



A Clinical and Miasmatic Approach towards Homoeopathic Management of Cervical Spondylosis

Dr. Marathe Kamlesh Madhavrao, M.D. (Homoeopathy)

Associate Professor, Department of Surgery

Shri. Chamundamata Homoeopathic Medical College and Hospital, Jalgaon. M.S.

E-mail: dr.kamleshmmarathe@gmail.com

ABSTRACT

Cervical spondylosis is a long-term condition that causes inflammation of the neck between the neck bones and the cervical spine between the spine and the lumbar region. Eventually, it causes the affected spinal bones to fuse and fuse, resulting in restricted movements such as neck movement. The neck bone and sternum are usually affected first and usually bilaterally within six months of the onset of the disease. Cervical spondylosis causes numbness, pain in the neck, radiating down one or both arms and shoulders.

Although the constitutional disorder is clinically characterized by acute and chronic exacerbations. Homeopathic materia medica is a vast treasure trove of remedies that, when prescribed on a totality basis, help effectively treat any condition. Acute and chronic exacerbations, can be controlled by the present acute and chronic totality of Rhus tox, brayonia calc carb, etc., a proven homeopathic remedy has a wide range of action, especially in the cervical region. This study is aimed at studying the effectiveness of the clinical and miasmatic approach to cervical spondylosis.

So this study deals with studying the usefulness of miasma and homeopathic materia medica. in case of cervical spondylosis.

The exact etiology of cervical spondylosis is still unknown. The familial nature of cervical spondylosis has been emphasized for many years, and a genetic basis for this has been provided by the discovery of 88 to 96% of patients with cervical spondylosis.

In recent years, the frequency of this joint disorder has been increasing, as advances in modern medical science have led to a longer life expectancy in humans. Homeopathy as a holistic science treats the patient effectively without any side effects.

Keywords: Cervical Spondylosis, Miasm, Homoeopathic Treatment, Homeopathy and Homeopathic Medicine.

Introduction

Since time immemorial, the human race has had to overcome numerous obstacles. Few of them are solved, few remain unsolved. Among these unresolved events, one of the main factors is health. Ways to restore health are always a question. Many ways have been formulated and discarded since ancient times. But one of these therapies has proven its effectiveness throughout the ages.

The credit goes to Hahnemann, a German doctor who understood that the orthodox therapeutic school was only conservative, transferred homeopathy from the pages to practice. Homeopathy is a branch of therapy that believes in the application of a drug that has the ability to produce similar disease states. This principle of Similia is the basis of homeopathic treatment.

At the time of Hahnemann's birth, in the middle of the 18th century, the entire medical school was divided into two schools, one being the Vitalist school and the Materialist school.

Materialism can be defined as a belief or philosophy that believes that nothing of the world can exist apart from things and their various expressions. This school had its basis in Galenic philosophy.

Vitalism is a philosophical doctrine that states that the life process has a unique character that is radically different from a physico-chemical phenomenon and therefore cannot be explained in empirical terms. This is echoed by Stuart Close when he writes: "To those agents which act upon the organism as healthy in ways not governed by chemistry, mechanics, or hygiene, but which are capable of producing diseases similar to those found in the sick". This school received its foundation from Hippocrates, Aristotle, Bacon, and Paracelsus, and received its rebirth at the hands of Hahnemann.

It is well known that Hahnemann, a major hero in the history of medicine, faced the inhumane, cruel and unjustified therapy of his time. There was still a "black era" of the Middle Ages. Quacks were the most important healers and charms were the most accepted therapy. Several decades passed with the

dilemma, and Hahnemann finally convinced himself of the efficacy of the application of similar remedies through his experimentation with Chinese bark. The result of this experiment appeared in the article 'Essay on a new principle for ascertaining the curative power of drugs' published in Hufeland's Journal for the Practitioner of St. II in 1796.

Illness is defined as "a condition in which the health of the body is impaired, a deviation from the state of health, an alternation of the human body interrupting the performance of vital functions."

Disease was explained as "a condition of the body, or of some part or organ of the body, where its functions are impaired or impaired."

From an ecological point of view, it can be defined as "non-adaptation of the human organism to the environment".

In another way, disease has been defined as "It is regarded as a social phenomenon occurring in all societies and defined in terms of the particular cultural forces prevailing in society".

