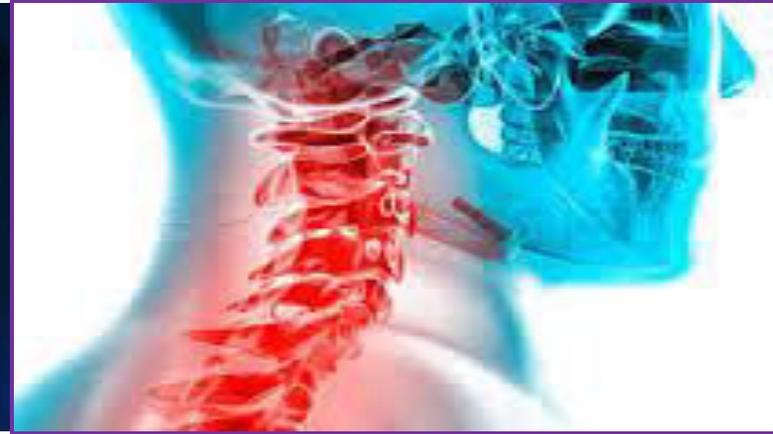


CERVICAL SPONDYLOSIS



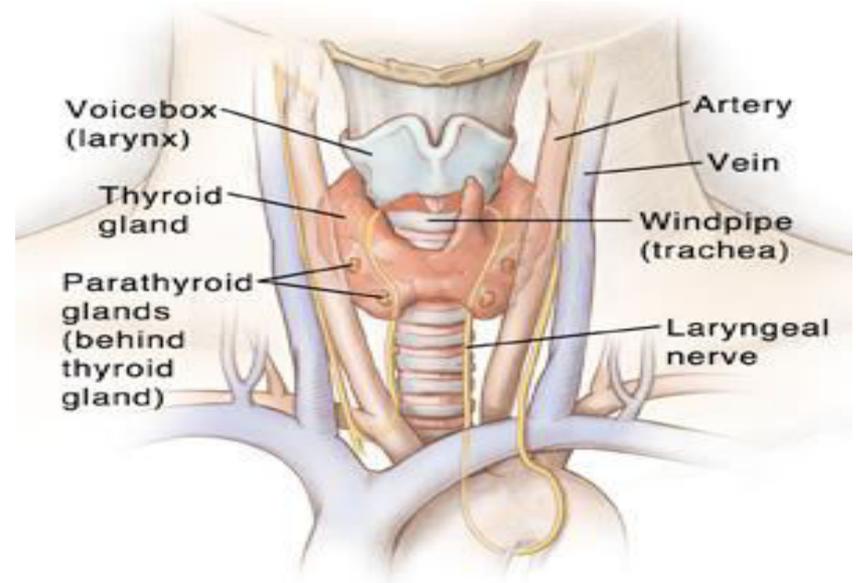
By

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INTRODUCTION

- The neck termed as ‘cervix’ means a constricted part of the body or organ.
- The neck has its own worth in having the cervical spine, spinal nerves, blood vessels, thyroid gland, oesophagus, trachea, voice box and muscles to move the head.



NECK IS ONE OF THE MOST IMPORTANT PARTS OF THE BODY SINCE

- ▶ It holds the head which has the brain.
- ▶ It is the condensed pathway of the nerves which emerge from the brain to supply the parts of the body and blood vessels from the heart to supply the brain.
- ▶ It gives free movement to the head.
- ▶ The cervical column is the starting point of the spinal column or spines.
- The spine is built for stability and mobility.
- It is made of supportive small bones which help us to stay erect.
- Even though many things in the neck could cause neck pain, the thing which often goes wrong is the spine, due to overuse or misuse or non-use.

- As age advances, everything in constant use will have **natural degeneration or wear-and-tear** phenomenon due to friction on movement. The neck is no exception.
- In childhood, this wear and tear mechanism is ruled out due to deposition of calcium and growth of the bones, whereas in the case of adult or aged persons is worsened by **osteoporosis or osteoarthritis or improper depositions calcium**.
- We see people carry heavy weights (porters) or a big pot full of water on their head (village ladies). But even a cap or helmet or flowers cannot be tolerated by cervical spondylosis patients.

