

Eye spasm/Eye twitching: Mg Supplementation and Stress-Reduction in Treating Eyelid Myokymia, Psychosomatic of Anxiety: of Eye Twitching Among High-Stress, Hemifacial Spasm, Blepharospasm

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Abstract:

Eyelid twitching and involuntary facial muscle spasms have become common neuromuscular disorders due to stress, anxiety, sleeplessness, prolonged computer usage, exhaustion, and other external factors. The purpose of this review is to discuss various neurophysiological, psychosomatic, environmental, and medical aspects of eye twitching disorders such as eyelid myokymia, hemifacial spasm, and blepharospasm in highly stressed people. Human research demonstrates that chronic stress along with dysfunction in the autonomic nervous system plays an important role in neuromuscular hyperactivity and ocular muscle spasms. Magnesium is discussed in this review as an important nutrient for nerve signaling, muscle relaxation, and neurotransmitter function. Therefore, magnesium intake in combination with stress management methods like meditation, yoga, and sleep may help alleviate the symptoms of eyelid twitches. Neurological complications like hemifacial spasm and blepharospasm generally require the intervention of drugs, neurological procedures like botulinum toxin injection therapy, anticonvulsants, and microvascular decompression surgery. The review also touches upon the effects of prolonged muscular spasm within the eye muscles on emotions, occupation, and quality of life from a psychosocial perspective. While previous human-based studies have shed light on various clinical aspects of the subject, there remain certain issues like small sample size, variation in therapeutic protocols, and absence of longitudinal studies that underscore the need for further clinical research.

Keywords: Eye Twitching, Eyelid Myokymia, Magnesium Supplementation, Stress and Anxiety, Hemifacial Spasm, Blepharospasm, Neuromuscular Disorders, Psychosomatic Stress

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1. INTRODUCTION

Tics in eye muscles and spasms in other facial muscles are fairly common neuromuscular disorders seen in individuals of various age ranges and professions ¹. These disorders can include mild but recurring eyelid tics called eyelid myokymia or serious neurologic disorders such as hemifacial spasm and blepharospasm. While most patients suffer from a relatively harmless disease, those experiencing recurrent or chronic symptoms are likely to be affected by discomfort, both visually and emotionally, and their work and quality of life may also suffer. In recent years, the incidence rate of eye twitches has been increasing due to higher levels of psychological stress, long hours in front of computer screens, lack of sufficient sleep and rest, fatigue, and poor lifestyle choices.



Figure 1: Eye Twitching²

Psychological and physiological stress and anxiety have been shown to be linked to neuromuscular hyperexcitability and autonomic nervous system dysfunction, leading to involuntary movements of the eyelids and face muscles. Moreover, nutritional aspects have become increasingly important with respect to magnesium deficiency, which is necessary in conducting neural signals and inducing muscle contraction and relaxation. Magnesium intake combined with various stress-relieving techniques such as meditation and yoga, among others, could effectively treat benign eye spasms in humans. On the other hand, complex cases involving conditions such as hemifacial spasm and blepharospasm are usually treated through neurological procedures including botulinum toxin injections and surgeries³. Thus, the importance of considering neurological, psychological, and environmental factors involved in eye twitching cannot be overlooked.

1.1 Background Information and Context

The disorders of eye twitching are characterized by involuntary spasms or contractions of the eyelids and facial muscles due to the presence of various neurological, psychological, environmental, and lifestyle-related causes. Eyelid myokymia is usually triggered by stress, exhaustion, consumption of caffeine, and computer vision syndrome, while hemifacial spasm and blepharospasm are serious neurological issues involving irregular functioning of the facial nerves and muscles⁴. Mental stress, extended usage of gadgets, disturbed sleep habits, and anxiety disorders among the current generations have played a critical role in the increase in the prevalence of disorders of the eye muscles. Magnesium deficiencies were also studied for their connection with neuromuscular irritation in humans.