In a simpler way, disease can be defined as the exact opposite phenomenon of health, which is a deviation from physical, social and mental well-being. Controversy is likely to continue, however, because these definitions cannot provide criteria by which to decide when a disease state begins, nor do they focus on measuring disease. Some are acute, others chronic. Some carry a tendency to cause deformation, some never.

A distinction is also made between the words illness and disease, which are not entirely synonymous. Illness is a literary device far removed from "lightness". Illness refers not only to the current specific illness, but also to the individual's response to the illness and also to the impact of this illness on the psychological environment.

According to Hahnemann (sections 72-73 of the Organon), an acute disease is such a disease as is caused by the transient exposure of the latent psora to some exciting cause, which has an almost constant manifestation. He divided acute diseases into three categories, i.e. individual, sporadic and epidemic. Aphorisms 74 to 76 say that artificial chronic diseases are artificially produced by the allopathic unhealing art of prolonging the use of violent heroic drugs in large and increasing doses. Of all chronic diseases, these diseases are the most incurable. In Aphorism 78, Hahnemann says that "the true natural chronic diseases are those which arise from the chronic miasma." The Miasmas are PSORA, SYCOSIS and SYPHILIS.

Review of Literature

OVERVIEW of Cervical Spondylosis:

Definition:

Cervical spondylosis refers to a degenerative process of the cervical spine that causes narrowing of the spinal canal and nerve openings, causing compression of the spinal cord and nerve roots.

Cervical spondylosis, a degenerative disease of the cervical spine, intervertebral discs, ligaments and cartilaginous material, commonly occurs in individuals over the age of 40 and is thought to be part of the normal aging process of the spine. It occurs in up to 19% of asymptomatic individuals. The main clinical manifestations of cervical spondylosis can be further divided into: (i) cervical spondyl myelopathy, (ii) cervical radiculopathy and (iii) neck pain syndromes. There are only a few studies showing that the disease is similarly present in Africa compared to North America or Europe and that the African lifestyle may predispose to early clinical manifestations. Medline and Embase databases were searched for studies, case series, or case reports published between 1966 and March 2007 to update the current knowledge of cervical spondylosis with special reference to populations in Africa. Cervical spondylosis is one of the most common causes of cervical radiculopathy, myelopathy and chronic neck pain syndromes. Since the early 1990s, many studies have been conducted regarding the pathophysiology, risk factors, and treatment of the disease. There are only a few studies on this topic in Africa, suggesting that there are some risk factors that are somewhat different from developed countries and that may lead to early clinical manifestation. These factors mainly include cargo carrying and fluorosis, which are prevalent in the Rift Valley regions of Africa.

Cervical spondylosis

The cervical region is the neck region of the body. Cervical spondylosis is an almost generic term used by doctors for all age-related degeneration of the soft tissues and discs of the cervical spine. Discs either become thinner or develop cracks due to constant wear and tear. This is very common in people over 50 and can lead to the further development of various degenerative conditions of the spine.

When you hear about C5-C6 spondylosis, it actually means a form of cervical spondylosis where the fifth and sixth vertebrae of the spine are affected. A person will feel a pain in the throat as a result.

THORACIC (CENTRAL – BACK) SPONDYLOSIS:

The thoracic spine is less often affected due to its reduced mobility. If there is spondylosis in this area, the mid-back spine can turn into a hunchback, this is called kyphosis.

Lumbar spondylosis:

The lumbar region is the lower back of the spine, and lumbar spondylosis is an affliction of this region due to degeneration of the vertebrae of this region. This is also quite common because the lumbar region suffers the most during a person's life. It is the main bearing point of the body and also the part that twists and bends the most. It is therefore quite natural that this part will be affected especially in the case of spondylosis.

A form of lumbar spondylosis is spondylosis of the L5 vertebra or L5 vertebra. This is a degeneration that takes place where the lumbar spine or back spine joins the coccyx. This condition may not be serious in itself, but it gives rise to various other conditions that can be painful.

LUMBOSACRAL SPONDYLOSIS:

This is defined as a condition where the area where the lumbar spine meets the sacrum faces degeneration and spondylosis occurs. The exact point is the meeting point of the last vertebra in the lumbar region and the first vertebra in the sacral region. The degeneration that occurs is mainly seen in the cartilaginous structure present in this area. This occurs because this area is responsible for supporting the maximum amount of body weight.

causes:

The bones and protective cartilage in your neck are prone to wear and tear, which can lead to cervical spondylosis. Possible causes of the condition include:

Bone spurs:

These overgrown bones are the result of the body trying to grow extra bone to make the spine stronger. However, excess bone can press on delicate areas of the spine, such as the spinal cord and nerves, resulting in pain.

