



## **DESCRIPTIVE STUDY OF CERVICAL SPONDYLOSIS AND ITS HOMOEOPATHIC MANAGEMENT**

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### **ABSTRACT:**

Cervical spondylosis is a common degenerative condition of the cervical spine that causes degeneration of intervertebral discs and osteophytes related to age. The allopathic system of medicine only offers conservative and surgical treatment for this condition that includes analgesics creating a habit. Homeopathic medicines are safe and effective in the treatment of cervical spondylosis due to its holistic approach, thus reducing the dependence of other drugs. The aim of this study was to study clinical traits and cervical spondylosis treatment in detail, and the aim was to understand variable submission of complaints about cervical spondylosis, link between risk factors and disease development and the role of homeopathy in such cases. A descriptive study of 30 cases was conducted. Cases were selected from the 30-60 years of age group depending on the clinical presentation regardless of their gender. A detailed medical history of each patient was taken and administered. Statistical techniques were used to analyze the clinical condition before and after treatment, and statistical techniques were used. This has made us conclude that homeopathic treatment is effective in cervical spondylosis.

**KEYWORDS:** Cervical Spondylosis, Descriptive study, Homeopathy and Homeopathic Medicine.

### **INTRODUCTION:**

Cervical spondylosis is wear of degenerative disorder that mainly affects older people. It is the most common disorder that is caused by both mental and physical stress. Progressive neck pain is a key indication of cervical spondylosis. Examination often shows the limited ability to bend the head towards the shoulders and the limited ability to rotate the head.

Neck pain is currently a common condition. The neck helps to transmit weight from the head to the suitcase and carries a lot of tension. Normally the neck is flexible. The neck allows the head to rotate from side to side, bend forward to touch the chin to the chest and extend back. Various uterine joints provide these movements. The neck pain, which usually comes from the disease of the cervical spine and soft tissues of the neck, is common. The neck pain resulting from the cervical spine is usually precipitated by movement and can be accompanied by focal tenderness and reducing movement. The pain arising from the brachial plexus, shoulder or peripheral nerves may be confused with the cervical spine, but history and examination usually identify the distal origin of the pain. Neck pain is a clinical condition in which many states from the intertebral disces of the blade, uterine spondylosis, lesions occupying spaces, spinal tuberculosis, etc. can be interpreted. This study is focused on cervical spondylosis.

Cervical spondylosis is characterized by clinical features such as insidious onset of pain and stiffness. Pathology is characterized by degeneration in intervertebral joints. This is followed by a reduction in the disk space and the marginal formation of osteophytes. The occurrence of neck pain in adults is approximately 20-50% per year, most of which are caused by spondylosis. The prevalence of cervical spondylosis is similar to both sexes, although the degree of severity is greater in men. Approximately 95% of people aged 65 years have cervical spondylosis, it is the most common spine dysfunction in elderly. It is estimated that 75% of persons over 50 years of age have a narrowing of the backbone or intervertebral foramine and 50% of these cases are symptomatic. With progressing years, the number with positive symptomatology increases until it is achieved in persons over 65 years of age 75%.

Contemporary lifestyle is rather a sedentary work, long hours in front of computers, lack of exercise and other strenuous work increases the burden of this area. Most of the world's population experiences neck pain in their lives. Refractory cases are associated with dissatisfaction of labor and psychological stressors. With the increasing time of neck symptoms, especially after six months, the mental health of man is negatively affected. It mainly affects the quality of life and work performance and productivity. Today, uterine spondylosis has become the main cause of absence from work and affects society as an epidemic. Therefore, it is necessary to deal with a serious approach.

To overlook the psychology of neck pain would ignore the vital aspect of the diagnosis and treatment of the disease. Psychological factors are likely to play an important role in the presentation of these patients. The difference between the level of pain and the general human well-being, no identifiable organic cause of neck pain, vague complaints, exaggerated symptoms, walking or abnormalities of posture, defensive and aggressive attitude, non-asian neurological deficits that should resistant to roles and physically resistant to factors.

There is only conservative and surgical treatment in the allopathic medicine system. Medical treatment available in the allopathic medicine system includes analgesics, NSAIDs, topical analgesics and intra articular steroid injections. In addition to the drug, it causes more serious adverse effects than diseases such as severe bleeding to GI, gastritis, etc. In severe cases, surgery is required, but this is a risk especially in the elderly.