1.2 Objectives of the Review

The main objectives of this review are:

- To examine the prevalence and major causes of eye twitching disorders such as eyelid myokymia, hemifacial spasm, and blepharospasm among high-stress individuals.
- To analyze the relationship between psychological stress, anxiety, sleep deprivation, and neuromuscular excitability in the development of ocular muscle spasms.
- To evaluate the effectiveness of magnesium supplementation and stress-reduction therapies in managing stress-induced eye twitching disorders.
- To review current clinical and pharmacological treatment approaches, including botulinum toxin therapy and neurological interventions, for severe facial spasms.
- To identify existing research gaps and emphasize the need for further human-based clinical studies on the neurophysiological and psychosomatic aspects of ocular muscle disorders.

1.3 Importance of the Topic

Conditions involving eye twitching are becoming an increasingly important issue in terms of providing insights into neurological strain, exhaustion, and poor quality of life. While many instances of eye twitches resolve themselves quickly and pose no risk, the existence of ongoing problems could potentially have negative effects on one's mental state, concentration abilities, professional skills, and personal relationships. In order to address this issue in the most efficient manner, it is necessary to understand the processes that cause such disorders⁵. This topic becomes especially relevant in light of current technological realities in which extended screen time and other stressors have become very common.

2. CLINICAL EVIDENCE AND RESEARCH ANALYSIS OF STRESS-RELATED EYE TWITCHING DISORDERS

Studies on humans have established that the primary triggers of eye twitching and eye muscle spasm include stress, anxiety, inadequate sleep, fatigue, and extended screen viewing⁶. Studies recommend that magnesium supplements, stress reduction methods, and relaxation techniques can help manage such symptoms effectively, whereas serious cases, such as hemifacial spasm,

require botulinum toxins. Nonetheless, many scientific studies on the subject are associated with various weaknesses, including limited sample size and no long-term clinical studies.

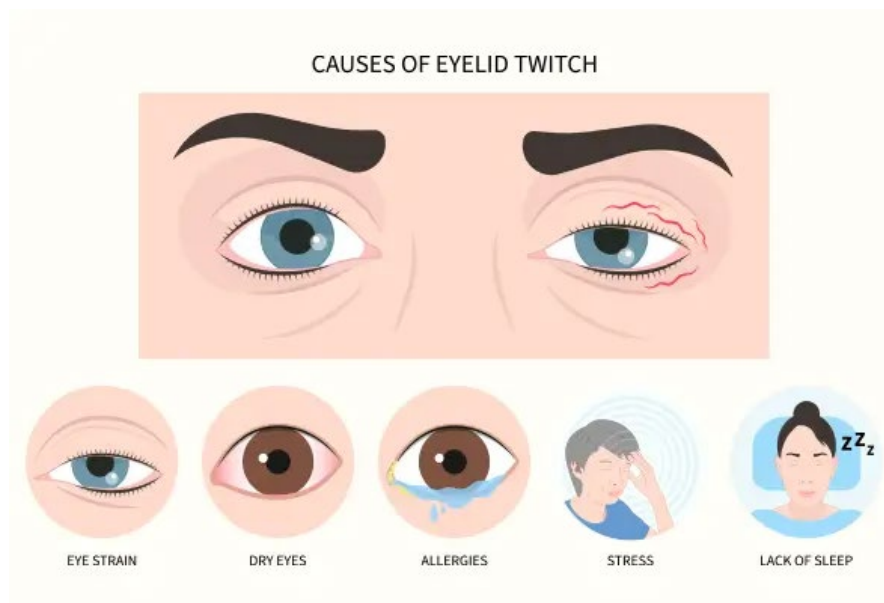


Figure 2: Causes of Eye Twitching⁷

2.1 Summary of Key Research Studies

A number of human studies have shown that the principal factors behind eyelid twitching and spasms of eye muscles include stress, anxiety, tiredness, and lack of sleep⁸. In addition, it was noted that among students, office employees, and health professionals, the condition called eyelid myokymia was more common due to long screen exposure and psychological stress. Studies on hemifacial spasms and blepharospasms found neurological problems to be major causative factors.

