

**PROCEEDINGS OF THE AYURVEDA
SEMINAR ON VISWACHI
(CERVICAL SPONDYLOSIS)**

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Management of Cervical spondylosis

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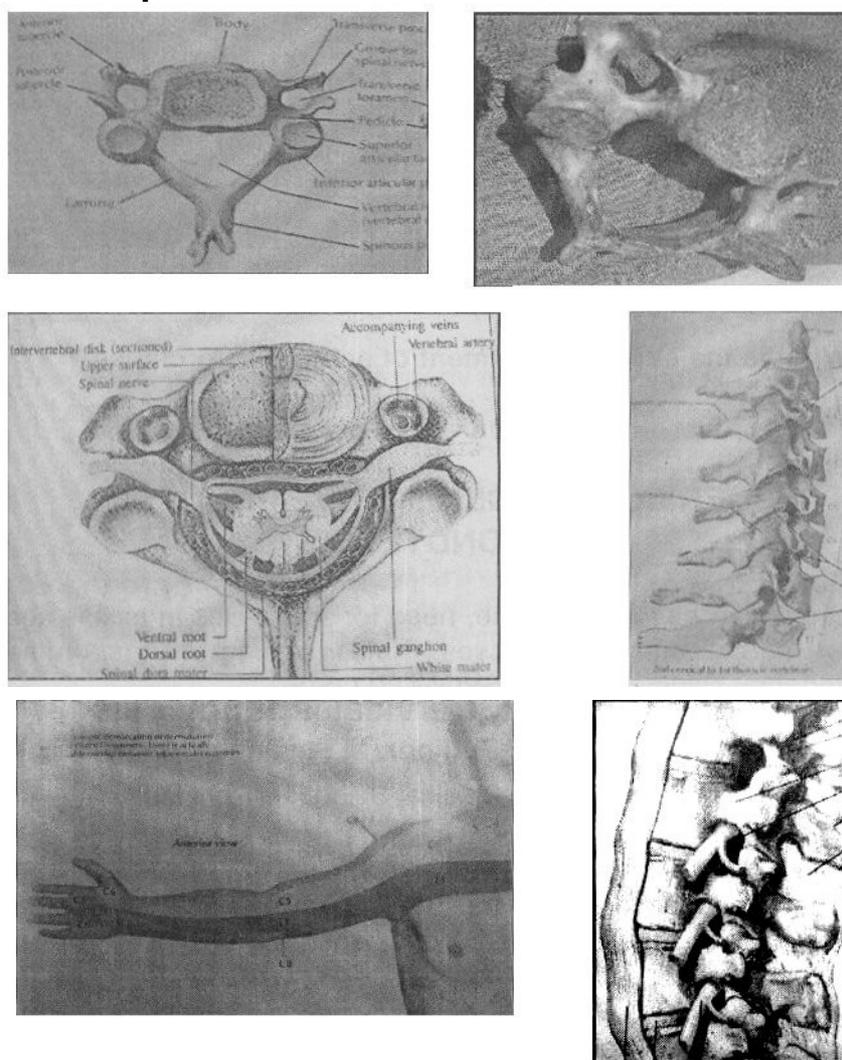
Patient with neck problem is confused at the different modalities of treatment offered to him. It is better we know each other so that we can help our patients better.

Like him, I too was confused which aspect of cervical spondylosis shall I discuss

Topic of description

- Anatomy of cervical spine
- Pathology of cervical spondylosis
- Surgery

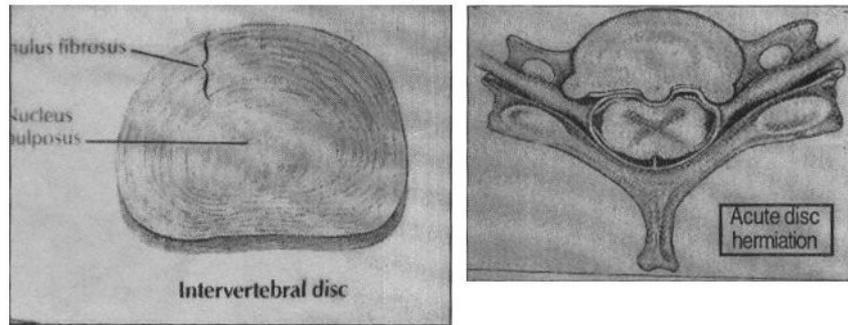
Anatomy of cervical spine



Following conditions are pertinent in this discussion:

- ACUTE-Cervical disc herniation & Facetal locking
- CHRONIC-Cervical spondylosis
- ACUTE on CHRONIC

Let us see what happens in disc prolapse.