DEFINITION

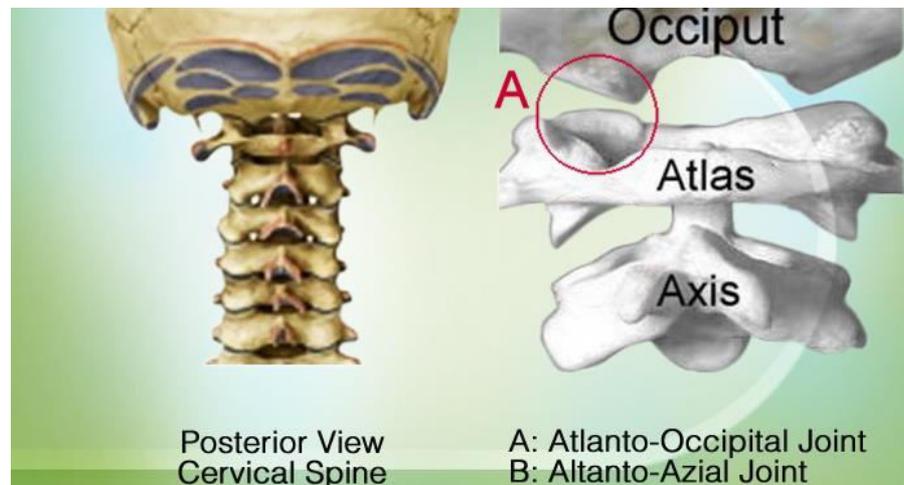
- Cervical spondylosis is a degenerative process of the cervical spine producing narrowing of the spinal canal and neural foramina, producing compression of the spinal cord and nerve roots, respectively.
- ‘Spondylo’ is a Greek word meaning vertebra and spondylosis mean changes in the vertebral joint characterized by increasing degeneration of the intervertebral disc with subsequent changes in the bones and soft tissues.

PATHOLOGY

- ▶ The vertebrae are neatly arranged one after another and transmit spinal nerves through the central opening and blood vessels through the lateral opening or canal.
- ▶ They are separated from one another by intervertebral discs, which act as shock absorbers or cushions while walking or moving.
- ▶ Cervical vertebrae are 7 in number, namely C1, C2, C3, C4, C5, C6 & C7.
- ▶ C5, C6 & C7 are more vulnerable to degeneration.



- ▶ **Atlanto–occipital joint:** [YES JOINT] Between atlas (vertebra C1) and occipital bone; movements – **Flexion & Extension of the neck** (nodding the head in "yes" movement).
- ▶ **Atlanto–axial joint:**[NO JOINT] Between atlas (C1) and axis (C2); movement: **Lateral rotation** of atlas on axis (shaking head in "no" movement)



Risk personalities are

- ▶ Old people
- ▶ Computer professionals
- ▶ People doing work that demands minute concentration
- ▶ Persons who constantly work by bending their neck
- ▶ Bike users
- ▶ Travelers who travel a long distance and sleep sitting
- ▶ Watching TV in abnormal positions or by lying down
- ▶ Habit of holding neck in one position
- ▶ Telephone operators or persons who often cradle the phone on the shoulders.
- ▶ Persons with Vitamin D deficiency.