This is not the case in the homeopathic medicine system. In homeopathy, we treat the patient as a whole with regard to the role of body, mind and spirit. Homeopathy believes in the concept of Vital Force, which then becomes a distinguished disharmonic life, thinking and after symptoms manifested. The patient is treated with regard to the physical institute, his mental makeup, his desires and aversion, his relationship to the environment, past history and family history of any chronic disease. In particular, homeopathic drugs are administered in dynamic form, in a minute and diluted doses that do not cause any side effects. This type of treatment increases the patient's immunity, helps to maintain vital force harmony and get rid of the patient.

To classify the condition of the disease as indirect or environmental, it is a limited way and we have to recognize the background and meet them on this basis if we are to cure. For this reason, it is necessary to find a similimum and find a medicine under these conditions we have to look for a deep acting remedy for complete treatment. This medicine can only be achieved by the dynamic form of the similimum.

Treatment advocated by the conventional system tends to reduce normal susceptibility. Homeopathy as a medicine system is deliberately modifying the prone with the right selection of Simillimum, which is necessary to achieve the ideal medicine. The ideal treatment in homeopathy essentially consists in satisfying the morbid sensitivity of the individual. For an intelligent understanding of this most important aspect of homeopathic practice, it is necessary to understand the dynamic concept of the disease, the susceptibility and remedy of the reaction.

The present study of "Descriptive study of cervical spondylosis and its homoeopathic management" was taken with an aim to understand the clinical presentation of cervical spondylosis & to study the role of homoeopathy in the management of cervical spondylosis.

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## REVIEW OF LITERATURE:

### DEFINITION:

Cervical spondylosis is the result of osteoarthritis in the cervical spine. It is characterized by degeneration of intervertebral discs and osteophyte formation. Such "wear" is extremely common and radiological changes often occur in asymptomatic individuals over 50 years of age. With time, the collapse and flattening of the bone appear on the front and rear edges of vertebral bodies on both sides of the affected discs; Those who develop the rear can interfere with intervertebral foramin, causing pressure on nerve roots. Spondylosis can be associated with neurological dysfunction. C5/6, C6/7 and C4/5 roots C6, C7 and C5 affect the frequencies.

### Etiology

The etiology of cervical spondylosis is unclear, but most authors believe that it represents a cascade of progressive dehydration of discs due to loss of proteoglycans.

1. Wear of joints that accompany aging (osteoarthritis)
2. Arthritis (joint inflammation)
3. Trauma, such as car accidents with flogging, athletic injuries, sudden jerk on arms and falls. Whiplash injury is caused by trauma (usually automotive accident) causing cervical ligament sprains or tension due to hyperflexion or hyperextensi.

There are several risk factors that can cause acceleration of these changes.

1. A profession requiring the recurring movement of the cervical spine. - Common workers in dock who carry 100 kg weight on their shoulders, mining workers, wrestlers, gymnastics.
2. Age - common in both, but more frequent in men. The loss of the movement in the joints may occur with age, such as reduced lateral flexion of the cervical spine.
3. Hereditary - Hereditary predisposition to intervertebral disease Disc
4. It seems that the mechanical voltage on the spine accelerates the development of degenerative changes in disks.
5. Previous injury with a fracture or disk prolapse
6. Segmentation defects such as HemiverTebra or fused vertebrae.
7. Fluorosis can play an important role in the development of a ossified rear longitudinal ligament in India.
8. Smoking may also be a risk factor.

### PATHOLOGY:

It is a degenerative condition of the lower cervical region and is the most common cervical spine disorder that is characterized by using

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2. Surrounding fibrosis, which can spread to nerve roots.
3. The edges of the vertebral body hypertrophy that is known as "lips"
4. There is also degeneration of neurocentral joints of Luschka with osteophyte formation that reflects into the intervertebral foramen producing neurological symptoms.