What is the surgical treatment of acute disc prolapse?

Just remove the prolapsed portion of the disc.

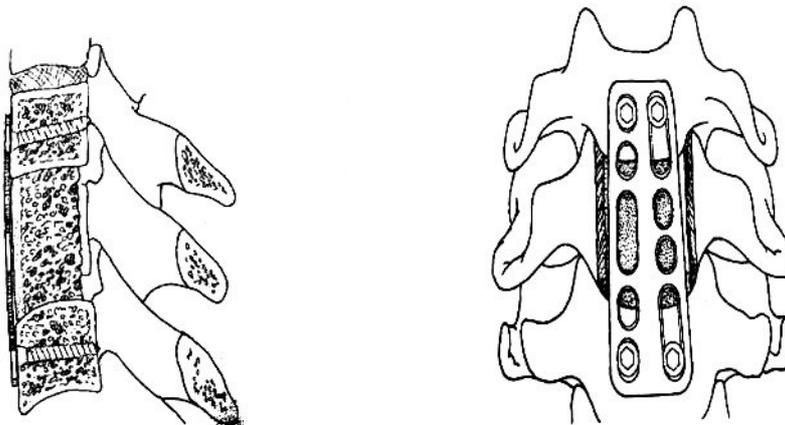
CERVICAL DEGENERATIVE PROCESS - SPONDYLOSIS

Graying of hair, menopause, need for spectacles in middle age are normal aging processes. Similar aging changes in the vertebral column is called SPONDYLOSIS. Cervical spondylosis is not a disease but a stage in human life. So don't try to treat cervical spondylosis. Treat patient if only he has symptoms. Aim is taking patient back to asymptomatic stage.

Surgical Rx of Cervical Spondylosis

- Remove disc and osteophytes
- Increase inter-vertebral distance by putting bone graft between vertebral body
- Laminectomy
- Laminoplasty

Increase inter-vertebral distance by putting graft between vertebral bodies

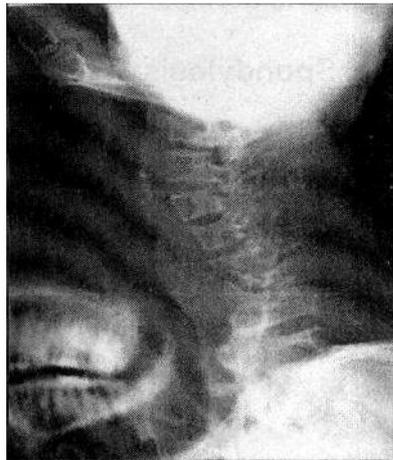


Are we treating spondylosis & disc prolapsed always by surgery? No, Whether you treat it or not, symptoms of spondylosis and disc will subside provided you are ready to suffer pain and discomfort for few days. Residual problems if at all there is, are not disabling.

Increase in the incidence of cervical spine surgery.

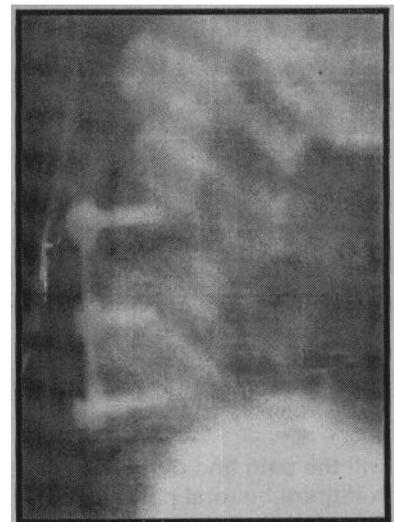
1. People want quick relief.
2. Apprehension,
 - Will the pain and disability be permanent?
 - Will there be total paralysis?
3. Availability of investigation, surgeons and institutions.

Case study



This is one of my case Kuttimalu. It is not spondylosis. He came with paralysis of all four limbs. X-ray on the left scan show tumor compressing spinal cord. I removed the tumor. Destroyed portion is replaced with bone cement fixed with same plate shown earlier. After surgery, he recovered from paralysis.

