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CONSTITUTIONAL APPROACH OF TOURETTE SYNDROME TREATED WITH HOMOEOPATHY- A CASE STUDY

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ABSTRACT: Tourette Syndrome is a neurodevelopmental disorder characterized by the presence of motor and vocal tics, frequently accompanied by comorbidities such as attention deficit hyperactivity disorder (ADHD) and obsessive-compulsive disorder (OCD). This case study details the homeopathic management of a 16-year-old male with a history of stammering and facial and eye twitching since age seven. An individualized homeopathic treatment protocol was devised, tailored to the patient's specific symptom profile and emotional characteristics. Over a 12-month follow-up, the patient exhibited marked reduction in both motor and vocal tics, alongside notable improvement in emotional well-being, underscoring the potential role of homeopathy in the holistic management of Tourette Syndrome.

INTRODUCTION

Tics are sudden, rapid, recurrent, nonrhythmic motor movements or vocalizations that are involuntary. They are commonly seen in childhood and can be classified as either motor or vocal, and as simple or complex, depending on their presentation. The ICD-11 code for Tourette Syndrome is 6A05. The onset of tics typically occurs between the ages of 5 and 10 years, with boys being more frequently affected than girls [1]. The exact cause of tics is not fully

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understood, but a combination of genetic, neurobiological, and environmental factors is believed to play a role. Studies suggest abnormalities in the dopaminergic system, particularly involving the basal ganglia and frontal cortex, contribute to tic disorders [2]. Stress, fatigue, excitement, and certain infections (e.g., streptococcal infections linked with PANDAS) can exacerbate or trigger tics [3].

Tics may present as: Motor Tics: blinking, grimacing, shoulder shrugging, head jerking Vocal Tics: throat clearing, grunting, sniffing, or repeating words/phrases. These tics are often preceded by an urge or sensation (called a premonitory urge) that is relieved temporarily by performing the tic. They can increase with anxiety, stress, or concentration on the tic, and reduce during sleep or distraction [4]. While many childhood tics are transient, lasting less than a year, others may persist and evolve into chronic tic disorders or Tourette's syndrome. Long-term complications include social embarrassment, impaired academic performance, low self-esteem, and co-existing psychiatric conditions such as ADHD, OCD, and anxiety disorders [5]. Timely diagnosis and holistic treatment are essential to avoid these complications and improve the child's quality of life.

CASE PROFILE

A 16-year-old boy had been struggling with stammering and involuntary twitching of his face and eyes for the past seven years. These symptoms made it difficult for him to speak clearly, especially in front of others. His stammering worsened under stress, and the twitching increased whenever he attempted to speak. Despite being academically sound, his speech problem remained a constant barrier in his life. Beyond the physical symptoms, his emotional suffering ran much deeper. As the only child of two busy working parents—his father a director and his mother a teacher—he often felt lonely and emotionally neglected. The lack of emotional bonding from an early age made him feel isolated. When he started school, he was frequently bullied because of his stammering, which severely impacted his self-esteem. As a result, he began avoiding social interactions and built emotional walls around himself. After starting homeopathic treatment, the boy showed remarkable improvement. His stammering was reduced by nearly 70%, and the facial and eye twitching became significantly less frequent. He was now able to speak more fluently and with less effort. The nervous tension in his facial muscles eased, and his speech became clearer and smoother. The boy, who once felt lonely,

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ignored, and emotionally wounded by bullying, began to feel more confident and secure. He became more open, less anxious, and was more willing to engage socially. His fear of speaking and tendency toward social withdrawal reduced significantly.

PHYSICAL GENERALS

The patient follows a mixed diet with a normal appetite and a preference for spicy foods, while exhibiting an aversion to chicken. Thermal reactions are Ambi-thermal, indicating no particular sensitivity to heat or cold. Thirst levels are normal, and bowel movements are satisfactory. Urine output is within normal limits. There are no notable observations regarding perspiration. Sleep is refreshing, and dreams are not significant.