Key Findings

- Anxiety and stress lead to more frequent eyelid twitching.
- Lack of sleep aggravates eye muscle spasm.
- Low levels of magnesium may cause neuromuscular irritation.
- The treatment using botulinum toxin is quite effective for severe facial spasms.
- Some relaxation techniques are good for psychosomatic treatment.

2.2 Discussion of Methodologies and Findings

The majority of studies employed an observational study design, as well as clinical surveys and cross-sectional approaches. Data was gathered using surveys, neurological examinations, eye exams, MRIs, and scales for anxiety. The magnesium therapy studies were performed on adult patients with stress-induced twitches⁹.

Major Findings

- The highly stressed patients had more severe twitching.
- Administration of magnesium lessened symptoms in mild cases.
- The stress management measures helped improve symptom management.
- Nerve scanning demonstrated facial nerve damage in hemifacial spasm.
- Botulinum toxin administration yielded significant improvement in symptoms.

2.3 Critical Evaluation of Strengths and Weaknesses

These studies have provided valuable insights into the relationship between stress, magnesium deficiency, and eye twitching disorders¹⁰. The application of a multidisciplinary approach that encompasses neurology, psychology, ophthalmology, and nutrition helped improve the results.

Strengths

- The inclusion of human clinical data increased real-world application.
- Diverse subjects were used in the experiments.
- Neurological imaging was more accurate in diagnosis.
- Non-invasive procedures produced positive results.

Weaknesses

- Small sample sizes hindered generalizability.
- No randomized control trials.
- Variable magnesium dose administration.
- Concentration on subjective stress data.
- Sparse long-term follow-up studies

In general, more human clinical studies should be done in the future to create more scientific evidence concerning the effects of magnesium supplements on eye muscles¹¹.

3. PSYCHOSOCIAL, ENVIRONMENTAL, AND THERAPEUTIC PERSPECTIVES ON EYE TWITCHING DISORDERS

The various lifestyle and environmental triggers, including lack of sleep, computer vision syndrome, and caffeine consumption, contribute to the onset of eyelid spasms¹². Methods aimed at alleviating stress, the use of magnesium supplements, and medical intervention through the administration of botulinum toxin have been employed as treatments to alleviate patients' symptoms. Persistent eye twitching can also impact the psychological state of patients and their ability to concentrate¹³.

3.1 Lifestyle and Environmental Triggers

Sleep Deprivation

Insufficient sleep is another significant contributing factor that can lead to eyelid twitching and tired eyes. Insomnia can negatively impact the healthy function of the nervous system and cause neuromuscular irritability, causing eyelid muscle spasms¹⁴. According to research studies conducted on humans, people who sleep less than six hours each night have a higher occurrence of eyelid muscle spasms and discomfort in their eyes. Insomnia is one of the factors responsible for increasing levels of stress and fatigue in the body, thus aggravating the condition even further. Health care professionals, students, and workers doing night shifts are highly susceptible to such a condition¹⁵.

Digital Eye Strain

Long-term exposure to digital screens like computer monitors, mobile phones, and tablets has now emerged as an important factor that acts as an environment stimulus responsible for the occurrence of eyelid twitching. The constant use of digital screens results in lower rates of blink rate, which leads to dryness and eyestrain¹⁶. Several human observations have found that individuals spending long durations at workstations and on computers tend to experience frequent eyelid twitching, headaches, visual impairment, and eye irritation.