This is another case I did. Biopsy turned out as tuberculosis. After surgery, anti-TB drugs were given to him and he completely recovered. Seeing this, you may feel that I am doing such surgery for cervical spondylosis also.



In my opinion, surgery is over treatment in cervical disc and spondylosis.

When there is lot of options not only in allopathy like traction, physiotherapy, but also in ayurveda, why should you operate? This is my personal opinion.

Some ortho-surgeons and most of Neurosurgeons may not agree.

AYURVEDIC TREATMENT OF VISWACHI & DIFFERENTIAL DIAGNOSIS (CERVICAL SPONDYLOSIS)

Dr. Sr. Austin, BAM, MD, Research Officer & Consultant Physician, Amala Ayurvedic Hospital

VISWACHI

*"Thalam prathyanguleenam thu kantara bahu prushtathah
bahu cheshtapaharaneer viswachee nama saa smruthah"* (Ah)

"Bahvoah karmakshyakareer viswacheethi hi saa smruthah" (Su.Ni)

KHALWEE

"iswachee gridharaseer choktha khalwee theevra rujanwitha" (Ah)

"Khallee thu padajankhoru kateesoolavamodini" (Ch. Chi.26)

Viswachi is a disease which exhibits weakness or sensational disturbances, disturbances of the movements of the hand. When this disease presents with severe pain it is referred to as Khallwee.

According to Nyayachandrika vyakhaya of Susrutha samhita, this disease can occur in two types- One is with vata kapha predominance. In vata predominance pain will be more and numbness, weakness and loss of appetite will be present.

"Evamapi vatad vata kaphascha gridharasi samanyatha"

NIDANA (Aetiology)

The aetiology of vata kopa (like contact with cold exposure, intake of dry food, pungent food, night watching etc.), dathukshaya especially asthikshaya, fractures also can be the aetiology of viswachi.

SAPEKSHANIDANA (Differential diagnosis)

1. Manyasthambam:

"Divaswapna asamasthana vivruthordhwa nireekshanaih"

Manyasthambham prakuruthe sa eva sleshmanavruthah" (Su. Ni)

2. Apabahukam:

"Amsamoolasthitho vayu sirasamkochya thathragah"

Bahupraspandithaharam janayethyapavahukam" (Ah)

"Amsadesasthitho vayu soshayathi amsabandhanam"

Sirasamkuchya thathrastho janayeth apabahukam" (Su.Ni)

3. **Amshasosham:**

"Amsadesa sthiho vayu sashayed amsabandhanam"(Su Ni)

"Amsabandhana soshasyath bahusosha savedanah" (Kunjiraman vaidyar)

These diseases exhibit symptoms similar to viswachi but it shows some special symptoms. In case of manyasthambha, the particular aetiology is explained (Divaswapana) and it is associated with kapha predominance and pain will be located mainly on the manya (neck). Whereas in apabahuka, vata, situated in amsamoola and amsadesa gets vitiated and causes apabahuka. In bahusosha wasting is the cardinal symptom. The symptoms seen in viswachi can be correlated with symptoms of cervical spondylosis.

Spondylosis describes degenerative changes within vertebrae and intervertebral discs that occur during ageing, secondarily to trauma or rheumatoid disease. Several often related factors produce signs and symptoms indicating:

1. Osteophytes - local bony growth.
2. Congenital narrowing of spinal canal.
3. Intervertebral disc degeneration with posterior or lateral disc protrusion.
4. Ischaemic changes in the cord and nerve roots.

The pain in the disease depends upon the area of disc protrusion. The patient complains of pain in the arm. A C5-C6 protrusion is the most common site. There is root pain which radiates into C7 myotome (triceps, deep to scapular and extensor aspects of forearm) with sensory disturbance, tingling and numbness if C7 dermatome.

In C7 root lesion there is,

- Weakness/ wasting of triceps, wrist and finger extensors.
- Loss of triceps jerk.
- C7 dermatome sensory loss.

Although the initial pain is very severe most cases recover with rest and analgesics. Central cervical disc protrusion otherwise called **cervical myelopathy**, posterior protrusion common at C4-C5, C5-C6, C6-C7, causes spinal cord compression. Congenital spinal canal narrowing, osteophytic bars and ischaemia are contributory factors. The patients complain of difficulty in walking. No neck symptoms, spastic paraparesis or tetraparesis is found with variable sensory loss. Neck manipulation must be avoided and a collar fitted.