Disc degeneration often causes the spine to produce additional bone in a misguided effort to strengthen the spine. These bone spurs can sometimes pinch the spinal cord and nerve roots.

Dehydrated discs:

Your spinal bones have discs between them, which are thick, mat-like pads that absorb shock when you lift, twist, and do other activities. The gel-like material inside these discs can dry out over time. This causes your bones (spinal vertebrae) to rub against each other more, which can be painful. This process can begin around age 40.

Herniated discs:

Cracks can appear in the spine plates, allowing the internal cushioning material to leak. This material can press on the spinal cord and nerves, resulting in symptoms such as arm numbness and pain that radiates down the arm.

Injury:

If you have sustained an injury to your neck, such as in a fall or car accident, it can accelerate the aging process.

Ligament Stiffness:

The strong cords that connect your spinal bones together can become even stiffer over time, affecting the movement of your neck and making his neck tense.

Excessive use:

Some occupations or hobbies involve repetitive motions or heavy lifting, such as construction work. This can cause increased pressure on the spine, resulting in premature wear and tear.

PATHOPHYSIOLOGY:

Intervertebral discs lose hydration and elasticity with age, and these losses lead to cracks and fissures. The surrounding ligaments also lose their elastic properties and form traction spurs. The disc subsequently collapses due to biomechanical incompetence, causing the annulus to bulge outward. As the disc space narrows, the annulus bulges and the facets overlap. This change, in turn, increases movement in this segment of the spine and further accelerates disc damage. Annular ruptures and herniation may occur. Acute disc herniation can complicate chronic spondylotic changes.

As the ring bulges, the cross-sectional area of the channel narrows. This effect can be accentuated by hypertrophy of the facet joints (posterior) and the ligamentum flavum, which thickens with age. Neck extension causes the ligaments to fold inward, reducing the anteroposterior (AP) diameter of the spinal canal.

As disc degeneration occurs, the uncinate process predominates and hypertrophies, compromising the ventrolateral portion of the foramen. Similarly, facet hypertrophy reduces the dorsolateral aspect of the foramina. This change contributes to the radiculopathy that is associated with cervical spondylosis. Marginal osteophytes begin to develop. Other stresses, such as trauma or long-term heavy use, can worsen this process. These osteophytes stabilize the vertebral bodies adjacent to the level of the degenerating disc and increase the bearing surface of the vertebral endplates.

Symptoms of cervical spondylosis:

Most people with cervical spondylosis do not have significant symptoms. If symptoms do occur, they can range from mild to severe and may develop gradually or appear suddenly.

Symptoms of cervical spondylosis tend to improve with rest. Symptoms are most severe in the morning and again at the end of the day.

If cervical spondylosis leads to pressure on the spinal cord (cervical stenosis), it can cause pressure on the spinal cord, a condition called cervical myelopathy.

Sore throat:

One common symptom is pain around the shoulder blade. Some complain of pain in the arm and fingers. Pain may increase when:

This can spread to the shoulders and the base of the skull. Moving the neck can make the pain worse.

The pain sometimes spreads down the arm to the hand or fingers. This is caused by irritation of the nerve that goes to the arm from the spinal cord in the neck.

The pain tends to come and go in flares from time to time. You may have a flare-up of pain after unusual use of your neck or if you sprain a neck muscle or ligament.

However, flare-ups often occur for no apparent reason. Some people develop chronic (persistent) pain.

Some stiffness of the neck, especially after a night's rest.

Headaches may occur. Headaches often start at the back of the head just above the neck and move over the top to the forehead.

A "frown" may appear in part of the arm or hand. This symptom is caused by irritation of the spinal nerve as it leaves the bony (vertebral) area. However, tell your doctor if you experience loss of sensation (numbness) or weakness in part of your hand or arm. These symptoms indicate more pressure on the nerve. This is called "cervical radiculopathy."

More rarely, hand clumsiness, trouble walking, or problems with bladder function occur when pressure from a worn bone (vertebra) or disc damages the spinal cord. This is called "cervical myelopathy". Again, it is important to report these symptoms to your doctor.

