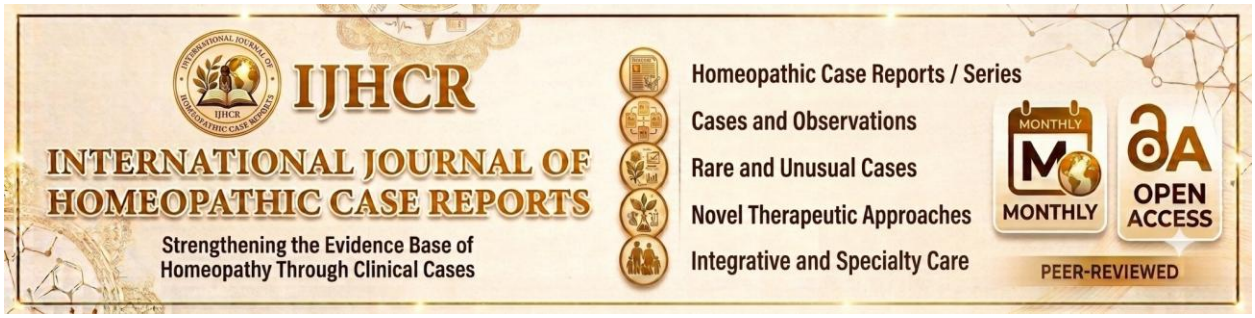

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Successful Management of Chronic Cervical Spondylosis with Cervicogenic Vertigo Using Individualized Homoeopathic Treatment: A Case Report

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Abstract

Background

Cervical spondylosis is a chronic degenerative disorder of the cervical spine characterized by progressive intervertebral disc degeneration, osteophyte formation, cervical stiffness, neck pain, radiculopathy, and cervicogenic vertigo. The condition frequently affects quality of life by limiting neck movements and daily activities. Although analgesics, physiotherapy, and rehabilitation remain the standard management, many patients continue to experience recurrent pain and functional disability. Individualized homoeopathic treatment considers the patient's constitutional characteristics along with the local pathology to provide holistic management.

Case Presentation

A retired elderly male presented with chronic cervical spondylosis of four years' duration associated with persistent neck pain, shooting pain radiating to the left scapular region and lower back, stiffness, and recurrent episodes of vertigo. Pain was aggravated by movement and relieved by rest. Associated hypertension was controlled with conventional medication. Constitutional assessment revealed an ambitious, hardworking, emotionally stable individual with suppressed anger, anxiety regarding his wife's health, and a strong sense of responsibility toward his family. Based on the constitutional totality, **Sulphur** was selected as the

constitutional remedy, supported during acute episodes by **Bryonia**, **Ruta graveolens**, and other indicated remedies according to symptom evolution.

Outcome

Serial follow-up over eleven months demonstrated marked improvement in cervical pain, reduction in stiffness, approximately 80–90% improvement in vertigo, improved neck mobility, and significant enhancement in quality of life. The patient maintained clinical remission for nearly one year with only occasional mild stiffness.

Conclusion

This case demonstrates sustained improvement in chronic cervical spondylosis with cervicogenic vertigo following individualized homoeopathic treatment integrated with conventional management of hypertension.

Keywords: Cervical spondylosis, Cervicogenic vertigo, Neck pain, Homoeopathy, Sulphur, Case report

Introduction

Cervical spondylosis is one of the most common degenerative musculoskeletal disorders affecting middle-aged and elderly individuals. Progressive degeneration of cervical intervertebral discs and facet joints results in chronic neck pain, stiffness, radiculopathy, restricted mobility, and occasionally cervicogenic dizziness. The prevalence increases with advancing age, and radiographic evidence of degeneration is observed in a majority of individuals older than 60 years.

Patients frequently complain of pain radiating to the shoulders, scapulae, upper limbs, or upper thoracic region. In advanced disease, cervical muscle spasm and altered proprioceptive input may contribute to cervicogenic vertigo.

Management usually includes analgesics, muscle relaxants, physiotherapy, posture correction, and surgical intervention in selected cases. Despite these measures, many patients continue to experience recurrent pain and functional limitations.

Homoeopathy approaches chronic musculoskeletal disorders constitutionally by considering the patient's mental and emotional characteristics together with physical generals and disease-specific modalities.

The present report describes the successful constitutional management of chronic cervical spondylosis associated with cervicogenic vertigo.

Case Presentation

A retired male presented to **Dr Batra's® Positive Health Clinics** with complaints of persistent cervical pain for approximately four years.