Unilateral and bilateral muscular neck pain followed by an injury, due to sleep in awkward position or prolonged keyboard working. Worry and stress may also cause muscular tension, leading to chronic neck pain, which is often burning in quality. Muscle spasm can lead to torticollis (acute).

Muscular pattern neck pain is not localized but affects trapezius muscle, C7 spinous process, paracevical musculature or all the three, called **shoulder girdle pain**.

TREATMENT

1. Analgesics.
2. Physiotherapy.
3. Change of work.

LINE OF TREATMENT OF VISWACHI

*“Viswachayam khanja pangwoscha dahe harshe cha padayo
Koshtuseershe vikare cha vikare vatadantaka siraam
Yathoktham nirvidhyam chikitsa vataroganuth”
(Chakradatha -va. vi. Chi)*

In viswachi, khanja, pangu, padadaha, and padaharsha, kroshtukasheersha, vatakantaka the cutting of vein (sira vedha)draining of the affected area is advised and vata vyadhi chikitsa is also recommended.

*Dasamooleebalamasha kwatham thailajyamisritham
saayam bhukthwa pibennasyam thailajyamisritham
(Bhava prakasha-vata vyadhi)*

In viswachi and apabahuka the kashaya prepared out of dasamoola, bala, and masha mixed with oil and ghee is taken after the night meal and after the intake of this medicine nasya also has to be done.

MASHADI THAILAM:

*“Masha sindhoobalarasna dasamoolaka hingubhihi
vacha sivajataghyabhih sidham thailam sanagaram
oordhwam bhakthashanadanyad bahusoshapabahukou
viswacheemudatham chapi pakshaghatham thadharthitham”
(Bha. Pra. Ma Va. Chi)*

Oil prepared out of masha, saindhava, bala, rasna, dasamoola, hingu, vacha and sivajata, mixed with sunti is taken after food is useful in bahusosha, apabahuka and severe type of viswachi and pakshaghata.

SUSRUTHA SAMHITA:

*“Grudrasee viswachee kroshtukaseersha
vatakantaka padadaha padaharsha
apabahuka badhirya dhamaneegathe
vatarogeshu yadhoktham yadhoddesham
cha siravyadham kuryath anyathra
apabahukath vata vyadhi chikitsitham chapekshethe”*

According to susrutha the diseases like grudrasee, viswachee, kroshtukasheersha, vatakantaka, padadaha, padaharsha, apabahuka, badhirya, dhamaneeghatha vata, venesection (cutting of the vein) is the main treatment and vatavyathi chikitsa also has to be done according to the condition.

Research regarding the venesection (siravedha) should be done and result should be recorded.

SIRAVEDHA:

*“Grudhrasyam janunoadhasthad urdham va chathurangule Grudhrasyamiva
viswachyam” (Ah)*

The venesection (siravedha) should be done 4 angula either above or below of the knee joint in grudrasee and viswachee.

In Astanga sangraha the same line of treatment is also explained.

SUMMARY

- Viswachi :- disease which exhibits weakness or sensational disturbances; difficulty in the movements of the hand.
- Two types- According to Nyayachandrika Vyaka of Susrutha Samhita
 1. Vata predominant (Pain will be more)
 2. Vatakapha predominant. (numbness, weakness and loss of appetite)
- Nidana : The aetiologies are vatakopa, dathukshaya, asthikshaya, fractures etc.

- **Cervical Spondylosis:** A degenerative change within vertebrae and inter-vertebral discs that occur during ageing, secondarily to trauma or rheumatic disease.

- Sapekshanidana

1. Manyasthambham

2. Apabhahukam

3. Amsashosham

- **CHIKITSA :** 1. SIRAVEDHA

2. ATA VYADHI CHIKITSA

3. MASHADI THAILAM

Ayurvedic management of viswachi & Clinical experience

(Cervical Spondylosis)

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Introduction

Neck has been beautifully engineered by nature to take all kinds of stress and strain- both with in the body and in the environment around it. Every house seems to have at least one spondylosis patient.

What is cervical spondylosis?

Degenerative changes in the cervical vertebra or disc with spur formation and subsequent impingement of neural doements in a narrow cervical canal.

