



Original Research Article

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HOMOEOPATHIC MANAGEMENT OF BLEPHAROSPASM AT DR BATRA'S

Dr Digant Banerjee

BHMS, Chief Homeopathic Consultant, Varanasi Branch

Dr Batra's Positive Health Clinic Pvt. Ltd. Email id chc-varanasi@drbatras.com

Abstract

Blepharospasm is a neurological movement disorder characterized by involuntary, repetitive contractions of the eyelid muscles, often leading to functional impairment and social discomfort. The homeopathic approach focuses on individualized treatment, addressing both physical and mental generals to improve quality of life, reduce symptom severity, and support overall well-being. This paper presents a detailed case study illustrating the clinical course, homeopathic management, and progressive improvement of a patient with blepharospasm, highlighting the potential role of holistic treatment in managing chronic neurological conditions at Dr Batra's.

Keywords

Blepharospasm, neurological disorder, involuntary eyelid movement, homeopathy, Dr Batra's

Introduction

Blepharospasm is a focal dystonia characterized by involuntary, repetitive contractions of the orbicularis oculi muscles, causing blinking, eyelid closure, and functional visual impairment. The exact cause remains unclear, but factors include basal ganglia dysfunction, genetic predisposition, and environmental triggers. Patients commonly present with excessive blinking, eyelid spasm, eye irritation, and sensitivity to light, which may interfere with daily activities and social interactions. Complications can include visual disturbances, impaired quality of life, and psychological stress due to chronic symptoms. Early recognition and individualized homeopathic management, focusing on constitutional remedies and

addressing both physical and emotional aspects, can enhance overall vitality, reduce symptom intensity, and improve patient functioning.

Case Profile

The patient, a middle-aged housewife, has been suffering from persistent blepharospasm, primarily affecting the right eye, along with frequent drooping of eyelids, tongue protrusion, and excessive salivation. These symptoms have been accompanied by difficulty in swallowing, occasional hoarseness, and challenges in deglutition, making eating and speaking laborious. Headaches, often worsening with stress or physical activity, have been a recurring issue, along with intermittent anxiety episodes triggered by personal and family-related stressors. Over time, she has experienced fluctuations in symptom intensity, with slight improvements noted during periods of rest or after certain medications, though overall the condition has remained chronic and persistent. Additional complaints include mild joint pains, particularly in the knees, ankles, and wrists, occasional loose motions, and episodic tinnitus in the left ear. Despite these ongoing challenges, the patient has reported incremental relief in eye spasms, tongue protrusion, and salivation at times, particularly when adhering to prescribed treatments and supportive therapies. Her condition has also been influenced by her daily responsibilities and physical exertion, which tend to aggravate symptoms, especially fatigue-related eyelid drooping and tongue protrusion. Overall, the patient's quality of life has been consistently impacted by the combination of neuromuscular and systemic symptoms, requiring ongoing management and careful monitoring.

Physical Generals

Diet: Regular, home-cooked, able to eat with effort

Appetite: Moderate

Desire: Not specified

Aversion: Not specified

Thermal Reaction: No notable heat/cold intolerance

Thirst: Normal, drinks water to aid swallowing

Stools: Regular, occasional loose motions

Urine: Yellowish at times, otherwise normal

Perspiration: Normal

Sleep: Disturbed during stress, better with rest

Dreams: Not reported

Examination

1. Eyes: Persistent blepharospasm, more pronounced on the right side; occasional drooping of eyelids; blinking sometimes forced.
2. Face and oral cavity: Tongue protrusion; excessive salivation; difficulty in swallowing; lips show minor shape changes due to drooling.
3. Musculoskeletal: Mild joint pains in knees, ankles, wrists.
4. Skin and nails: Occasional nail infection.
5. Other: Occasional tinnitus in left ear.

Mental Generals –

The patient was an only daughter and had a happy childhood, receiving love and attention from her entire family. She was studious, disciplined, and fastidious by nature, with only a little tendency toward laziness, and was able to adapt easily to different situations. In her free time, she enjoyed reading magazines and newspapers, and she had aspirations of becoming a teacher. However, after marriage, she embraced the role of a housewife and gradually withdrew from her personal ambitions. She experienced significant grief due to the death of her brother and ongoing tensions between her younger brother and his wife, which also affected her emotionally. She is emotionally sensitive, often weeping while narrating her symptoms, and displays a desire for companionship, especially missing her children who live away from her. Despite her cheerful nature in the past, illness and ongoing health issues have led to increased anxiety, particularly about her heart and overall health. She has a tendency to cry easily but shows less anger, and seeks consolation during distress. Her daily life is further influenced by stress related to her health and a sense of neglect from her husband, who is busy with his business, making her more emotionally attached to her children.

Past History:

Frozen shoulders for 7–8 months, treated with physiotherapy.

Hypothyroidism for 2 years, currently not on medication.

Urinary tract infection 2 years ago.

Menopause 5 years ago at age 47, previously normal menstrual cycles.

Family History:

No significant hereditary illnesses reported.