The common causes or triggers are mainly

- ▶ Wrong position in work or sleep for a long time
- ▶ Complete rest or non-use of joints or sluggish nature
- ▶ Fall or injury or trauma
- ▶ Violent exercise
- ▶ Disease of bones
- ▶ Drugs affecting bones
- ▶ Overuse of TV, phone, bike, chairs, etc

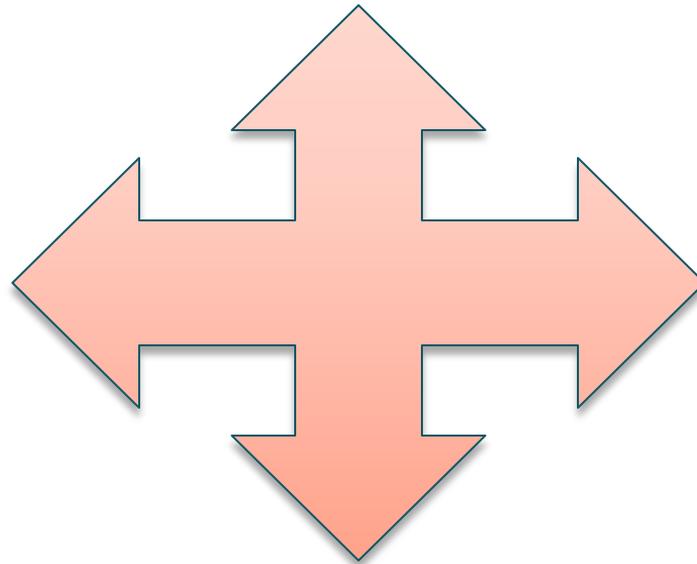
SIGNS & SYMPTOMS OF CS

- ▶ Pain in neck which can radiate to back, shoulders and down to hands
- ▶ Pain and stiffness can be noted when about to move after a period of rest
- ▶ Pain gets intensified with movements, bending, coughing and sneezing.
- ▶ Early morning stiffness of the neck and shoulders denote the need of additional support.
- ▶ Swelling and tenderness of the neck
- ▶ Tilt of neck to any one of the side
- ▶ Restriction of movements of the neck
- ▶ Crackling sounds when moving the neck
- ▶ Weakness of hands with numbness and tingling sensation.
- ▶ Occipital headaches with swaying gait or giddiness or lack of concentration
- ▶ Sometimes chest pain
- ▶ Irritability and sleeplessness due to constant pain

CLASSIFICATION OF CS

Axial Neck Pain

- ❖ Stiffness
- ❖ Head Ache
- ❖ Vertigo



Cervical Radiculopathy

- ❖ Sensory or motor loss
- ❖ Symptoms in a specific dermatomal distribution

Cervical Myelopathy

- ❖ Numbness or paraesthesias
- ❖ Gait & Balance abnormalities

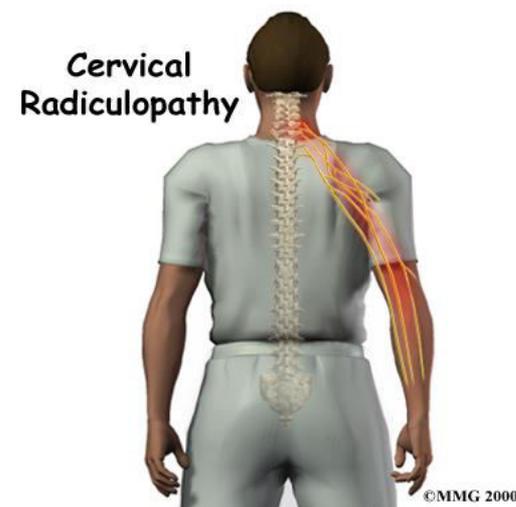
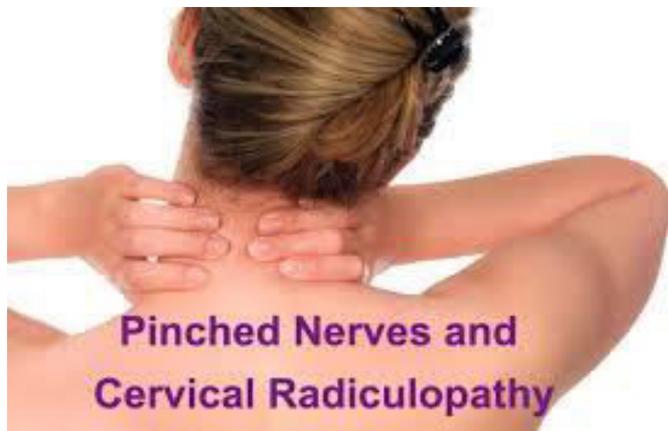
Axial Neck Pain:

- ▶ Axial neck pain is most often due to muscular and ligamentous factors related to improper posture, poor ergonomics, and muscle fatigue.