What are the possible causes for the upsurge?

Related to

- Age.
- Occupation
- Life style.
- Stress and strain.

What is it in Ayurveda? VISHWACHI

“Viswam anchaty ity vishwach

Viswam =Universal / Everywhere / Life

Ani (root verb) =to bend, to curve, incline to honour.

Vishwachi =name of a apsaras !

Classical description of vishwachi

Thalam prathiangulinam ya kandara bahupristathatha |

Bahu chestaapaharaneevishwachi nama sa smritha ||

Thalam-hastathalam, prati-lakshni (kshayi) krithya, ya andara - sumahan Snayusaghataha, sa bahupristatho gata tadha marutaarditha-vetana peeditha sati, bahuchestam-bujavyaparam, apaharati (ithi) bahuchestapaharane.

A USEFUL MNEMONIC

Reduce **M**y **P**ain & **S**tiffness **P**lease, **D**octor

FORMULA FORMAT FOR TREATMENT

R-Rest

M-Medication

P-Physical therapy

S-Surgery

P-Patient education

D-Diet

REST

- Provides relaxation to muscles
- prevents further damage to injured parts
- Lying down reduces compression and pain in the neck
- Rest periods in bed should not be prolonged

Stiffness and atrophy
increased by lack of action

CONCOMMITANT THERAPIES DURING REST

- Lepanam (Application of medicaments)
- Veshtanam (cervical vantage)
- Ushmasvedam (moist heat)
- Samvahanam (gentle massage)

MEDICATION

- Snehanam
- Swedanam
- Sodhanam-Vamanam, Virechanam, Nasyam, Vasti, Raktamokshanam.

SAMANA CHIKITSA

Palliative measures employed in vata vyadhi-

"Bahyaabyantrathaha snehairasthimajagatham jayath |"

Measures specifically suggested for the treatment of Viswachi and associated conditions

*"Masha sindhoobalarasna dasamoolaka hingubhihi
vacha sivajataghyabhih sidham thailam sanagaram*

*oordhwam bhakthashanadanyad bahunoshapabahukou
viswacheemudatham chapi pakshaghatham thadharthitham ||*

(Bha. Pra. Ma. Va. Chi)

Modified forms of treatments of *Apabahukam*, *Manyasthambham*, *Arditam* and *Vatasonitam*

1. Senehapanam
2. Rasayana chikitsa

- Prophylactic treatment
- Supportive measure during active treatment
- Follow-up treatments to prevent possible complications: Muscle loss, instability of gait, Functional impairment of bladder / bowel.

A FEW STRIKING OBSERVATIONS

1. *Kulathalasanairandadi Kvatham* helps to reduce stiffness and spasm
2. *Dhanvantharam Kashayam* with *Mamsarasam* is beneficial for pain relief in chronic cases
3. *Pathyakshadhatryadi Kashayam* is a good pain reliever in acute phase.
4. *Varanadi Kashayam*, *Yogarajagulgulu*, *Valiya Narayana tailam* constitute an effective combination for management of cardinal symptoms of cervical spondylosis.
5. Better analgesic action of *Vedanaharaganam* is observed when administered in the form of Vasti
6. *Nirgundi* helps to relieve neuropathic pain.
7. *Yogarajachoomam*, *Navayasachoomam*, *Samkhabhasmam* in appropriate ratio is an effective combination for relieving neuropathy related symptoms.
8. *Agnikumararasam* pills in the dosage of 2 bid is an effective anti-inflammatory, analgesic preparation.

PHYSICAL THERAPY

- Moordhatailam – Abhyangam, Sekam, Pichu, Sirovasti
- Kayasekam
- Pindasvedam
- Physiotherapy (modern)

SIROVASTI

Average weight applied on head - 1.5Kg

Average temperature of oil - 42 degree C

Uklesam

Dharayeescha tam |

Avaktranasikotkleshanad ||(Ah,Su.22/30)

Mardanam

Maruta vachasi nirudhe sirasi gurum nasyaroghino bharam |

Bhramyeditastatastam sramaya samsinna sarvangham ||

(Chi.Man)

Pindasvedam

Action 1. Anti inflammatory, analgesic

2. muscle relaxant

3. nutrient

A few observations

Sigrupatra svedam

Gunjapatra svedam

Manjalkizhi

Navarakkizhi

SURGERY

- Severe pain, unresponsive to conservative measures
- Significant or progression of neurological deficits
- Long tract signs
- Vertebral artery syndrome

PATIENT EDUCATION

“Your doctor is the second most important person taking care of your health, you are the first”

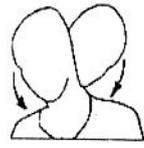
Harward Medical School - Health Letter

“The most elegant diagnosis is useless if the doctor cannot communicate its meaning to the patient or deal with the kinds of emotional response that interfere with the treatment of a disease.”