Figure 3: Digital Eye Strain¹⁸

Caffeine Consumption

High doses of caffeine cause the stimulation of the central nervous system, and it is possible that caffeine can affect muscle excitability and cause nervousness. It has been observed that people who have high doses of coffee, energy drinks, tea, and other beverages with caffeine experience exacerbations of their symptoms of eyelid twitching¹⁹. Human-based studies show that when the person decreases his/her caffeine consumption, there is usually a reduction in spasms. In addition, caffeine affects a person's quality of sleep and causes more anxiety.

3.2 Therapeutic Interventions

Stress-Reduction Techniques

Interventions designed for managing stress have been effective in treating benign eyelid twitching and psychosomatic muscle tightness. Given that stress and anxiety are known to stimulate the sympathetic nervous system, relaxation therapy can aid in bringing about a balance in the autonomic nervous system²⁰. Examples of these stress-relief methods are:

- Meditation
- Diaphragmatic breathing
- Yoga
- Cognitive-behavioral therapy
- Mindfulness techniques
- Sleep hygiene management

These interventions enhance mental relaxation, emotional control, and better sleep, and help reduce muscle tension near the eyes. Various human trials showed that people following proper relaxation techniques and living healthier lives have exhibited relief from their symptoms²¹.

Pharmacological Treatment

Severe cases of eye twitching can be treated through medicine and neurological treatment in certain situations. This is especially true when the condition affects the individual's vision and functionality.

Treatments for Hemifacial Spasm

Hemifacial spasm can be treated using the following methods:

- Botulinum toxin injections
- Anticonvulsants
- Microvascular decompression

Injections of botulinum toxin help to prevent nerve impulses from reaching the brain and causing unwanted muscle spasms. If this condition is due to the pressing of the facial nerve by vessels, surgical intervention might be required²².

Treatments for Blepharospasm

The management of blepharospasm can be done through several ways, including:

- Botulinum Toxin treatment
- Muscle relaxation
- Neurological rehabilitation

In the case of the use of Botulinum toxin treatment, it still stands out as one of the best and most common treatment options used to deal with involuntary closure of the eyes²³.

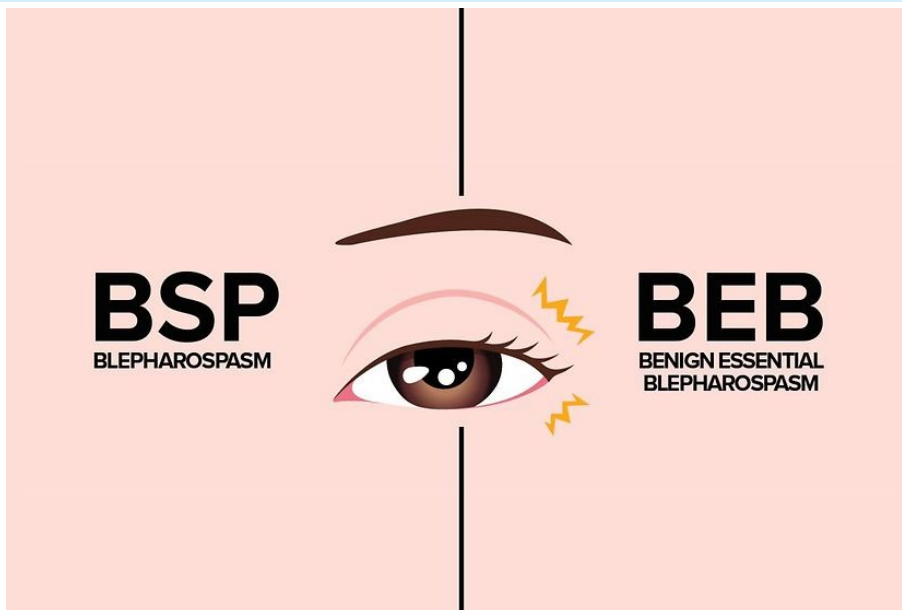


Figure 4: Blepharospasm²⁴

3.3 Neurological and Psychological Implications

These types of disorders have a significant impact on one's emotions, mind, and social interactions. People with continuous or apparent facial spasms tend to feel ashamed, frustrated, and insecure about themselves. Symptoms can interfere with activities like reading, driving, work, and social interaction.