The pain originated in the nape of the neck and gradually descended toward the left scapular region and lower back.

The patient described the pain as shooting in nature and associated with marked stiffness of the cervical spine.

History of Present Illness

The patient complained of:

- Chronic pain in the nape of the neck
- Descending pain
- Shooting character
- Radiation toward the left scapula
- Radiation to lower back
- Left-sided predominance
- Restricted neck movement
- Cervical stiffness
- Recurrent vertigo

Pain increased:

- During neck movement
- On changing position
- During physical activity

Pain improved:

- Rest
- Maintaining a comfortable position

The patient had previously received conventional treatment with only temporary relief.

Associated Illness

The patient was a known case of **Hypertension** controlled with **Telmisartan 40 mg once daily**.

No neurological deficit was reported.

Previous Treatment

The patient had undergone conventional allopathic treatment before initiating homoeopathic care.

Only temporary symptomatic improvement was achieved.

Past History

No significant surgical illness was reported.

No major trauma involving the cervical spine was documented.

Family History

No hereditary musculoskeletal disorder was reported.

The patient's wife was hypertensive.

Both children were healthy.

Personal History

Appetite:

Normal.

Craving:

Sweets.

Thirst:

Approximately nine glasses of water daily.

Sleep:

Refreshing.

Eight hours daily.

Thermals:

Ambithermal.

Preferred air-conditioned environment.

Bowel and bladder habits:

Regular.

Life Space

The patient had retired after a successful career in the insurance sector.

He described himself as hardworking, ambitious, punctual, and willing to accept professional challenges.

Following retirement, he spent most of his time with family and frequently travelled to visit his children and grandchildren.

Although generally satisfied with life, he became anxious whenever his wife suffered from illness.

He reported occasional emotional distress when people spoke harshly to him but usually discussed his concerns with his wife rather than expressing anger directly.

Mental Generals

Constitutional assessment revealed:

- Ambitious personality
- Hardworking
- Responsible
- Determined
- Company desired
- Emotionally stable
- Suppressed anger
- Mild anxiety
- Family-oriented
- Generally satisfied with life

Physical Generals

- Appetite normal
- Desire for sweets
- Normal thirst
- Refreshing sleep
- Ambithermal
- Preference for air-conditioned environment
- Regular bowel habits

Clinical Examination

General examination was within normal limits.

Musculoskeletal examination demonstrated:

- Tenderness over cervical paraspinal muscles
- Restricted cervical movements
- Pain over the nape of neck
- Radiation toward left scapular region
- Mild cervical muscle spasm
- Stiffness during movement

Neurological examination was otherwise normal.

Investigations

Routine investigations performed previously were within acceptable limits.

ECG performed during follow-up was reported as normal.

Radiological investigations confirmed cervical spondylotic changes.

Diagnosis

Primary Diagnosis

Chronic Cervical Spondylosis

Associated Diagnosis

Cervicogenic Vertigo

Differential Diagnosis

- Cervical radiculopathy
- Mechanical neck pain
- Lumbar spondylosis
- Myofascial pain syndrome
- Vestibular vertigo

Case Analysis

The patient presented with chronic cervical spondylosis characterized by long-standing neck pain, stiffness, shooting pain radiating toward the left scapular region and lower back, and recurrent cervicogenic vertigo. The pain was aggravated by movement and relieved by rest, suggesting mechanical cervical degeneration.

Constitutional assessment demonstrated a determined, ambitious, responsible individual who generally suppressed emotional reactions, experienced mild anxiety regarding family health, and remained emotionally stable despite chronic illness. Physical generals included normal appetite, desire for sweets, refreshing sleep, and an ambithermal constitution.

Based on the constitutional totality, **Sulphur** was selected as the constitutional remedy. Acute exacerbations were managed with **Bryonia** and later **Ruta graveolens**, according to the evolving musculoskeletal symptoms. The treatment plan aimed to reduce pain intensity, improve mobility, decrease vertigo, and enhance overall quality of life while continuing antihypertensive therapy.

Totality of Symptoms

Mental Generals

- Ambitious
- Hardworking
- Responsible
- Determined personality
- Company desired
- Mild anxiety when family members are ill
- Suppressed anger
- Thinks repeatedly when someone speaks harshly
- Emotionally stable
- Satisfied with life

Physical Generals

- Appetite normal
- Desire for sweets
- Normal thirst
- Refreshing sleep
- Ambithermal
- Preference for air-conditioned environment
- Regular bowel and bladder habits

Particular Symptoms

- Chronic cervical pain since four years
- Pain in nape of neck
- Descending pain
- Shooting pain
- Pain radiating to left scapula
- Pain radiating to lower back
- Left side predominantly affected
- Stiffness of cervical spine
- Vertigo associated with neck movement
- Pain aggravated by movement
- Pain relieved by rest
- Occasional lower back pain
- Cervical muscle stiffness

Evaluation of Characteristic Symptoms

The following symptoms were selected for constitutional prescribing.