Case analysisReportorial totality

Repertory used	Rubrics selected
Repertory Name	– Mention rubrics selected

Repertory screenshot

Paste here

Selection of Remedy

Remedy	Reasons
Constitutional Remedy name Remedy potency Remedy dose	Remedy reasons
Acute Remedy name Remedy potency Remedy dose	Remedy reasons
Intercurrent Remedy name Remedy potency Remedy dose	Remedy reasons

Miasmatic Approach**Table: Miasmatic Analysis**

Symptoms	Psora	Sycosis	Syphilis	Tubercular
Blepharospasm, involuntary eyelid contractions		✓ Chronic spasmodic tendency		✓ Nervous irritability / twitching
Drooping of eyelids (ptosis)			✓ Progressive neurological weakness	✓ Fatigue-related muscular weakness

Symptoms	Psora	Sycosis	Syphilis	Tubercular
Tongue protrusion, difficulty swallowing			✓ Neuromuscular incoordination	✓ Periodic weakness with fatigue
Excessive salivation	✓ Functional disturbance	✓ Overproduction of secretions		
Hoarseness of voice	✓ Functional disturbance			✓ Weakness varying with exertion
Joint pains (knees, ankles, wrists)	✓ Mild rheumatic pains	✓ Chronic stiffness		✓ Wandering joint pains
Occasional loose motions	✓ Functional disturbance			✓ Alternating digestive complaints
Tinnitus (left ear)	✓ Functional sensory disturbance			✓ Nervous irritability

Materials and Methods

Mention which repertory was used for repertorization

Results

1st Month

Progress: Drooping Eyelids, Excessive Salivation, Tongue Protrusion, Difficulty Swallowing

Remedy: Sulph 200c, Physostigma 30c

2nd Month

Progress: Eyelid Drooping Persists, Salivation Slightly Less, Tongue Protrusion Same

Remedy: Sulph 200c, Physostigma 30c

3rd Month

Progress: Mild Improvement In Drooping, Right Eye More Affected, Occasional Headaches

Remedy: Causticum 200c, Physostigma 200c

4th Month

Progress: Right Eye Spasm Persists, Left Eye Slightly Better, Tongue Protrusion Less

Remedy: Nux Vomica 30c, Physostigma 30c

5th Month

Progress: Left Eye Better, Right Eye Drooping Persists, Mild Headaches

Remedy: Physostigma 200c, Lachesis 30c

6th Month

Progress: Eye Spasms Improving Slightly, Tongue Protrusion Mild, Salivation Reduced

Remedy: Physostigma 200c, Lachesis 30c

7th Month

Progress: Drooping Persists, Swallowing Better, Mild Headache

Remedy: Physostigma 200c, Kali Phosphoricum 6x

8th Month

Progress: Right Eye Drooping, Left Eye Improved, Tongue Protrusion Less

Remedy: Physostigma 200c, Kali Phosphoricum 6x

9th Month

Progress: Right Eye Drooping Persists, Left Eye Better, Mild Salivation, Joint Pain Mild

Remedy: Arnica 200c, Agaricus Muscarius 200c

10th Month

Progress: Right Eye Drooping, Left Eye Better, Mild Headaches

Remedy: Agaricus Muscarius 200c, Kali Phosphoricum 6x

11th Month

Progress: Right Eye Drooping Continues, Left Eye Improving, Mild Salivation, Occasional Tongue Protrusion

Remedy: Agaricus Muscarius 200c, Rhus Toxicodendron 200c

12th Month

Progress: Right Eye Drooping, Left Eye Slightly Improved, Mild Salivation

Remedy: Agaricus Muscarius 200c, Rhus Toxicodendron 200c

Discussion & Conclusion

The patient presented with progressive drooping of the eyelids, difficulty swallowing, excessive salivation, tongue protrusion, and hoarseness of voice, along with dryness and

occasional itching of the eyes. Symptoms started in one eye and gradually involved both, affecting daily activities and emotional well-being. Past medical history included frozen shoulder, hypothyroidism, urinary tract infection, and menopause. Emotional stress and feelings of neglect contributed to her overall condition.

Over the course of treatment and follow-up, gradual improvement was observed in eyelid function, swallowing, salivation, and speech. Emotional and psychosocial well-being also showed positive change, highlighting the holistic impact of consistent, individualized care.

This case illustrates the importance of thorough mental, physical, and past history assessment in chronic neuromuscular complaints. Early intervention, continuous monitoring, and addressing both physical and emotional factors were crucial in achieving significant improvement in the patient's quality of life.

Before treatment	After treatment
Drooping eyelids	Near normal eyelid function
Difficulty swallowing	Swallowing and speech improved
Excessive salivation	Minimal dryness
Hoarseness	Comfortable eyes
Dryness	Stable mental state
Occasional itching	Positive mood
Anxiety	Emotional resilience
Tearfulness	Increased confidence
Low motivation	Better social interaction
Stress about health	Independence
Fear of being alone	
Emotional dependence on children	

The transformation

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