**, corresponding to a **20 percentage-point reduction in the calculated disability percentage**.

Clinically, the patient also reported resolution of right shoulder radiation and dizziness, improvement in cervical mobility and concentration, and persistence of only occasional discomfort following strain.

Discussion

This case describes improvement in chronic neck pain, functional disability, and movement-associated dizziness over approximately three months following a homoeopathic prescription of *Lachnanthes tinctoria* 30C and concomitant conservative advice.

The medicine was selected because of the correspondence between the patient's characteristic symptom pattern and traditional materia medica descriptions of *Lachnanthes tinctoria*. Of particular relevance was the unusual cold sensation described by the patient as if a piece of ice were lying on the back. Classical materia medica descriptions specifically associate *Lachnanthes tinctoria* with cervical stiffness and an icy sensation between the shoulders.

The clinical course demonstrated progressive rather than abrupt improvement. Initial follow-up showed a reduction in pain intensity and frequency of dizziness. Subsequent visits documented reduced cervical stiffness and shoulder radiation, followed by improvement in cervical mobility and occupational concentration. At final follow-up, dizziness was absent and only occasional neck discomfort after strain remained.

The reduction in VAS from 8 to 3 suggests a substantial change in patient-reported pain intensity. Similarly, the NDI score decreased from 28/50 to 18/50, demonstrating improvement in neck-related functional limitation.

Nevertheless, attribution of the observed improvement exclusively to *Lachnanthes tinctoria* is not possible. The patient simultaneously received advice regarding cervical exercises, posture, warm fomentation, and avoidance of prolonged neck flexion and cold exposure. Exercise and mobilisation-based approaches are recognised components of conservative neck-pain management.

The absence of a control or comparator, the subjective nature of some outcomes, possible regression to the mean, natural variation in chronic neck pain, contextual effects, and concurrent conservative measures are important limitations.

Previous homoeopathic literature has reported observational and individual case data concerning cervical spondylosis and further rigorous studies are required.

The value of the present report therefore lies primarily in its detailed clinical observation, characteristic symptom documentation, longitudinal follow-up, and use of validated patient-reported outcome measures.

Conclusion

A 34-year-old male diagnosed with Cervical spondylosis, chronic neck pain, right shoulder radiation, cervical stiffness, and movement-associated dizziness demonstrated progressive symptomatic and functional improvement during approximately three months of homoeopathic and conservative management.

Following prescription of *Lachnanthes tinctoria* 30C based on characteristic symptom correspondence, VAS decreased from 8/10 to 3/10 and NDI decreased from 28/50 to 18/50. Dizziness and shoulder radiation were reported as resolved by the final follow-up.

The temporal association observed in this single case is hypothesis-generating and does not establish causal efficacy. Further prospective studies with clearly defined diagnostic criteria, appropriate imaging where indicated, systematic exclusion of alternative causes of dizziness, and controlled study designs are warranted.

Informed Consent

Declaration of Patient Confidentiality

The authors certify that appropriate patient consent was obtained and that identifying information has been withheld to protect patient confidentiality.

Conflict of Interest

The authors declare no conflict of interest.

Funding

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References:

1. Binder AI. Cervical spondylosis and neck pain. BMJ. 2007;334(7592):527-531. doi:10.1136/bmj.39127.608299.80.
2. Li Y, Yang L, Dai C, Peng B. Proprioceptive cervicogenic dizziness: a narrative review of pathogenesis, diagnosis, and treatment. J Clin Med. 2022;11(21):6293. doi:10.3390/jcm11216293.

3. Vernon H, Mior S. The Neck Disability Index: a study of reliability and validity. J Manipulative Physiol Ther. 1991;14(7):409-415.

4. Gagnier JJ, Kienle G, Altman DG, Moher D, Sox H, Riley D; CARE Group. The CARE guidelines: consensus-based clinical case reporting guideline development. J Med Case Rep. 2013;7:223. doi:10.1186/1752-1947-7-223.

5. Gagnier JJ, Kienle G, Altman DG, Moher D, Sox H, Riley D; CARE Group. The CARE guidelines: consensus-based clinical case reporting guideline development. Headache. 2013;53(10):1541-1547. doi:10.1111/head.12246.

6. Boericke W. Pocket Manual of Homoeopathic Materia Medica and Repertory. New Delhi: B. Jain Publishers; [edition used].