Mental Characteristics

- Suppressed anger
- Mild anxiety regarding family
- Responsible nature
- Ambitious personality
- Determined
- Company desired

Physical Characteristics

- Desire for sweets
- Refreshing sleep
- Ambithermal patient
- Preference for cool environment

Particular Symptoms

- Chronic cervical spondylosis
- Shooting cervical pain

- Left-sided radiation
- Vertigo
- Stiffness
- Better by rest
- Worse by movement

Repertorial Analysis

Kent's Repertory was consulted using the constitutional totality.

Selected Rubrics

Mind

- Mind; Ambition
- Mind; Anxiety concerning family
- Mind; Anger suppressed
- Mind; Company; desire for

Neck

- Pain
- Stiffness
- Motion aggravates
- Cervical muscles affected

Extremities

- Pain extending to scapula
- Pain extending to back

Vertigo

- Vertigo on moving neck
- Vertigo on raising head

Generalities

- Motion aggravates
- Rest ameliorates

The repertorial analysis predominantly supported **Sulphur** as the constitutional remedy, with **Bryonia**, **Ruta graveolens**, and **Lycopodium** covering acute musculoskeletal manifestations.

Remedy Differentiation

Sulphur (Constitutional Remedy)

Sulphur was selected because it corresponded most closely with the constitutional profile.

Characteristic features included:

- Chronic degenerative complaints
- Long-standing musculoskeletal stiffness
- Desire for sweets
- Independent personality
- Suppressed emotional expression
- Chronic recurrent symptoms

Sulphur addressed both the constitutional susceptibility and chronic inflammatory tendency.

Bryonia alba

Bryonia was prescribed during acute exacerbations because of:

- Severe pain aggravated by the slightest movement
- Relief from complete rest
- Musculoskeletal inflammation
- Cervical stiffness

The patient's modalities corresponded remarkably with Bryonia.

Ruta graveolens

Ruta was prescribed during later follow-up because of:

- Chronic ligamentous strain
- Cervical stiffness
- Deep-seated periosteal pain
- Residual neck discomfort
- Lower back stiffness

Lycopodium clavatum

Initially considered because of:

- Chronic musculoskeletal complaints
- Responsibility
- Ambition

However, the constitutional picture evolved more clearly toward Sulphur.

Arsenicum album

Prescribed briefly during associated acute illness because of constitutional weakness and anxiety.

Prescription

Constitutional Remedy

Sulphur 200C

Selected because of:

- Chronic cervical spondylosis
- Constitutional susceptibility
- Long-standing stiffness
- Emotional profile

Acute Remedies

Bryonia alba

Given during painful acute episodes characterized by aggravation from movement.

Ruta graveolens

Used for persistent cervical ligamentous pain and stiffness during recovery.

Other Supportive Remedies

During associated acute respiratory and gastric complaints, remedies including **Arsenicum album**, **Nux vomica**, **Chelidonium majus**, **Hepar sulphuris**, and **Blatta orientalis** were prescribed according to the acute symptom picture without altering the constitutional treatment.

Miasmatic Analysis

The case represented a **predominantly Psoro-Sycotic background**.

Psoric Features

- Pain
- Stiffness
- Functional limitation
- Vertigo
- Anxiety

Sycotic Features

- Chronic degenerative changes
- Progressive cervical pathology
- Long-standing recurrence