### EPIDEMIOLOGY

Cervical spondylotic myelopathy is the most common cause of non-traumatic spastic paraparesis and quadriparesis. In one report, 23.6% of patients with non-traumatic myelopathic symptoms had cervical spondylotic myelopathy. In men, the prevalence in the third decade was 13% and increased to almost 100% at the age of 70. In women, prevalence ranged from 5% in the fourth decade to 96% for women over 70 years of age. Another study examined patients at autopsy. At the age of 60, half of men and one third of women had significant diseases. A 1992 study noted that spondylotic changes are most common in persons over 40 years of age. In the end, more than 70% of men and women are affected, but men have more serious radiographic changes in men.

### Clinical features:

Problematic symptoms gradually occur. The patient, usually over 40 years of age, complains about the pain and stiffness of the neck.

- Pain: It can produce neck pain that radiates to the back of the head, shoulders or arms and may be a source of headaches in the rear area. The appearance is usually normal. In soft tissues, the tenderness may be on the back of the neck and above the shoulder blades; The neck movements are limited and painful in extremes.
- Stiffness: It usually occurs as the stiffness of the neck, but in others it refers to a shoulder belt or arm or can radiate to the same.
- Paresthesia: Paraesthesia, weakness and clumsy are occasional symptoms.5 Kneto always occur in cervical herniation and are caused by irritation of the nerve root. They usually take the form of a subjective feeling of insensitivity, armor or death and usually refer to the fingers. The sore throat, which occurs gradually and deteriorates in the morning at the time of getting up.
- Sensory depression: This is a relatively common accompaniment, in the form of hypoalgesia of the nerve root, which is used to help in differential diagnosis.6 Careful neurological examination may show abnormal symptoms in one or both upper limbs.
- Reducing motor performance: This is evident in chronic cases and muscle waste is evident in a recent position.

Reflexes of biceps and triceps tendon are often depressed and absent, which helps to locate the lesion.

Can occur in 2 forms:

Cervical radiculopathy: osteophytes, protrusions of discs or hypertrophic aspects or uncovering joints can be compressed alone or in combination with one or several nerve roots in intervertebral foramine; This compression represents 75% of cervical radiculopathies. The roots most often affect C7 and C6.4 Acute onset of nerve root compression occurs when the disk proceeds laterally. A more gradual onset can be caused by osteophytic intervention in the intervertebral foramin. The patient complains about sore throat, which can radiate in the distribution of the affected nerve root. The neck is firmly held and the movements of the neck can worsen the pain. In the affected segment, paraesthesia and sensory losses can be found and there may be lower symptoms of motor neurons, including weakness, waste and reflective damage.

Cervical myelopathy: Dorsomedial Herniac Disk, Development of Transverse Bone Rods or Rear Osteophytes, and the ossification of the rear longitudinal ligament (Oplll) may result in a pressure on the spinal cord or anterior artery that supplies two tetis of the cord. The beginning is usually insidious and painless, but after trauma, acute deterioration, especially HyperExtension injury, may occur. Symptoms of upper motor neurons develop in the limbs, and the spasticity of the legs usually occur before connecting the arms. Sensory loss in the upper limbs is common, produces armor, numbness and proprioceptive losses in the hands, with progressive clumsiness. The sensory manifestations in the feet are much less common. The neurological deficit usually progresses and the disturbance of mikturization is a very late feature.

### **DIAGNOSIS:**

The diagnosis is relatively simple in careful history and good clinical examination. The neck compression test, where the pressure is gradually developed to the top of the skull with flexion and the neck extension towards the affected side, can very often reproduce radical pain. Painting the head can relieve the pain. You can see localized sensitivity to palpation of spin processes and on certain shoulder muscles. Neurological examination is carefully evaluated in terms of waste, weakness, sensory loss and reflective changes that are repeated in some cases.