Cervical Radiculopathy:

- ▶ Cervical radiculopathy refers to symptoms in a specific **dermatomal distribution** in the upper extremity. Severe neck and arm pain is typical.
- ▶ Patients may report **sensory or motor loss** corresponding to the involved nerve root.
- ▶ The C6–C7 disc is the most frequently herniated, about 2/3 of cervical herniations.



Cervical Myelopathy:

- ▶ Mechanical **compression of the spinal cord** is widely held to be the primary pathophysiological mechanism of cervical myelopathy.
 - ▶ Patients complain of gait and balance abnormalities involving the lower extremities
 - ▶ They also have **numbness or paresthesias** in their upper extremities.
- 

Diagnosis/Investigations

Phase-1
Clinical Assessment

Phase-2
Imaging Techniques

- Case Recording
- Physical examinations
- Differential diagnosis

X-Ray

CT Scan

MRI

Lab Investigations

DIAGNOSIS OF CS

Lab Investigations	X-Ray	CT Scan	MRI
<p>Estimation of</p> <ul style="list-style-type: none"> ❖ Calcium . ❖ Vitamin D3. ❖ Hormonal assessment – e.g. PTH, Estrogen. ❖ Bone mineral density. 	<ul style="list-style-type: none"> ❖ Plain Radiographs ❖ Suitable for only bone related deformities ❖ Can diagnose osteophytes ❖ Narrowing of the inter-vertebral disc space ❖ Spondylosis of facet joints 	<ul style="list-style-type: none"> ❖ Accuracy percentage is better compared to X-ray ❖ Can diagnose disc herniations ❖ Compression of spinal cord ❖ Localization of spinal cord compression ❖ Underlying atrophy 	<ul style="list-style-type: none"> ❖ Can evaluate soft tissues ,neural elements, ligaments and joints ❖ Accuracy percentage is better than CT, X-rays ❖ Can diagnose Joint arthrosis ❖ Evaluating the amount of cerebrospinal fluid (CSF) ❖ Disc herniations ❖ Cervical canal stenosis

COMPLICATIONS:

If left untreated or maltreated or belated treatment will be entertained with irreversible structural changes or damages.

The common complication are

- ▶ Degenerative changes can cause permanent deformity of the spine
- ▶ Paralysis of hands or legs due to compression of nerve root.
- ▶ Lack of bladder or bowel control depending upon the intensity of the spondylosis.
- ▶ Herniation of inter-vertebral (cervical)disc.
- ▶ Kyphosis (curvature of spine)
- ▶ Osteophyte changes and clasification which can fuse for immobility of spine.

GENERAL MANAGEMENT

Bed rest and cervical collar will be advised for restricting movement and support.

But using cervical collar in the long run will cause fixation of bones and restriction of movement.

Do's

- ▶ Sleep in a straight position by spreading the arms sideways.
- ▶ Use a small pillow (i.e) not more than 3–4 inches thickness.
- ▶ Check for bike shock absorbers often and use smooth roads.
- ▶ Sit erect and use neck in erect postures in all your jobs.
- ▶ Take rest or move about once in 1–2 hours in cases of working in a constant position.
- ▶ Rest your wrist on a table or the elbow on the chair while using the computer.

- ▶ Maintaining good posture while reading or working with computers.
- ▶ Always work comfortably while doing any job
- ▶ Wear collar while travelling to avoid pain and deterioration.
- ▶ Warm up slowly to relax the stiffness, if any
- ▶ Do simple and gentle exercise
- ▶ Take high fibre content diet like vegetable, fruits, etc.