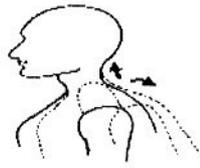
Rebecca A Jessee, MD

Instruct patients to report weakness, eye symptoms bladder / bowel incontinence immediately

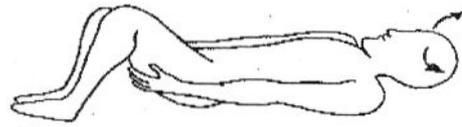
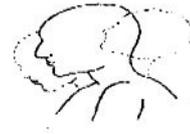
Exercise



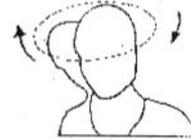
Head tilt



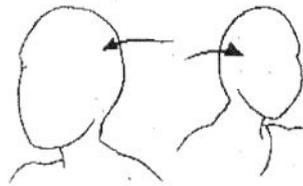
Any time any place exercise



Making neck muscles flexible



Head rotation



Neck muscle relaxation



Shoulder elevation

GENERAL INSTRUCTIONS

1. Do not look down to read (or any other work). Try and bring reading material to the eye level.
2. All neck movements can be performed with practice, by using trunk movements.
3. Use a thin pillow supporting the head and neck; pillow line up to the shoulders only.
4. While lying on sides, head should be in neutral position. Use one pillow and your hand to adjust the head, or in addition, one small pillow to adjust the head. Place one pillow in front to support the right arm if you are lying on left side. If you are lying on right side, place a pillow to support your left arm.

Vegadharanam

Serorthindriyadhowrbalyam manyastambaartitham kshuthehi |

Peenasa akshisirohridrudgmanyastamba aruchi bramaha |

Sagulma bhaspa thatastra swapnomadhyam priyaha kadhaha ||

(Ah.Su.4)

OVER MEDICATION / SELF MEDICATION DIET

If the doctors of today do not become dietitians, the dietitians of tomorrow will become doctors.

OBSERVED DATA

INCIDENTAL FINDINGS:-

- A close link between Hyperlipidaemia and Cervical Spondylosis
- 30% of the females have hypothyroidism

CO-EXISTING COMPLAINTS

- GI tract disturbance are reported in 25% cases
- Depression reported in 25% cases

COMPARATIVE THERAPEUTIC EFFICACY

- Pradesika Manzhali Kizhi provides good symptomatic relief for relatively long period
- Sirovasti appears to be more effective than other forms of Moordhatailas
- Nasyam has a significant role in the treatment of Viswachi

NASYAM- A Curative treatment

(Courtesy-Dr. N.V.K. Varier, Dr. Madhavikutty Varier)

Purificatory treatment of choice for arditam, apabahudam, manyastambham and viswachi.

"Mashabala sukasimbi Katrina rasna ashwagandorubhukanaam

*Kwotho **nasyanipeetho** ramatalavananivithaha kosnaha*

Apaharati pakshagatham manyastambam sa karnanatha rujam

Durjaya martithavatam saptaha jayati chavashayam

Dasamoolibala masha kwatham thailajaya misritham"

*"Sayam bukuwa **pibaeth nasyam** vishwachayam apabahukae*

Moolam balayastwatha paribadratathathmaguptha swarasam pibaethwa

*Nasyam tu yo mamsarasena **Kuryanmasadasow** vajara saman bahuu"*

(Chakradata,va.vi)

Mode of administration - Special indications & instructions:

"Kwachit nasya panam mapyuktham videhaenaiva-ksheena mamsam balam yasa vatartischordwa jatruja sudeeptagnihi snehasatmyaha sa nasyam hasyaya pibaeth dhatuscha tarpayad dehae peetham nasyam tu nastataha-iti"

(Su. Chi 40- Nibandasangraham)

SITE OF ACTION

"Nasa karnasrotho akshi gihwa tarpaneenam siranam samnipaataha sringataha Udakavahanam srothasam talu moolam kloma cha" (Ch.Vi.)