7. Lippe AD. Text Book of Materia Medica. New Delhi: B. Jain Publishers; [edition used].

8. Hering C. The Guiding Symptoms of Our Materia Medica. New Delhi: B. Jain Publishers; [edition used].

9. Clarke JH. A Dictionary of Practical Materia Medica. New Delhi: B. Jain Publishers; [edition used].

10. Allen TF. The Encyclopedia of Pure Materia Medica. New Delhi: B. Jain Publishers; [edition used].

11. Hahnemann S. Organon of Medicine. 6th ed. Translated by Boericke W. New Delhi: B. Jain Publishers; [year of edition used].

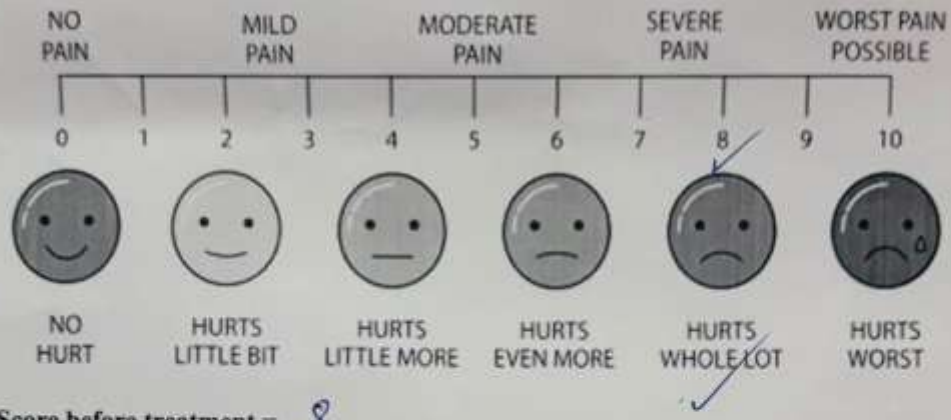
12. Hahnemann S. The Chronic Diseases: Their Peculiar Nature and Their Homoeopathic Cure. New Delhi: B. Jain Publishers; [edition used].

13. Riley DS, Barber MS, Kienle GS, Aronson JK, von Schoen-Angerer T, Tugwell P, et al. CARE guidelines for case reports: explanation and elaboration document. J Clin Epidemiol. 2017;89:218-235. doi:10.1016/j.jclinepi.2017.04.026.

14. Gill-Lussier J, Stupar M, Srbely JZ, De Carvalho D. Proprioceptive cervicogenic dizziness care trajectories in patient subpopulations: a scoping review. J Clin Med. 2023;12(6):2377. doi:10.3390/jcm12062377.

VAS Scale for assessment of pain severity

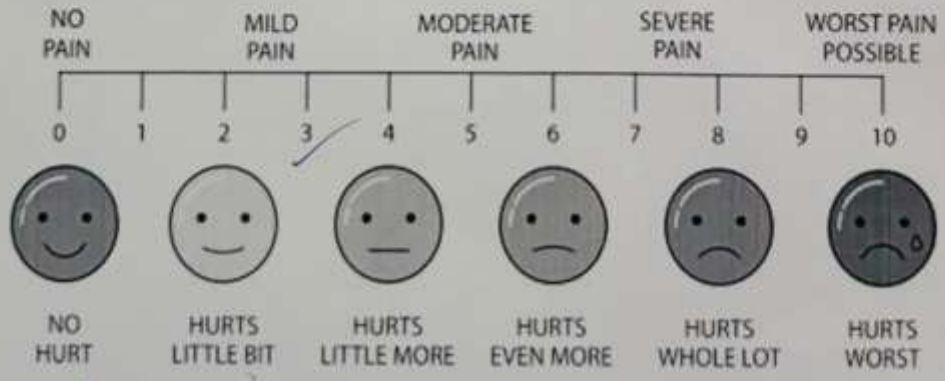
Reg No. 76766 **Name-** Mr. R **Date** 28/06/2025