Don't's

- ▶ Don't put hands under the head while sleeping
- ▶ Don't lift any heavy weight or do any strenuous exercise.
- ▶ Don't massage violently with analgesics, since it can aggravate the complaint.
- ▶ Don't use traction or collar or painkillers or drugs continuously
- ▶ Avoid cold exposures and cold bath
- ▶ Avoid citrus fruits, egg, tomato, potato, since they can precipitate pain

HOMOEOPATHIC REMEDIES

- ▶ Acid phos
- ▶ Actea racemosa
- ▶ Bellis per
- ▶ Bryonia
- ▶ Calcarea carb
- ▶ Calcarea phos
- ▶ Calcarea flourica
- ▶ Causticum
- ▶ Ferrum met
- ▶ Formica rufa
- ▶ Guaicum
- ▶ Hypericum
- ▶ Kalmia
- ▶ Lycopodium
- ▶ Natrum Mur
- ▶ Nux vomica
- ▶ Paris Quadrifolia
- ▶ Phosphorus
- ▶ Pulsatilla
- ▶ Rhus tox
- ▶ Silicea
- ▶ Sulphur
- ▶ Vipera

CASE OF CERVICAL SPONDYLOSIS

CASE 1

- ▶ A female patient Mrs. R. S. aged 34 years, a working lady who travels by two wheeler almost 10 –15 kms a day. She is obese, exposed to sedentary life style having continuous 8 to 10 hours working with computer. She complains of neck pain after strenuous work at office. Sharp pain in neck extending to both shoulders with stiffness and swelling of the neck after she returns home in the evening. Pain in neck < exertion riding, evening and night. Numbness of head. When she returns home, her daily household work makes her irritable and induces indifference towards her close ones especially husband. She narrates history of recurrent abscesses with suppuration in perspiring areas and headaches. She also complains of thick white leucorrhoea.

Physical Generals:

- ▶ Obese
- ▶ Chilly patient
- ▶ Craving–non veg, especially meat.
- ▶ Sleep disturbed
- ▶ Intolerance sour things
- ▶ Frequent burning urination

Mental

- ▶ Indifferent esp. to her husband, restless , anxious, melancholic, worried about job & children's future

Past History

- ▶ Recurrent abscesses with suppuration.
- ▶ Headache.

Family History

- ▶ Father – Diabetes mellitus
- ▶ Grand mother – Diabetes mellitus

Personal History

- ▶ Born in a middle class Hindu family; married; has 2 children; family not congenial (indifference to husband); sedentary life, worried about children's future.

Totality of symptoms

- ▶ Obese
- ▶ Indifferent(to her husband)
- ▶ Restlessness
- ▶ Always worried
- ▶ Chilly patient
- ▶ Desire–meat
- ▶ Intolerance–sour things
- ▶ Sleep disturbed
- ▶ Frequent burning urination
- ▶ Leucorrhoea–thick, white
- ▶ Sharp pain on the neck extending to shoulders
- ▶ Pain in neck <exertion, riding, evening, sitting, stooping, night
- ▶ Swelling & stiffness of the neck
- ▶ Numbness of the head
- ▶ Recurrent suppuration of abscesses in perspiring areas

Remedy Selection

- ▶ The constitutional medicine was selected after repertorisation in consultation with Materia Medica.
- ▶ *Calcarea carbonica 200* was selected as the remedy for this patient.

Justifications

- ▶ Physical built, obese.
- ▶ Chilly patient
- ▶ Indifferent
- ▶ Worried
- ▶ Anxious
- ▶ Melancholic
- ▶ Exertion and straining herself everyday
- ▶ Pain in neck < exertion, evening
- ▶ Numbness of head
- ▶ Recurrent abscesses with suppuration.

BEFORE TREATMENT



Fig. X-ray of Cervical Spine

MRS. SUJATHA.R [F/34 Years]

ID.NO: BS / CR / NAN / 151331132

Ref. By: DR. JAYAKUMAR.N.R.,MD(HOMEO)

Date: March 2, 2014

DIGITAL X-RAY - NECK - AP & LATERAL VIEWS

Imaging findings:

Diffuse osteophytes noted in cervical spine.