Another common symptom is muscle weakness. Muscle weakness makes it difficult to lift your arms or firmly grasp objects.

Other common symptoms include:

stiff neck that gets worse

headaches that mostly occur in the back of the head

tingling or numbness that mainly affects the shoulders and arms, although it can also occur in the legs

Less common symptoms include loss of balance and loss of bladder or bowel control. These symptoms require immediate medical attention.

Display tests:

Imaging tests can provide detailed information for diagnosis and treatment. Your doctor may recommend:

X-ray of the neck:

An X-ray may show abnormalities such as bone spurs that indicate cervical spondylosis. A neck X-ray can also rule out rare and more serious causes of neck pain and stiffness, such as tumors, infections, or fractures.

MRI:

An MRI can help pinpoint areas where nerves might be pinched. Although plain films of the cervical spine are the least expensive and most widely used imaging modality, the imaging study of choice is MRI.

Although a narrow spinal canal with a sagittal diameter of 10-13 mm (as visualized on a plain radiograph) has been associated with a higher incidence of neurologic deficit and cervical spondylosis, this measurement has become less important with the increased availability of MRI. MRI allows direct visualization of neural structures and allows a more accurate estimate of cord space.

Plain radiography can help assess the contribution of spinal alignment and degenerative spondylosis to canal stenosis.

MRI is a non-invasive and radiation procedure that provides excellent imaging of the spinal cord and subarachnoid space and is a sensitive method for determining their involvement by extradural pathology. MRI enables multiplanar imaging, excellent imaging of neural elements, and increased accuracy in the diagnosis of internal spinal cord disease. It may detect pathology in an asymptomatic patient or the pathology may not be associated with symptoms. In one report, 57% of patients older than 64 years had a disc bulge, and 26% of patients in this age group had evidence of spinal cord compression on MRI. Some spondylosis changes (eg, small lateral osteophytes, midbody calcification densities) may be missed by MRI.

CT scan:

CT scanning is another important imaging modality. CT scanning, which is superior to MRI in its definition of bony anatomy, better defines the neural foramina. CT scanning is often used to supplement MRI and provide additional bony detail to characterize the lesion responsible for the neural involvement.

Myelography is also useful for demonstrating nerve root lesions. Myelography demonstrates nerve root takeoff very well. It is particularly useful in patients undergoing reoperation.

Therapy:

Lifestyle modifications:

The first line of treatment for cervical spondylosis is the same as recommended preventive lifestyle changes, such as dietary changes, physical exercise, and weight loss, which have been shown to significantly reduce neck pain and help with daily work. If the spondylosis is enough to justify the immediate use of medication, lifestyle changes are still recommended in conjunction with the medication. Various programs aimed at reducing psychological stress, such as biofeedback, relaxation or meditation, are advertised to reduce pain in cervical spondylosis. However, in general, claims of effectiveness are not supported by scientific studies, which are generally of low quality.

Effect of diet on spondylosis:

In recent years, many specialized diets have gained popularity among some people with arthritis, but to date, none of these claims have been supported by rigorously controlled studies. That said, some people find that certain foods trigger changes in symptoms—either for better or worse. If you find a pattern, try keeping a journal for a few weeks to see if what you eat really matters or if you have food sensitivities.

Whether a person has a chronic illness or not, there are some direct ways to improve health and well-being for almost everyone.

- Both calcium and alcohol affect bone strength, and it's a well-known fact that people with spondylosis are already at higher risk of osteoporosis, a dangerous thinning of the bones that can lead to fractures. Following a diet with sufficient calcium and vitamin D will help reduce the risk of osteoporosis.
- Alcoholic drinks can also weaken bones. Consuming more than two alcoholic drinks a day increases the likelihood of developing weakened bones. Additionally, alcohol mixed with certain medications can cause serious side effects on the gastrointestinal tract and major organs such as the liver and kidneys.
- Experts agree that there are basic guidelines for good nutrition, which are:
 - Eat plenty of foods that make you feel good - avoid those that don't
 - Eat plenty of vegetables, fruits and whole grains.
 - Use fats (especially saturated fats found in animal products), cholesterol, sugar and salt in moderation.
 - Drink 8-10 glasses of water a day
 - Most people get their daily requirement of vitamins and minerals by eating a well-balanced diet, but others need vitamin supplements.
 - Avoid alcohol or foods that may interact with your medication. Consult your doctor and/or pharmacist about a possible interaction.