Display:

#### **Radiological changes include**

1. Narrowing and irregularity of intertebral spaces; Osteophytes and intervention between vertebral foramine.
2. Loss of disk height with subsequent loss of cervical lordosis
3. 3 .. Promotion of soft discs
  - Skil views of X-ray can show bone intervention in the intervertebral foramin.
  - MRI is a study of choice to define anatomical abnormalities. MRI will show whether there is a compression of the nerve roots.
  - Ordinary CT is sufficient to assess bony spots, foraminal narrowing, lateral stenosis or fertil.
  - Study of EMG and nerve guidance can locate and assess the severity of nerve root injuries

### **TREATMENT:**

Neck pain without radiculopathy: The usual aim of therapy is to ensure relief from symptoms, while natural healing processes are taking place. Fine cervical spine mobilization in combination with exercise programs can be more convenient than usual care. The evidence is not sufficient for recommendations for or against the use of cervical traction, neck collar, tens, ultrasound, diatermia or massage. The role of acupuncture for neck pain also remains ambiguous, with poor quality of study and contradictory results. During painful episodes, heat and massage are soothing; Some patients benefit from a period of limiting collar. For patients with sore neck unconnected by trauma, supervising exercise with or without mobilization seems effective. Exercises often include shoulder roles and neck stretching. Physiotherapy is the basis of treatment, patients are usually maintained in relative comfort by various measures, including exercise, fine passive handling and intermittent traction. There is relatively little evidence of the use of muscle relaxants, analgesics and NSAIDs in the neck pain. Low -level laser therapy focused on areas of tenderness, local acupuncture points or grid of predetermined points is a controversial approach to the treatment of neck pain. Expected benefits can be mediated by anti -inflammatory effects, reducing skeletal muscle fatigue or inhibiting the transmission at neuromuscular intersections. The 2009 meta -analysis indicated that this treatment could provide greater pain relief than false therapy for acute and chronic neck pain. Comparison with other conservative measures is needed. Although some surgical studies have designed the role of leading disectomy and fusion beds with a neck sore, these studies were generally not strictly performed. A systematic overview indicated that there were no valid clinical evidence that would support either the arthroplasty of a cervical disk cervix in patients with a neck pain without radiculopathy. Similarly, there is no evidence that promotes radiofrequency neurotomy or cervical bead injection for neck pain without radiculopathy.

#### **Surgical indication**

1. An unaccountable pain

2. Progressive neurological deficit
3. Heavy weakness of deltooid or wrist
4. Myelopathy

#### Views of several feet:

Dr. Hahnemann said in his smaller writings that "the individual is so little susceptible to be damaged by agencies (physical and mental) that they can never unconditionally cause it to the patients and that the human body is able to be by disrupting them, only by a special predisposition.

According to P.S. Ortega: degenerative diseases are always the result of "active miasmatic mixtures". Miasmatic diversification of the human mind, along with its civilization, brings a state of prioritizing "degenerative disease".

According to Stuart Close: Diseases resulting from mental or physical trauma occur due to toxic chemical or physical changes that occur in the fluids and tissues of the body through the medium of the nervous system, responding to the morbid impression of violent or long continuing mental emotions.

According to J. Ellis Barker: Chronic rheumatism and arthritis are paralyzing complaints that are difficult to cure, especially if they exist for a long time. There is no routine treatment; One has to go into the cause of the disease. In many cases it is caused by a chronic constipation for defective diet, infection or a dark hereditary factor. All possible hereditary taint should be considered.

Homeopathy is the safest and refined method of patient treatment quickly and gently. In cases of uterine spondylosis, we do the completeness of characteristic symptoms and therefore we find suitable similar.

#### Key notes of some key drugs

• **AGARICUS MUSCARIUS:** AGARICUS state often occurs as a result of reworking or scattering. The stiffness in the neck of the neck with the feeling that the neck, a sense of weakness and stiffness between the shoulder blades extending in the back.

Walking, movement.

• **Aconitum VZ:** sudden onset of complaints after exposure to cold dry air. Pain with formation and insensitive. Rheumatic joint inflammation, pain unbearable. In a tense bright red swelling of part. Sensitive to contact. worse at night. Sulfur has a strong relationship to Aconite. In many old chronic cases where sulfur would be used in strong intensive institutes, Aconite will be suitable for sudden attack and sulfur for chronic. Paralytic weakness of the arm and hand especially in writing.

• **Actia racemosa:** especially useful in rheumatic, nerve entities with ovarian irritation, uterus cramps and heavy limbs. Worse; Morning, cold (except headache), during menstruation; The more flow it is, the greater the suffering. Better warmth, meals. Spine sensitivity; Especially in the cervical area and upper back areas. The arm pain with numbness as if it compressed the nerves. Affects the most left side.