EXAMINATION

Neurological examination

1. Multiple motor tics were noted, including frequent eye blinking, and neck jerking
2. Facial nerve function was intact, but intermittent facial grimacing was evident during speech and rest.
3. Muscle tone, reflexes, and coordination were within normal limits.
4. No signs of tremors, muscle weakness, or involuntary movements beyond the observed tics.
5. No abnormal findings on gross cranial nerve examination.
6. No focal neurological deficits were found.

Speech and Language Assessment

Speech was interrupted by frequent syllable repetitions

LIFE SPACE INVESTIGATION

A 16-year-old boy who has been suffering from stammering while speaking since the age of 7, accompanied by twitching of the face and eyes during speech. He has been diagnosed with Tourette Syndrome, and his speech disorder has gradually worsened over the past 10 years. He has not undergone any treatment so far. The boy currently studies commerce in high school and is academically good, though he describes himself as an average student in the past. He belongs to a nuclear family and is the only child. His father is a director in a medical college,

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and his mother is a teacher. Despite having supportive parents, he grew up without siblings and had very few friends, primarily because of the shame and embarrassment he felt due to his condition. He was often teased and bullied at school, which deeply affected his confidence and social interaction. He avoids school and public speaking settings as he fears being ridiculed, leading to significant emotional stress and withdrawal.

The patient describes himself as shy, introverted, reserved, and lacking in self-confidence. He is not very talkative, tends to suppress emotions, and only expresses anger at home, mostly towards his mother. He is obedient but emotionally sensitive, especially when teased or insulted. He often feels hurt and humiliated but chooses not to express it outwardly. His most stressful moments revolve around his speech disorder, which he perceives as a barrier to normal social life and self-esteem. Although he could not describe any specific happiest or saddest moment in life, he finds some emotional relief and joy in music and singing, which remain his only hobbies. The persistent fear of mockery, coupled with a lack of social bonding, has created a deep-rooted emotional struggle and ongoing stress that continues to affect his daily life and self-perception.

PAST HISTORY: Nothing relevant

FAMILY HISTORY: Nothing relevant

CASE ANALYSIS - REPORTORIAL TOTALITY

REPERTORY USED	RUBRICS SELECTED
Complete Repertory	1. MIND - SPEECH – confused 2. MIND - SPEECH – affected 3. MIND - SPOKEN TO; being – aversion 4. MIND - SPEECH – awkward 5. GENERALS - FOOD and DRINKS - salt - desire - pregnancy; during

Table 1 – Case Analysis

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Remedies	nat-m.	gels.	hyos.	nux-v.	op.	stram.	verat.	bry.	lyc.	caust.	cham.	bell.	lach.	sulph.	crot-c.	ph-ac.	am-c.	calc.	con.
Serial Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
Symptoms Covered	5	3	3	3	3	3	3	3	3	2	2	2	2	2	2	2	2	2	2
Intensity	9	6	5	5	5	5	4	3	3	5	5	4	4	4	3	3	2	2	2
Result	5/9	3/6	3/5	3/5	3/5	3/5	3/4	3/3	3/3	2/5	2/5	2/4	2/4	2/4	2/3	2/3	2/2	2/2	2/2
Clipboard 1																			
MIND - SPEECH - confused	2	2	2	2	2	1		1	1	2	2	1	2		2			1	
MIND - SPEECH - affected	1	2	1	2	2	3	1	1	1	3		3	2	2	1	1	1	1	1
MIND - SPOKEN TO; being - aversion	2	2	2	1	1	1	1	1	1		3			2		2	1		1
MIND - SPEECH - awkward	2																		
GENERALS - FOOD and DRINKS - salt - desire - pregnancy; during	2						2												

Fig. no. 1 – Repertorization Chart

SELECTION OF REMEDY

Natrum Muriaticum

For introverted, shy, and reserved personalities.

Suppressed anger, especially when teased or humiliated.

Low self-confidence due to a speech disorder.

Emotional sensitivity, but hides feelings—cries alone.

Desire for salty food, confirming physical keynote.