The symptoms of cervical spondylosis have a strong tendency to resolve spontaneously, although they may persist for many weeks and the structural changes are apparently permanent. The treatment is thus aimed at helping the natural resolution of temporarily inflamed or edematous soft tissues¹¹. Heat and massage are often soothing²⁰.

Patients should be encouraged to maintain their level of cardiovascular fitness as much as possible during the rehabilitation process. The patient should be told that these exercises (stretching and strengthening) should be continued indefinitely with the hope of preventing recurrences

A treatment plan is drawn up, which may include some or a combination of the following

- 1) Physical means and massages;
- 2) Exercise;
- 3) Cervical traction;
- 4) Manipulation;
- 5) neck collar,
- 6) Postural and ergonomic advice.

A multicenter study showed better symptom relief with combination therapy than with a single modality.

Complication:

Cervical spondylosis can result in complications (see Mortality/Morbidity), including the following:

Cervical myelopathy

Paraplegia

tetraplegia

Recurrent chest infections

Pressure ulcers

Recurrent urinary tract infections

Chronic neck pain

Progressive loss of muscle function or sensation

Permanent disability (occasional)

Inability to hold stool (faecal incontinence) or urine (urinary incontinence).

Miasmatic approach to cervical spondylosis

Interpretation of miasma in degenerative joint disorders varies depending on presentation or stages. depending on the expression available. psoric, structural changes can be identified.

Miasma is interpreted by family history and the past. this is also valued as a predisposition. in the background of this current presentation of degenerative joint disorders must be understood. miasma dominates in this phase can analyze the present symptom.

This may only apply to this presentation, but it gains strength from the underlying miasma.

The miasma is always expressed by the sign and symptom that the patient produces. these enable the individual expression of miasma characteristics and allow us to individually identify, recognize and manage patients.

Dr. ORTEGA PROCESO asserts that the natural healing power within the human bada in its integral completeness represents the universe acting at one point and with the inherent purpose of preserving what has been created, i.e. allowing it to continue with a specific goal that the human intellect can deduce. of all that exists, all things

Man's natural healing power is undoubtedly undermined, impaired and diminished as a restorative or reconstructive power by the presence of the miasmatic state. a deep and indelible stamp permanently imprinted on a being by repeated perversions, excesses or deficiencies in its functioning psora is a nutritional disorder sycosis makes it accumulate debris that should be removed and syphilis causes its degeneration because all these conditions can act as the real causes of all etiology imbalances in every degenerative disease.

Homeopathic remedy for cervical spondylosis:.

Aconite nap:

Sudden onset of difficulty, after exposure to cold, dry air. Pains with tingling and numbness. Rheumatic inflammation of the joints, pains unbearable. Intense bright red swelling of the part. Sensitive to contact. worse at night.

Sulfur has a strong affinity for Aconite. In many old chronic cases, where Sulfur would be used in strong strong constitutions, Aconite will be suitable for the sudden attack, and Sulfur for the chronic. Paralytic weakness of arms and hands, especially when writing.

Actea racemosa:

Especially useful in rheumatic, nervous subjects with ovarian irritation, uterine spasms and heavy limbs. Worse ; morning, cold (except headache), during menstruation; the more abundant the current, the greater the suffering. Better heat, food.

Spinal tenderness; especially in the cervical and upper dorsal region. Pain in arms with numbness, as if a nerve were pressed. It mostly affects the left side.

Belladonna:

It is one of our best remedies for both acute and chronic rheumatism. Rheumatic stiffness of the neck caused by cutting the hair, wetting the head, or sitting with the head exposed to a draft.

In rheumatism, heat and burning flow through us, with the same sensitiveness of the whole patient and that of the joints on the glass of the bed.

Bryonia:

The pain worsens with the slightest movement and is relieved remain completely still. Affected parts are very hot and dark red or pale Red. The tongue is either uniformly white or characteristically dry and white down the middle. The bowels are usually constipated. Hot patient. Thirst for cold drink.

Calcarea carbohydrates:

Rheumatic diseases caused by work in water; rheumatism of back and shoulders, after failure of Rhus Tox .Rheumatism of finger joints. A cooling medicine.