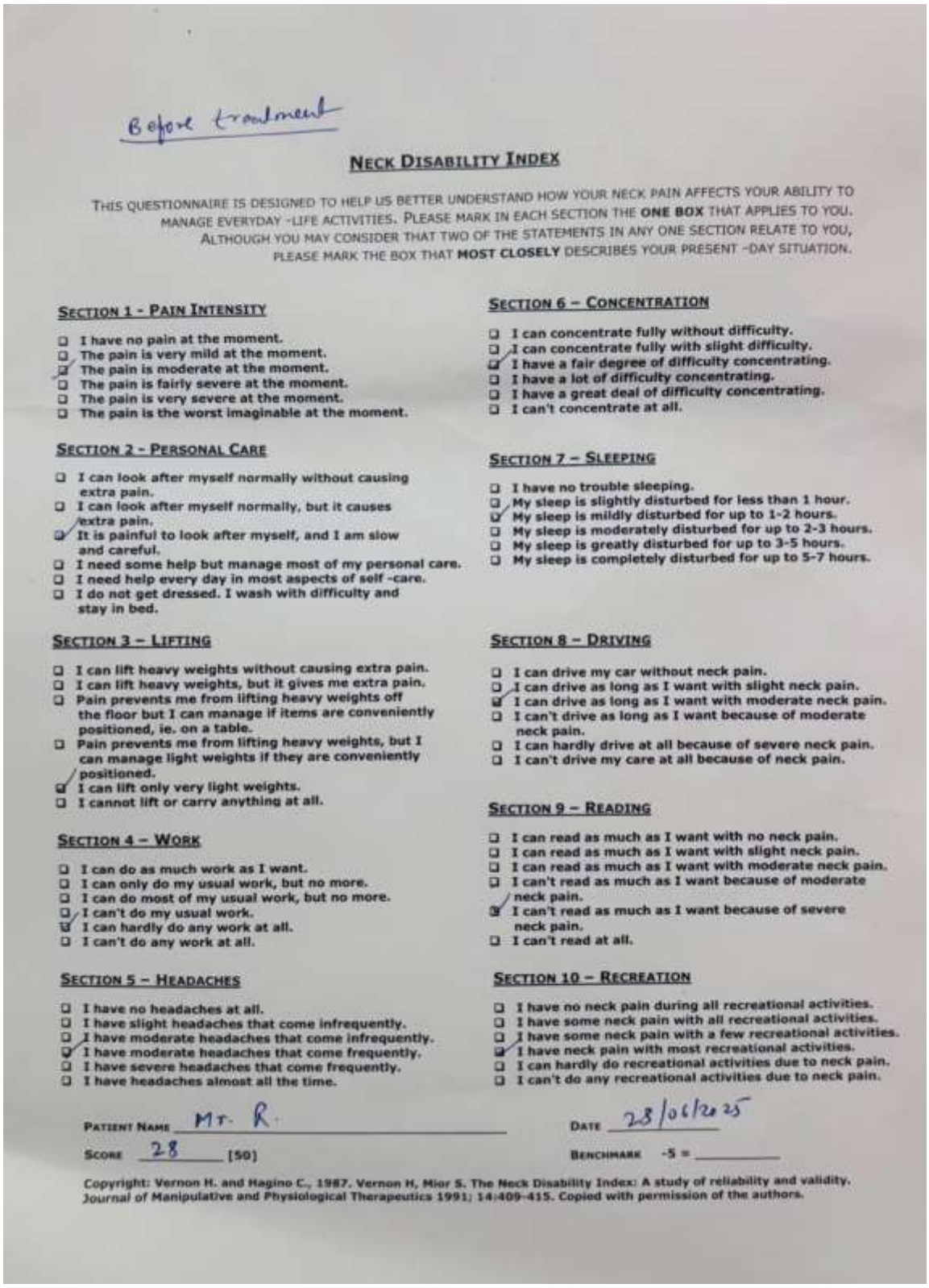
Score before treatment = 8

VAS Scale for assessment of pain severity

Reg No. 76766 **Name-** Mr. R. **Date** 29/09/2025



Score After **~~before~~ treatment =** 3



Before treatment

NECK DISABILITY INDEX

THIS QUESTIONNAIRE IS DESIGNED TO HELP US BETTER UNDERSTAND HOW YOUR NECK PAIN AFFECTS YOUR ABILITY TO MANAGE EVERYDAY -LIFE ACTIVITIES. PLEASE MARK IN EACH SECTION THE **ONE BOX** THAT APPLIES TO YOU. ALTHOUGH YOU MAY CONSIDER THAT TWO OF THE STATEMENTS IN ANY ONE SECTION RELATE TO YOU, PLEASE MARK THE BOX THAT **MOST CLOSELY** DESCRIBES YOUR PRESENT -DAY SITUATION.