Some common psychological issues with chronic eye twitching patients include:

- Anxiety
- Frustration
- Loss of concentration
- Social embarrassment
- Psychological disturbance

The more stressed the individual is, the worse will be his/her muscle spasm symptoms. In some extreme cases like hemifacial spasm and blepharospasm, the impairment of quality of life can be considerable²⁵. Hence, a holistic treatment method that combines neurology, ophthalmology, nutrition, and psychology can be considered highly effective for these disorders.

4. NEUROPHYSIOLOGICAL MECHANISMS AND CLINICAL MANAGEMENT OF STRESS-INDUCED OCULAR MUSCLE DISORDERS

Ocular muscle disorders caused by stress have a number of complicated mechanisms linked with the function of the nervous system and muscles alongside psychological reactions. Such diseases as eyelid myokymia, hemifacial spasm, and blepharospasm have some links with neuromuscular excitation and impairment of functioning within facial nerves. Stress leads to activation of the sympathetic nervous system and increase in the production of such hormones as cortisol and adrenaline²⁶. It increases neurological activity that can result in muscle twitching and nerve hyperactivity. It causes involuntary contractions of orbicularis oculi and facial muscles. The

most common causes of benign eyelid myokymia include fatigue, anxiety, lack of sleep, long-time exposure to screens, and excess coffee consumption. However, for hemifacial spasm and blepharospasm, there are several neurological impairments that lead to their manifestation and progression²⁸.

Neurophysiological experiments, such as electromyography (EMG), magnetic resonance imaging (MRI), and neurological studies, have enhanced knowledge regarding the mechanisms associated with eye muscle twitching. Based on experimental results, it is possible to conclude that chronic stress and emotional instability lead to changes in neurotransmitters' regulation and imbalance within the autonomic nervous system²⁹. This phenomenon leads to an increase in neuromuscular hyperactivity in people. Studies conducted on humans revealed that those who experience high levels of work-related stress, suffer from anxiety disorders, or experience emotional exhaustion often have repeated cases of eyelid twitching. The lack of magnesium in one's diet can also have a negative effect since this mineral is important for regulating nerve impulses and neurotransmitters³⁰.

Table 1: Literature Review Summary on Neuromuscular, Psychosomatic, and Ocular Muscle Disorders Related to Eye Twitching³¹

Author(s) & Year	Study Focus	Methodology/Approach	Key Findings
Roth (2018) ³²	Clinical symptomatology and neurological manifestations of Huntington's disease	Review-based neurological analysis of neurodegenerative disorders	The study highlighted abnormal motor activity, involuntary muscular contractions, and neurophysiological dysfunction contributing to impaired motor coordination and facial muscle control.
Shabe (2019) ³³	Recovery from task-specific embouchure dystonia among brass players	Multiple case study approach	The study found that stress, anxiety, repetitive muscular activity, and neuromuscular overuse contributed to dystonic muscular symptoms, while rehabilitation and psychological adaptation supported recovery.
Shao (2025) ³⁴	Impact of health-friendly lighting on eye fatigue and ocular strain	White paper and observational analysis	The study reported that prolonged digital screen exposure and poor lighting conditions increased eye fatigue, visual strain,

			reduced blinking frequency, and muscular stress around the eyes.
Shuey (2022)³⁵	Ocular myasthenia gravis and its clinical management	Clinical review and practical diagnostic guide	The review identified neuromuscular transmission abnormalities causing eyelid weakness, ocular fatigue, and visual disturbances, emphasizing neurological assessment and differential diagnosis.
Stergiou et al. (2023)³⁶	Psychophysiological responses in soldiers under high-stress combat conditions	Occupational health and psychophysiological investigation	The study found that chronic psychological stress increased autonomic nervous system activation, muscular tension, fatigue, and emotional strain, contributing to stress-induced neuromuscular dysfunction.

