

To Evaluate The Effectiveness Of Homoeopathic Medicine In Reducing Neck Pain And Disability Of Patients Suffering From Cervical Spondylosis: A Prospective Case Series Study

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Introduction- Cervical spondylosis (CS), also called cervical osteoarthritis, is a progressive condition that affects the neck region's cervical spine. It involves the gradual deterioration of the intervertebral discs, the cartilages between the vertebrae, and the facet joints. As time passes, these changes can lead to the development of bone spurs (osteophytes) and the narrowing of the spinal canal (spinal stenosis).¹ The most commonly utilized questionnaires for assessing neck disability are the Neck Pain and Disability Scale (NPAD).²

Etiology- The main factor that contributes to the development of cervical spondylosis is age related degeneration of the intervertebral disc and cervical spine. This degeneration also affects surrounding structures like uncovertebral joints, facet joints, posterior longitudinal ligament (PLL), and ligamentum flavum, leading to narrowing of the spinal canal and intervertebral foramina. As a result, compression can occur on the spinal cord, spinal blood vessels, and nerve roots, giving rise to three clinical conditions associated with cervical spondylosis: axial neck pain, cervical myelopathy, cervical radiculopathy.³

Epidemiology and Prevalance- Spondylosis is a natural consequence of aging, with about 10% of individuals affected by the age of 25, and the prevalence increases to 95% by the age of 65.⁴ However, as age advances, the prevalence of the change's increases, with around 25% of individuals under 40, 50% of those around are C6 - C7, followed by C5 - C6.⁵ Neck pain is a prevalent issue that tends to improve in the short term, but chronic cases may require further investigation and management. Based on the Global Burden of Disease 2015 report, low back and neck pain are still the top reasons for years lived with disability (YLD) and the fourth most significant cause of disability-adjusted life years (DALYs). In simpler terms, these types of pain have a major impact on people's lives and overall health.³

Clinical Features- Complaints are often vague, but common presentations are:

Symptoms -

- Cervical pain
- Cervical stiffness
- Immobility due to cervical neck pain
- Occipital headache
- Retro-orbital or temporal pain (from C1-C2)
- Referred pain or radiating pain to shoulder blades, upper limbs, etc
- Numbness, tingling, or weakness
- Dizziness or vertigo
- Poor balance

Signs -

- Poorly localized tenderness
- Restricted movements

In complicated cases like myelopathy or radiculopathy, minor neurological changes are seen like supinator jerks.^{4,5}

Pathology- The problem starts in the intervertebral disc, which begins to degenerate. This leads

to decrease in disc space and the formation of bony outgrowths called osteophytes around the disc's edges. Consequently, the joints at the back of the spine are affected, causing neck pain.⁵

ICD classification-According to ICD 10 classification of WHO, cervical spondylosis is listed under code, M 47.⁶

Classification-

Cervical spondylosis can be categorized into three clinical syndromes:

- Type I syndrome, known as cervical radiculopathy,
- Type II syndrome, known as cervical myelopathy, and
- Type III syndrome, known as axial joint pain.

Cervical Radiculopathy:

-There are issues with the nerves in the neck, the symptoms typically follow a specific pattern based on the nerve(s) affected. These symptoms include neck pain, arm pain, shoulder pain, tingling sensations, and weakness in the arm or hand. The pain may be on one side or both sides.

-Moving the head in certain ways, like tilting it toward the affected side or bending the neck backward or to the side, can make the pain worse

Cervical Myelopathy:

-This condition usually starts gradually, and neck pain may or may not present (often not there).

-At the beginning, it can cause weakness and clumsiness in the hands, making it hard to do tasks that need precise movements (buttoning a shirt or tying shoelaces).

-People might also have trouble with their balance and experience unexplained falls.

-Problems with controlling the bladder (incontinence) are not common and usually happen later as the condition progresses.

Axial Neck Pain:

-People with cervical spine issues often complain of stiffness and pain in their neck. The pain is usually worse when they are standing or sitting upright and gets better when they rest lying down, taking the load off their neck. Moving the neck, especially bending it backward or to the side, can increase the pain.

-Depending on the specific area affected in the neck, patients may experience pain radiating to the back of the ear or the base of the skull. In some cases, the pain might spread to the upper shoulder or shoulder blade region.

-Patients may have atypical symptoms, such as jaw pain or chest pain, which could be related to cervical spine problems.³

Investigation- Diagnosing cervical spondylosis involves several approaches. A physical examination is conducted to assess the range of motion and relax. Additionally, various imaging tests, including neck X ray, computed tomography (CT) scan, magnetic resonance imaging (MRI), and myelography, are used to provide detailed insights into the condition. Furthermore, nerve function tests such as electromyography (EMG) and nerve conduction studies play a crucial role in the diagnostic process.⁷

Prognosis-

Patients experiencing axial neck pain usually get better with time, but there might be occasional instances of pain returning. In a study, it was found that 79% of patients with neck pain showed improvement or became symptoms free within 15 years after the symptoms first appeared. People who mainly have axial neck pain are less likely to develop more severe spondylotic changes that could lead to radiculopathy or myelopathy.