SECTION 1 - PAIN INTENSITY

- ☐ I have no pain at the moment.
- ☐ The pain is very mild at the moment.
- ☑ The pain is moderate at the moment.
- ☐ The pain is fairly severe at the moment.
- ☐ The pain is very severe at the moment.
- ☐ The pain is the worst imaginable at the moment.

SECTION 2 - PERSONAL CARE

- ☐ I can look after myself normally without causing extra pain.
- ☐ I can look after myself normally, but it causes extra pain.
- ☑ It is painful to look after myself, and I am slow and careful.
- ☐ I need some help but manage most of my personal care.
- ☐ I need help every day in most aspects of self -care.
- ☐ I do not get dressed. I wash with difficulty and stay in bed.

SECTION 3 – LIFTING

- ☐ I can lift heavy weights without causing extra pain.
- ☐ I can lift heavy weights, but it gives me extra pain.
- ☐ Pain prevents me from lifting heavy weights off the floor but I can manage if items are conveniently positioned, ie. on a table.
- ☐ Pain prevents me from lifting heavy weights, but I can manage light weights if they are conveniently positioned.
- ☑ I can lift only very light weights.
- ☐ I cannot lift or carry anything at all.

SECTION 4 – WORK

- ☐ I can do as much work as I want.
- ☐ I can only do my usual work, but no more.
- ☐ I can do most of my usual work, but no more.
- ☐ I can't do my usual work.
- ☑ I can hardly do any work at all.
- ☐ I can't do any work at all.

SECTION 5 – HEADACHES

- ☐ I have no headaches at all.
- ☐ I have slight headaches that come infrequently.
- ☐ I have moderate headaches that come infrequently.
- ☑ I have moderate headaches that come frequently.
- ☐ I have severe headaches that come frequently.
- ☐ I have headaches almost all the time.

SECTION 6 – CONCENTRATION

- ☐ I can concentrate fully without difficulty.
- ☐ I can concentrate fully with slight difficulty.
- ☑ I have a fair degree of difficulty concentrating.
- ☐ I have a lot of difficulty concentrating.
- ☐ I have a great deal of difficulty concentrating.
- ☐ I can't concentrate at all.

SECTION 7 – SLEEPING

- ☐ I have no trouble sleeping.
- ☐ My sleep is slightly disturbed for less than 1 hour.
- ☑ My sleep is mildly disturbed for up to 1-2 hours.
- ☐ My sleep is moderately disturbed for up to 2-3 hours.
- ☐ My sleep is greatly disturbed for up to 3-5 hours.
- ☐ My sleep is completely disturbed for up to 5-7 hours.

SECTION 8 – DRIVING

- ☐ I can drive my car without neck pain.
- ☐ I can drive as long as I want with slight neck pain.
- ☑ I can drive as long as I want with moderate neck pain.
- ☐ I can't drive as long as I want because of moderate neck pain.
- ☐ I can hardly drive at all because of severe neck pain.
- ☐ I can't drive my care at all because of neck pain.

SECTION 9 – READING

- ☐ I can read as much as I want with no neck pain.
- ☐ I can read as much as I want with slight neck pain.
- ☐ I can read as much as I want with moderate neck pain.
- ☐ I can't read as much as I want because of moderate neck pain.
- ☑ I can't read as much as I want because of severe neck pain.
- ☐ I can't read at all.

SECTION 10 – RECREATION

- ☐ I have no neck pain during all recreational activities.
- ☐ I have some neck pain with all recreational activities.
- ☐ I have some neck pain with a few recreational activities.
- ☑ I have neck pain with most recreational activities.
- ☐ I can hardly do recreational activities due to neck pain.
- ☐ I can't do any recreational activities due to neck pain.

PATIENT NAME Mr. R. DATE 28/06/2025

SCORE 28 [50] BENCHMARK -5 = _____

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After treatment

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- ☐ I have some neck pain with a few recreational activities.
- ☐ I have neck pain with most recreational activities.
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- ☐ I can't do any recreational activities due to neck pain.

PATIENT NAME Mr. R. DATE 29/09/2025

SCORE 18 [50] BENCHMARK -5 = _____