**Angustura:** feeling of shivers in the muscles of the neck; The pain of the cervical vertebrae, as if it were dislocated, when lifting the arm; In the morning in bed and in the afternoon, it attracts a rigid feeling, while the stitches spread deep into the chest during movement.

• **Belladonna:** Rheumatic stiff neck caused by hair cutting, soaking the head or sitting with a head exposed. Sensitivity of the joints on a glass of bed.

• **Bellis perennis:** This can be considered the main lecture: "The effects of cold or ice drinks when they are heated close and distant effects of strokes, falls, accidents (trauma).

• **Bryonia:** The pain deteriorates from the smallest movement and is relieved by remaining perfectly quiet. The affected parts are very hot and dark red or light red. The tongue is either evenly white or characteristic, dry and white to the center. Shooting bowels are usually constipation. Hot patient. Thirst for cold drinks.

• **Calcarea carbonica:** rheumatic affections caused by work in water; Rheumatism back and shoulders, after failure Rhus tox. Rheumatism of the fingers. Cure

• **Gelsemium:** It can be useful in Gonorrhoeal rheumatism. It includes its effect on the nervous system and causes different degrees of motor paralysis. Writing cramps. Worse; Damp weather, fog, before storm, emotions or excitement, news B, tobacco smoking while thinking about its diseases; at 10 am. Better; Bending forward, rich urination, in the open air, continuing movement, stimulants. Chill runs up and down the back. Thirst without axle.

• **Latifolia sludge:** sore throat down; In localized areas of the spine over the shoulder. The pain moves rapidly. Neuralgia; Pain shoots down, with numbness. Worse; lean forward; look down; Movement, in the open air. Especially useful when moving from joints to heart, especially after external applications to joints, substances that are not homitopathic.

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## CONCLUSION:

A Study of 30 cases was undertaken by simple random sampling which were selected according to Inclusion and Exclusion criteria. Conclusion was arrived after a statistical analysis by chi-square test and paired t test and interpretation of patients suffering from Cervical Spondylosis.

#### Following are the conclusions derived from the observations:

1. The study showed Cervical Spondylosis affecting commonly in 41-50yrs (40%) of age group followed by 31-40 yrs. (36.67%) of age group and least in 51-60yrs. (23.34%) age group.
2. Cases of Cervical Spondylosis is seen more in female (70%) patients than male (30%) patients  
In 30 cases undertaken for study, various presenting complaints of Cervical Spondylosis were observed, where pain in neck (100%) and restricted movements (96.67%) were commonly seen followed by stiffness (43.34%) and numbness (46.67%) and rarely by headache (13.34%) and cracking in joints (13.34%).
3. The potency commonly required in cases of Cervical Spondylosis is 200 (73.34%) followed by 1M (23.34%).
4. Miasmatic classification of all cases showed, Syctotic miasm (66.67%) as the dominant miasm followed by Psoric miasm (20%) and later by of Tubercular miasm (13.34%).

5. Natrum Mur (16.67%) is the commonest remedy indicated as constitutional remedy followed by Lachesis (13.34%) and later by Sepia, Lycopodium and Phosphorus (10%). Remedies like Kali Bich, Kali Nit, Bellis Per, Staphysagria, Calc Phos, Kali Carb, Acid Phos, Pulsatilla and Kali Phos (3.34%) were also used. Bryonia (6.67%) was the commonest medicine used as acute remedy other than that Rhus tox was also used in 1 case
6. Occupation related neck strain (53.34%) is commonest risk factor associated with Cervical Spondylosis followed by hereditary predisposition (26.67%) and later by smoking(20%) and mechanical stress or trauma (16.67%).
7. The scores before and after treatment showed improvement in extent and severity of Cervical Spondylosis of the patients in 28 cases which indicates 93.34% positive outcome.
8. Out of 30 cases in consideration, 28 cases improved (93.34%) while 2 cases were partially improved. (6.67%).
9. According to statistical study my null hypothesis is rejected and Hypothesis is accepted so Homoeopathic medicines are useful in Cervical Spondylosis.
10. Thus, arrived at the conclusion that Homoeopathic medicines are effective in the treatment of Cervical Spondylosis.

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