

CERVICAL

DYSTONIA

Compiled by

Campbell M Gold

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<http://www.campbellmgold.com>

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IMPORTANT

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Introduction

Cervical dystonia (sometimes called, spasmodic torticollis) is uncontrollable and often painful muscle contractions in the neck, which cause awkward postures and discomfort. Cervical dystonia is a focal dystonia that affects the neck and sometimes the shoulders. The head generally pulls to one side, backwards or forwards. Neck dystonia is believed to be caused by incorrect messages from the brain to the muscles and is classified as a neurological movement disorder.

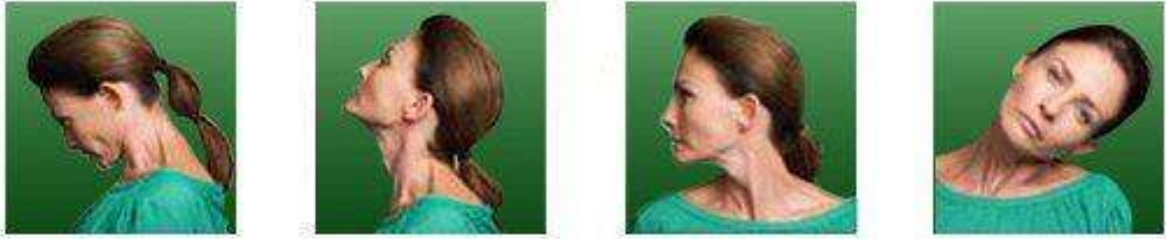
Cause

The cause of dystonia is not fully understood. There appears to be a problem with the region of the brain called the basal ganglia, and in most cases where dystonia appears in adults, and in some cases where it appears in children, there is no clear explanation why the problem has presented. Some authorities postulate that generalised primary dystonia may be inherited.

Symptoms

Symptoms of neck dystonia include:

- The neck/head feels as if it is being pulled to one side
- The neck/head feels as if it is being pulled backwards or forwards
- Painful muscle spasms or stiffness in the neck
- Abnormal posture with the neck/head being held at an angle
- Difficulty turning the neck/head one way; however, there is relative ease turning it the other way



Head Tilting Forward - Anterocollis
 Head Tilting Backward - Retrocollis
 Head Turning to the Side - Rotational Torticollis
 Head Tilting to the Side - Laterocollis

Treatment

Treatments may include oral medications, botulinum toxin injections, surgery, and complementary therapies.

Treatment often involves regular injections of Botulinum toxin to reduce the excess muscle activity caused by dystonia. Botulinum toxin is produced naturally by a bacterium called *Clostridium botulinum* which is also associated with causing botulism, a rare form of food poisoning. However, although botulinum toxin is exceptionally toxic, when it is purified and used in tiny, controlled doses, it can be used safely and effectively to relax excessive muscle contraction.

The injection enables the botulinum toxin to be targeted directly into the muscles affected by dystonia. The toxin has an effect on the nerves at their junction with the muscles, and acts as a blocker preventing the release of the chemical messenger acetylcholine which is responsible for muscle contraction. Consequently, the signals that would normally cause the muscle to contract are halted and the muscle spasms are reduced or eliminated.

Because each muscle affected by dystonia has to be injected separately, and also because there is a limit to the total quantity of toxin that can be injected into the body at any one time, botulinum toxin is more suitable for treating dystonias which are focal to one or two areas rather than generalised dystonia. However, the toxin is sometimes used to treat a specific part of the body in generalised dystonia as part of a wider treatment regime.

Side Effects

The advantage of botulinum toxin over oral medication is that the toxin can be targeted only at the muscles causing the dystonia.

However, as with all medicines there are possible side-effects and these can vary depending on the location of the injection. For instance, in neck dystonia some people can experience difficulties swallowing or speaking. For eye dystonia, the injection can result in droopy eyelids, blurred vision or over-production of tears.

Some people encounter unwanted or excessive muscle weakness around the injected muscle or experience flu-like symptoms or pain and bruising at the injection site. Usually these effects are mild and wear off relatively quickly. If the side-effects are a problem, then they need to be discussed with a doctor.

Traditional Oral Medications

There are several categories of oral medications used in the treatment of dystonia. These categories include:

- Anticholinergics

- Benzodiazepines
- Baclofen
- Dopaminergic agents/Dopamine-depleting agents
- Tetrabenzine

Most of the traditional medications used to treat dystonia work by affecting the neurotransmitter chemicals in the nervous system that execute the brain's instructions for muscle movement and the control of movement. Patients are typically started on a very low dose of medication, and the dose is gradually increased until the benefit is fully realized and/or side effects warrant a lower dose.

Complementary Therapies

Suitable complementary treatment could include:

- Homoeopathy
- Biochemic medicines
- Bach Flower Remedies
- Supplements
- Acupuncture for pain relief
- Hypnosis and visualisation techniques
- Deep relaxation therapy
- Relaxation techniques
- Body-mind techniques such as yoga, meditation, the Feldenkrais Method, etc
- Gentle and controlled physical exercise including Pilates and very soft martial arts
- Hydro therapy
- Biofeedback

Tissue Salts

Ferr Phos - Anti-inflammatory

Kali Phos - Nerve nutrient

Mag Phos - Antispasmodic

It is recommended that the above be taken as a combin (Schuessler Combin A).

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