Cervical myelopathy can have different results for different people. In some cases, it may stay

the same or even get better without any treatment. But if it gets worse and causes problems like spinal cord dysfunctions or pyramidal signs (weakness and stiffness in the arms and legs), surgery to relieve the pressure is considered.

In cases of cervical radiculopathy, some patients resolves its symptoms on their own in the period of 1 to 2 years without any surgical interventions.^{1 3}

Conventional management-The treatment approach for cervical spondylosis depends on how severe a patient's signs and symptoms are,

Non-surgical treatment: It includes,

- Physical therapy for about 4 to 6 weeks
- Analgesics, NSAIDs, oral steroids, muscle relaxants, antidepressants
- Soft cervical collar, which help relieves acute neck pain and muscle spasms
- Cervical pillow for support and during sleep to help ease the spinal discs stress.

Surgical treatment: Only considered in patients with progression of cervical syndrome,

- Laminectomy
- Anterior cervical discectomy
- Radicular decompression
- Posterior partial discectomy^{1 3}

Homoeopathic management-Therapeutics according to different authors on CS,

-‘The homoeopathic domestic physician’ - by Constantine Hering mentioned rhus tox, bry.alb., sulphur, calc.carb.

-Dr. GHG Jhar in his book, ‘Therapeutic guide’ mentioned drugs like aconite, bry.alb., bella., kali.carb., lach., caust., calc.carb., and ars.alb.

-‘Knowledge of the physician’ by Richard Huges considered aconite, kalmia, bry.alb., rhus tox., dulcamara, rhododendron, spigelia, actearacemosa, ledum pal, merc.sol., phytolacca and sulphur for neck pain.

-‘Lesser writing with therapeutic hints’ by Farrington mentioned medicine like rhus venera, silicea terra, mag.mur., mag.phos., naja, nat.mur., bry.alb., gels., glonoine, agaricus, graphitis, spigelia, kali carb., kalmia.

-‘Quick bedside prescriber with notes on clinical relationships of remedies and homoeopathy in surgery’ by J N Singhal gives suggestions of remedies like aconite, sanguinaria, spigelia, mag.phos., colocynt, gelsemium, etc.¹⁰

-‘Pocket manual of homoeopathic materia medica and repertory’ by William Boericke, MD mentioned medicines such as, alum., silicea, arg.nit., aur.met., aur.mur., bar.mur., naja, phos., picr.acid, plumb.iod., zinc.⁸

Miasmatic management-

Miasms are the fundamental cause of every disease, as in the case of CS. All joint pain of larger or small joints are psychotic, including conditions such as gout, OA, rheumatism, tophi or deposition in joints. Miasms dispose the body towards certain diathesis.⁹

According to H.A. Roberts, the main principle of healing is the law of similar, which also applies to easing symptoms of incurable cases. Using narcotics and sedatives hides the real condition of the body and stops natural processes of elimination. Palliative treatment with drugs leads to a cycle of needing more of such drugs to maintain the effect. It's better to find treatments that work with the body's natural processes and improve the quality of life. Pain is just one part of the problem that a doctor considers. They also need to know where the pain is, what type it is, and where it gets better or worse. When the doctor had a complete picture of the pain and all its related details, they can choose the right treatment that will relieve the pain

without relying on drugs, making the patient feel much better overall. There are ways to ease the suffering, whether the condition is treatable or not, if the doctors find the right set of symptoms, they can provide effective help. Even in seemingly untreatable cases, the right remedy might surprise us and bring the significant relief, possibly restoring the health of the patient completely. So, its essential not to limit the possibilities of finding the best treatment match.¹⁰

It is claimed that homoeopathic medicines are effective in treating cases of CS but the number of based studies is limited. This study is therefore undertaken to clarify the effects of homoeopathic medicines in providing symptomatic relief in CS patients from neck pain.

Neck Pain and Disability Scale:

- The most commonly utilized questionnaires for assessing neck disability are the Neck Pain and Disability Scale (NPAD).
- The NPAD is a comprehensive assessment tool comprising 20 items designed to measure both the severity of neck pain and its impact on daily functioning.
- The NPAD was initially developed in the USA by Wheeler and colleagues, but since then, it has been translated into various languages.
- The 20 items scale assesses issues related to neck movements, the intensity of neck pain, the impact of neck pain on emotions and cognitive functions, as well as the extent of disruption it causes to daily activities.
- The NPAD is a reliable tool used to assess the outcomes in patients with neck pain.

Patients use a 10 cm visual analogue scale (VAS) to respond to each item on the NPAD questionnaires. The scores for each item range from 0 to 5, and the total score is obtained by adding up all the item scores, with a possible range of 0 (indicating no pain) to 100 (indicating the highest level of pain). The NPAD score is considered reliable when no more than 15% of the items are missing. Completing the NPAD typically takes less than 5 minutes.²

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