Follow-up

Table 1. Chronological Follow-up

Date	Clinical Findings	Outcome
September 2025	Initial consultation. Severe cervical pain, vertigo, stiffness. Approximately 5% improvement after first week.	Early response
19 September 2025	Marked vertigo. Neck movement severely restricted. Pain radiating to shoulders. Stress due to wife's illness.	Acute aggravation managed
19 November 2025	Temporary aggravation following change in antihypertensive medication. High BP episode with anxiety and giddiness. ECG normal.	Symptoms stabilized
18 December 2025	Approximately 80% improvement in vertigo. Cervical pain significantly reduced. Mild right-sided stiffness persisted.	Significant improvement
January 2026	Cervical pain remained better. Mild bloating and appetite reduction reported.	Musculoskeletal symptoms stable
February 2026	Cervical symptoms maintained. Mild low back pain developed.	Continued improvement
March 2026	Teleconsultation for acute back pain. Acute medicines prescribed.	Acute episode controlled
April 2026	Severe lower back pain aggravated by movement, relieved by rest. Vitamin B12 and Vitamin D investigations advised.	Supportive management initiated
May 2026	Approximately 60% improvement in cervical and upper back pain. Vertigo markedly reduced. Mild left arm pain.	Continued recovery
June 2026	Short relapse with stretching pain and vertigo on neck extension lasting 3–4 days.	Temporary exacerbation
July 2026	Approximately 90% overall improvement. Mild residual cervical stiffness only. No significant vertigo.	Stable remission

Clinical Outcome

After eleven months of individualized homoeopathic treatment:

- Cervical pain reduced by approximately **90%**.
- Vertigo improved by **80–90%**.
- Neck mobility improved considerably.
- Shooting pain became infrequent.
- Left scapular radiation almost disappeared.
- Daily activities improved substantially.
- Only occasional mild cervical stiffness persisted.
- One-year remission was maintained with only minor intermittent symptoms.

Discussion

Cervical spondylosis is a common degenerative disorder of the cervical spine and one of the leading causes of chronic neck pain among older adults. Degenerative disc disease, osteophyte formation, and facet joint arthropathy frequently produce pain, stiffness, radicular symptoms, and cervicogenic vertigo, leading to considerable impairment in daily functioning and quality of life.

In the present case, the patient had experienced persistent cervical pain for four years with characteristic shooting pain radiating to the left scapular region and lower back. Vertigo associated with neck movement significantly affected routine activities. Constitutional assessment revealed an ambitious, responsible, emotionally stable individual with suppressed anger, mild anxiety concerning family health, and a desire for company. These constitutional characteristics, together with the physical generals, guided the prescription of **Sulphur** as the constitutional remedy. **Bryonia alba** was used during acute painful exacerbations because of the marked aggravation from movement and relief from rest, while **Ruta graveolens** addressed persistent ligamentous and periosteal stiffness during recovery.

Serial follow-up demonstrated progressive improvement in pain intensity, neck mobility, and vertigo, culminating in approximately 90% overall improvement with sustained remission for one year. Temporary exacerbations responded to individualized acute prescribing without loss of overall progress.

As a single observational case, causality cannot be established, and factors such as the natural course of the disease, lifestyle modifications, or prior conventional management may have contributed to the outcome. Nevertheless, this case suggests that individualized homoeopathic treatment may serve as a useful adjunct in the long-term management of chronic cervical spondylosis and supports further prospective research using standardized functional outcome measures.

Health-Related Quality of Life (HRQL)

At presentation, chronic neck pain and recurrent vertigo significantly restricted movement, disturbed daily activities, and caused anxiety regarding future disability. By the end of treatment, the patient reported restoration of routine physical activities, reduced dependence on analgesics, improved confidence in neck movement, and better overall well-being.

Patient Perspective

"Initially, the neck pain and vertigo made even simple movements difficult. After treatment, the pain gradually reduced, dizziness almost disappeared, and I was able to return to my normal routine. I now feel much more confident and comfortable in my daily activities."

Learning Points

- Cervical spondylosis may present with cervicogenic vertigo in addition to chronic neck pain.
- Constitutional assessment should include mental and emotional characteristics alongside musculoskeletal findings.

- Acute prescribing may be required during temporary exacerbations without changing the constitutional remedy.
- Long-term follow-up with serial clinical assessment is valuable in documenting sustained improvement.
- Individualized homoeopathic treatment may be considered as an adjunctive approach in chronic cervical spondylosis, alongside appropriate conventional management and rehabilitation.

Conclusion

This case demonstrates the successful long-term management of **chronic cervical spondylosis with cervicogenic vertigo** using individualized homoeopathic treatment. **Sulphur**, selected on the basis of the patient's constitutional characteristics, supported by acute remedies including **Bryonia alba** and **Ruta graveolens**, was associated with substantial reduction in cervical pain, stiffness, radiating symptoms, and vertigo over an eleven-month follow-up period. The patient achieved approximately **90% clinical improvement** with sustained remission for one year, accompanied by marked enhancement in functional capacity and quality of life. Although conclusions regarding efficacy cannot be drawn from a single case, this report highlights the potential role of individualized homoeopathic treatment as an adjunctive option in chronic degenerative cervical disorders and underscores the need for larger prospective clinical studies.