Facet arthrosis noted in lower cervical levels.

Intervertebral disc space narrowing noted in C5-C6 level.

C1-C2 arthrosis noted.

No evidence of subluxation or dislocation noted.

Cervical vertebrae appear normal.

Prevertebral soft tissues appear normal.

IMPRESSION

➤ Mild cervical spondylosis.

Vinothini
Malar

V. Avinash
Dr. AVINASH, M.D RD
(CONSULTANT-RADIOLOGIST)

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BEFORE
TREATMENT

AFTER TREATMENT



Fig. X-ray of Cervical Spine

MRS.SUJATHA. R [F/35 Years]
ID.NO: BS / CR / NAN / 15156778
Ref. By: DR. JAYAKUMAR.N.R.,MD(HOMEO)
Date: August 2, 2014

DIGITAL X-RAY - CERVICAL SPINE - AP & LATERAL VIEW

Imaging findings:

Straightening of cervical spine.

Cervical vertebrae appear normal.

Intervertebral disc spaces appear preserved.

Atlantoaxial articulation appears normal.

Prevertebral soft tissues appear normal.

Raji
Balaji


DR.REENA YADAV

CURED

COMPLETELY

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CASE-2

A 35 yrs old **Dentist** suffered by severe neck pain for several months. The nature of his job has made his neck pain severe. He had severe pain radiating to both arms with stiffness and numb feeling in left arm. He felt heaviness in his cervical region. Pain in the shoulder blades. Pain in neck aggravates on stooping, looking up. He has giddiness on turning his head, so fears to turn his head. He had pain aggravating by chill climate. Vertigo worse in the morning.

Physical generals:

Lean.

Craves for non veg especially chicken.

Craves coffee.

Frequent constipation– incomplete stools.

Sleep disturbed.

Mental generals:

Quick, Hurried in action.
Workaholic.

Past history:

Nil significant

Family History:

Father–Diabetes mellitus

Personal History:

Born in a middle class Hindu family, he was practicing as a successful dentist. He was married and has 2 children.

Totality of symptoms:

Quick, Hurried in action.

Workaholic

Lean.

Craves for non veg especially chicken.

Craves coffee.

Frequent constipation– incomplete stools.

Sleep disturbed.

Neck pain < stooping, looking up.

Severe pain radiating to both arms with stiffness & numb feeling in left arm.

He felt heaviness in his cervical region.

Pain in the shoulder blades.

He has giddiness on turning his head, so fears to turn his head.

He had pain aggravating by chill climate.

Vertigo worse in the morning.

Remedy selection:

After repertorisation, the constitutional remedy was selected in consultation with Materia Medica.

Nux vomica 200 was selected as the remedy.

Justification:

Quick, Hurried in action.

Workaholic

Lean.

Craves for non veg especially chicken.

Craves coffee.

Frequent constipation- incomplete stools.

Sleep disturbed.

Severe pain radiating to both arms with stiffness & numb feeling in left arm.

He felt heaviness in his cervical region.

Pain in the shoulder blades.

He has giddiness on turning his head, so fears to turn his head.

RESEARCH DONE ON CERVICAL SPONDYLOSIS

Efficacy of Homoeopathic therapy in the pain management of cervical spondylosis– A prospective, randomised, single blind, placebo controlled clinical trial

By
Dr.N.R.Jayakumar

Under the supervision of
Dr.Chathurbhujaya Nayak

- **No.of patients screened: 303.**
- **Patients included in the study: 50**
 - Experimental group:25
 - Control group: 25

Study design: Single blind.

- **Highest incidence in age group:31-40 yrs**
- **Higher sex incidence was observed in females**

- **Highest incidence was found in patients with sedentary life style.**
- **C5&C6 was the most affected in the study population.**
- **Mostly indicated remedy in the study population:**
 - Calcarea carbonica
 - Phosphorus
 - Nux vomica

THANKS