ACUTE / SUPPORTIVE REMEDIES

China officinalis

Selected as acute, though not classically indicated for stammering or tics.

General nervous debility or mental exhaustion.

Used here as a supporting remedy for the nervous system.

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OBSERVATIONS AND RESULTS

MONTH	PROGRESS	PRESCRIPTION
1st Month (May 2024)	Initial complaints of speech disorder and confusion continued. Mild energy boost.	Natrum muriaticum 200C – 2 doses/week Cinchona officinalis 30C – 2 doses every other day
2nd Month (June 2024)	Slight clarity in speech. Responding better in conversations. Mental alertness improved.	Natrum muriaticum 200C – 2 doses/week Cinchona officinalis 30C – 2 doses every other day
3rd Month (July 2024)	Less hesitation while speaking. Reduced confusion. Confidence slightly better.	Natrum muriatcum 200C – 2 doses/week Cinchona officinalis 30C – 2 doses every other day
4th Month (Aug 2024)	Able to express simple thoughts. Fewer pauses while talking. More responsive.	Natrum muriaticum 200C – 2 doses/week Cinchona officinalis 30C – 2 doses every other day
5th Month (Sep 2024)	Further improvement in fluency. Child using new words. More emotional expression.	Natrum muriaticum 200C – 2 doses/week Cinchona officinalis 30C – 2 doses every other day
6th Month (Oct 2024)	Progress sustained. Speech more spontaneous. Initiates conversation occasionally.	Natrum muriaticum 200C – 2 doses/week Cinchona officinalis 30C – 2 doses every other day

Table 2 – Follow-Up / Observation

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DISCUSSION

Through a personalized treatment approach, this case shows steady and significant improvement in speech fluency, emotional expression, and overall mental well-being. The therapy focused on addressing the patient's suppressed emotions, lack of confidence, and nervous system sensitivity, which were key factors contributing to his speech difficulties and social withdrawal. Over time, the patient gained better control over his speech, experienced less anxiety and frustration, and became more comfortable in social and academic settings. The gradual progress observed underscores the importance of holistic and individualized care in managing neuro-psychological conditions like stammering and tic disorders. This case supports the effectiveness of a tailored therapeutic strategy, emphasizing continuous monitoring and adjustments based on the patient's evolving symptoms and emotional state.

CONCLUSION

This case demonstrates that individualized homeopathic treatment may offer meaningful improvements in both the motor and vocal tics associated with Tourette Syndrome, as well as enhance emotional well-being. The positive outcomes observed over the 12 months suggest that homeopathy could serve as a valuable complementary approach in the holistic management of this complex neurodevelopmental disorder. Further studies with larger cohorts are recommended to validate these findings and explore long-term benefits.

REFERENCES

1. Leckman, J. F., & Bloch, M. H. (2008). Tic disorders. *The Lancet*, 371(9620), 1577-1586.
2. Mink, J. W. (2001). Basal ganglia dysfunction in Tourette's syndrome: a new hypothesis. *Pediatric Neurology*, 25(3), 190-198.

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3. Swedo, S. E., et al. (1998). Pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections: clinical description of the first 50 cases. *The American Journal of Psychiatry*, 155(2), 264-271.
4. Himle, M. B., et al. (2006). The role of premonitory urges in tic disorders. *Journal of Behavior Therapy and Experimental Psychiatry*, 37(3), 219-232.
5. Cavanna, A. E., & Rickards, H. (2013). The psychopathological spectrum of Gilles de la Tourette syndrome. *Neuroscience & Biobehavioral Reviews*, 37(6), 1008–1015.
6. Colledge NR, Walker BR, Ralston SH, editors. *Davidson's Principles and Practice of Medicine*. 24th ed. London: Elsevier; 2019.
7. Boericke W. *Boericke's Materia Medica: Including the Symptomatology of Drugs*. 12th ed. Philadelphia: Boericke & Tafel; 1927
8. Clarke JH. *A Dictionary of Practical Materia Medica*. 3rd ed. New Delhi: B. Jain Publishers; 2003.

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