Calcarea Phos:

It is useful in rheumatism occurring at every change of weather or exposure to dampness. Numbness and crawling are the characteristic sensations, and propensity to sweat and enlargement of the glands are symptoms which it shares with carbonate.

Caustic:

It is especially called for in rheumatism, when the joints are stiff and the tendons are shortened, which draws the limbs out of shape. Rheumatic pains mainly affect the joints of the jaw; are < from cold and are > from heat. It is also useful in rheumatism of the right deltoid muscle.

Dulcamara:

It is useful in rheumatism, which is aggravated by sudden changes in the weather rheumatic trouble caused by damp cold is aggravated by every change of cold and he was a little relieved by the movement. Stiff neck. Rheumatism alternates with diarrhea.

Ferrum:

It is useful in muscular rheumatism, when the pains are < at night and > on slow motion. It mainly affects the left deltoid muscle. It is best adapted to young persons with a weak body, anemic and chlorotic, with pseudoplethora. Worse; when sweating; to sit still; after cold washing and overheating; midnight aggravation

Gelsemium:

May be useful in gonorrhoeal rheumatism. It targets the nervous system and causes varying degrees of motor paralysis. Writer's cramp. Worse; damp weather, fog, before a storm, emotion or excitement, bad news, smoking tobacco when thinking of his illness; at 10 o'clock. better ; by bending forward, profuse urination, open air, continuous movement, stimulants. Calm jogging on the back. Medicine without thirst

Kalmia Latifolia:

Pains change quickly. Neuralgia; pains shoot down, with numbness. Deltoid rheumatism especially correctly. Worse ; tilted; looking down; movement, open air. Rheumatism when it affects the chest and is especially useful when it moves from the joints to the heart, especially after the external application to the joints of substances that are not homoeopathic. The pulse is slow

Lac Caninum:

It is indicated when the pains are <from heat. The key symptom is irregular pain, alternating sides. Worse ; morning one day and evening the next. better; cold, cold drinks.

Lachesis:

Can't stand anything tight anywhere. Lachesis sleeps until worse; diseases that come during sleep. Worse, left side, in spring, warm bath, pressure or constriction, hot drinks; Closing the eyes. better ; appearance of discharges, warm applications.

Lycopodium:

It is useful when the urine contains deposits of lithium acid. They are associated with it: The arm feels heavy and weak, but when he tries to use it, he finds that he can work with it quite well. The right side is usually the site of the disease. Pains are < from beginning to motion and > from continued motion. Therefore, the deterioration in the afternoon from 4 to 8 p.m.

Summary and conclusion

Our work with the treatment of cervical spondylosis. Cervical spondylosis is a very common disease occurring in society and affects a large population in each year. Treatment provided by the company modern school is not only expensive but also full of side effects.

On this occasion we have taken care of more than 100 cases out of which 30 cases were included as a sample in this work. The study was a case study and we observed the results of homeopathic remedies in cases of cervicitis spondylosis with a miasmatic approach.

Here we took total 30 cases where 3 patients were from age group 20 -30, 12 out of 30 - 40 and 15 patients were from the 40 - 60 age group. there were 14 patients and 16 were women. In relation to the profession, 8 concerned trade, 12 were domestics, 4 were servants and 6 were from the working class.

This proves that cervical spondylosis attacks any socio-economic sector. Here we are they only considered cases of essential/primary cervical spondylosis. It was found that there were 10 associated diseases, including 4 cases of APD, 2 cases of depression, 1 case of skin disease and 2 cases of anxiety neurosis. According to regarding miasma, 11 cases were sycotic, 11 cases were psorasycotic, 2 were psora syphilitic, 3 from tuberculous miasmata, and one case was sycosyphilitic.

Arsenic was selected for the highest 7 times. After this sulfur 5 times, Nat. Mur and N.V. 4 times or Out of 30 cases, 26 patients showed a favorable outcome recommended and 2 discontinued treatment. The success rate is therefore 87%.

Our observation is that with homeopathic treatment, the suffering of the patient not only does it happen less, but it goes faster on the road to recovery. In many of In these cases, the result was achieved faster than the patient reported. There were few cases while allopathic medicines did not show any good result. In many of them occasionally homeopathy has shown a beautiful result.

Last but not least, the patient's response to wear is very good and theirs full cooperation made this effort possible.

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