Dosage schedule for Nasyam

Prathama matra 16 drops
Madhyama matra 32 drops
Uttama matra 64 drops

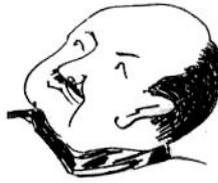
“Pradesheni parvadwaya nisrethaha bindwaha”

Concluding

If a new idea is put forward, explained and clinically proved in a scientific seminar the reaction of people will be as follows:



“It is probably not true”



“Yes! It may be true,
but it is not important”



“Yes! Surely it is important,
but it is no longer new.”

Now the idea of **pibaeth nasya** is a new one it has crossed the first two part, it has to be clinically verified so, please **give new idea a chance.**

Management of cervical spondylosis - Role of Physiotherapy

(Dr. Asha Elizabeth MBBS;DPMR;DNB, Consultant - Rehabilitation Medicine)

Cervical spondylosis

Diagnosis is made by radiological changes noted in routine examination of patients presenting with neck pain, neck movement limitation with or without referred pain to upper limbs.

Aims

1. Avoidance of precipitating factors
2. Treatment of pain
 - Radicular pain
 - Facet joint pain
3. Restoration of ROM
4. Cervicothoracic stabilization

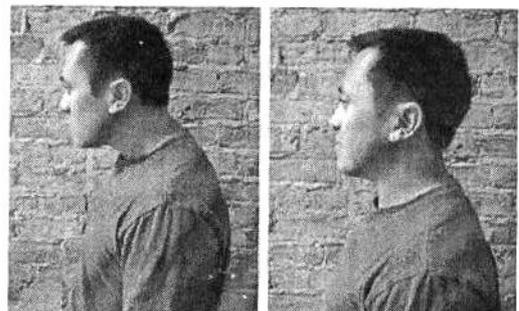
Precipitating factors

1. External mechanical trauma
2. Emotional tension
3. Postural changes
4. Activities aggravating the symptoms
5. Forward head posture
6. Abnormal postures related to occupation

Faulty posture

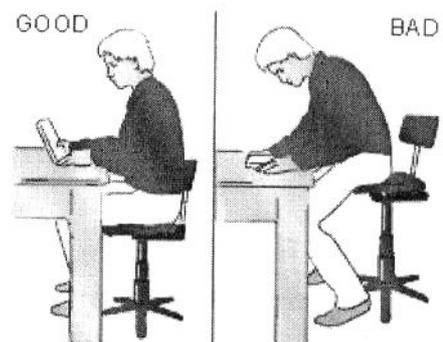
Forward head posture

- facet joint arthritis
- narrowing of intervertebral foramina



Faulty sitting posture

(Sitting at a desk of the right height with your chair correctly adjusted is important to avoid neck pain)



Treatment of pain

1. NSAIDs-pain relief - reduce inflammation
2. Therapeutic level should be maintained
3. Once a day dose
4. Aspirin - not recommended
5. Oral steroids- when a potent anti inflammatory effect is needed - short course
6. Muscle relaxants -only for intolerable pain
 - Major effect is sedation, they relax muscles by relaxing the patient
7. Tricyclic anti depressants - reduce pain, improve sleep

Physical therapy

Heat therapy

Mechanical therapy

Electrical therapy

Heat therapy

Superficial heat - IR, Hot packs, etc

- Pain relief
- Muscle relaxation
- Can be given in a/c & c/c stages

Deep heat

- Ultrasound therapy, short wave diathermy etc
- To be avoided during acute phase since deep heat could increase the inflammation of the swollen nerve

Mechanical therapy

Traction

Massage

Mobilization

Cervical traction

Distraction of the affected functional unit

Effective in radicular pain

Continuous traction

Low force

Long period of time (20 - 40 Hrs)

Hard to tolerate

Patient's position is important

Intermittent cervical traction

Greater force is applied

Short period of time

Pulley / motorized system

7-10 sec traction ; 5 sec rest ; repeated cycle

Total duration-15 to 25 minutes

Best relief in 20-30 degrees cervical flexion

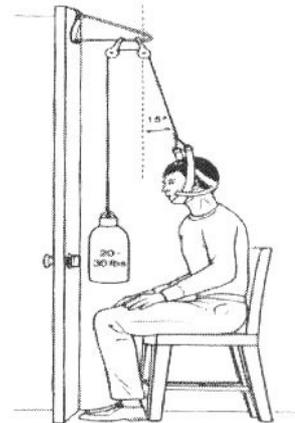
Can be given in supine/sitting position

Supine- neck is more controllable

- but difficult to maintain correct angle of pull.