The clinical management of stress-related eye muscle conditions should involve a comprehensive and personalized treatment strategy. The milder forms of eyelid myokymia can be addressed by lifestyle adjustments, stress management, getting adequate rest, managing computer vision syndrome, and cutting back on coffee consumption. In some instances, relaxation exercises like meditation, yoga, mindfulness training, and cognitive behavioral therapy have proven useful in minimizing psychogenic stresses and muscular tightness. For those experiencing mild neuromuscular irritation or lack of proper nutrition, magnesium supplements may offer some relief. However, the more serious conditions such as hemifacial spasm and blepharospasm usually require medical treatment involving botulinum toxin injections, anticonvulsants, and microvascular decompressive surgeries.

5. DISCUSSION

These results indicate that stress, anxiety, sleep disturbances, eyestrain from electronic gadgets, and magnesium deficiency are some of the important causes of eye twitches such as myokymia of the eyelids, hemifacial spasms, and blepharospasms. Supplementation of magnesium along with stress relief therapies and other treatments such as botulinum toxin injections may help treat these conditions³⁷. But there is need for extensive human clinical research to provide conclusive proof of this.

5.1 Interpretation and Analysis of the Findings

The results from this review suggest that eye twitching ailments such as eyelid myokymia, hemifacial spasms, and blepharospasm are highly influenced by the following; psychological

stress, anxiety, insomnia, fatigue, excessive use of screens, and lifestyle. Based on research carried out on humans, stress and neuromuscular hyperexcitability are significant causes of involuntary muscle spasms, whereas magnesium deficiency makes the condition worse by affecting the nerves and muscles. Additionally, magnesium, stress management practices, relaxation, and lifestyle modifications can alleviate symptoms of benign eyelid twitching; however, serious cases require treatment through botulinum toxin injection and surgery³⁸.

5.2 Implications and Significance

The rise in stress-induced eye-twitching disorders is indicative of the rising influence of stress in today's lifestyle, as well as the effects of technology on neurology and psychology. Chronic eye muscle twitches can adversely affect one's emotions, attention span, work efficiency, and social behavior³⁹. The conclusions highlight the significance of early detection and treatment through psychological assistance, nutrition therapy, and a multidisciplinary approach to clinical care.

5.3 Research Gaps and Future Research Directions

Despite the usefulness of previous human studies that shed light on clinical data about stress, magnesium, and eye muscle problems, there are still some challenges to overcome, such as small samples, absence of controlled randomized tests, inconsistent methods used to provide additional magnesium, and lack of long-term follow-ups. The next steps to be taken involve conducting clinical research on a large scale and using sophisticated neurophysiological measures that will allow a better understanding of the interactions among stress, magnesium deficiency, and eye muscle disorders⁴⁰.

6. CONCLUSION

Conclusions from this study include that eyelid myokymia, hemifacial spasm, and blepharospasm can be linked with psychological stress, anxiety, lack of sleep, digital eye strain, fatigue, and lifestyle factors leading to neuromuscular hyper-excitability and uncontrollable movements in ocular muscles. According to the review, it seems possible to relieve benign cases of eyelid twitching by using magnesium supplementation, stress reduction techniques, relaxation methods, improving sleep and lifestyle changes for enhancing the patients' quality of life. This review also suggests that severe neurologic cases need complicated medical procedures like botox injections, anticonvulsants drugs, and microvascular surgical decompressions for successful treatment. In addition, the study highlights the necessity of clinical treatment based on multidisciplinary approaches of neurologists, ophthalmologists, nutritionists, and psychiatrists among others. Finally, limitations identified during the research include small sample sizes, inconsistent methodology used for treating the condition and limited clinical data about long-term results. The last limitation proves the need to conduct further studies with a large number of human participants.

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