Sitting - easier to maintain correct correct angle of pull.

- but neck is more uncontrollable



Contraindication to traction

Hyper mobile joints

Rheumatoid arthritis

Carotid / vertebral artery disease

Hypertension

Cardiovascular diseases

Severe osteoporosis

Unstable fractures, Osteomyelitis, discitis

No one have a trial of traction unless radiographs have been obtained to rule out instability, Infections etc

Discontinue traction

If there is - increased pain

- nausea, dizziness

- exacerbation of temporomandibular joint dysfunction

Soft collar

Only during acute stage

Wide part is kept posteriorly and thin part anteriorly-for radiculopathy

During driving and sleeping - long term use

Long term use

Limit neck ROM

Decrease neck muscle strength

Collar dependency

Mobilization

- To restore normal ROM

- To decrease pain

- No clear explanation- ? adjustments to facet joint -improves afferent signals from mechanoreceptors - improves muscle tone & decreases muscle guarding

- Extreme mobilization can cause myelopath

Muscle energy technique

- Relatively safe mobilization technique

- Patient voluntarily contracts the neck muscles against the resistance applied by the examiner

- The patient controls the degree of force applied to the area

Massage

Effects

mechanical

reflex

psychological

Provides

sedation

muscular relaxation

Electrical therapy

TENS - pain relief

- relax muscle

Cervico thoracic stabilization

A rehabilitation program to

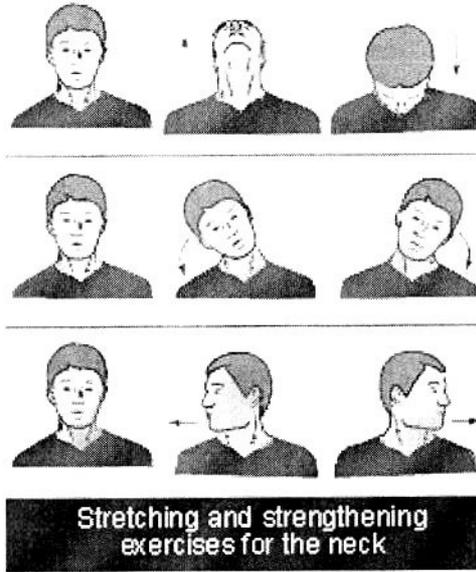
- limit pain
- maximize function
- prevent further injury

It includes

- cervical spine flexibility
- posture re education
- strengthening

It emphasizes patient responsibility through active participation

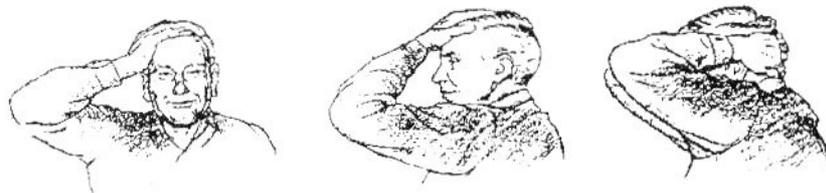
ROM exercises & stretching



Excessive range of motion exercises should be avoided

Any movements that causes radicular symptoms should be avoided

Isometric exercises



Postural training

Begins with the patient sitting or standing in front of a mirror with the therapist. Then he performs various transfer activities while maintaining a neutral spine position with feedback from the mirror and the therapist. The goal is to teach the patient to maintain a neutral spine position while performing daily activities.

Neck school

- Instructions - in the basics of neck anatomy
- proper exercises and its value
- proper posture
- emotional aspect

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Psychological Aspects of Cervical Spondylosis

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Clinical Features:

1. Arthritic Change of Cervical Vertebral Facets
2. Degeneration of discs
3. Osteophyte formation
4. Neurovascular compression
5. 3rd decade
6. Connective tissue disorder
7. Immunological
8. Psychological
9. Psychosomatic
10. Psychoneuro endocrino immunological
11. Persistent emotional changes
12. Physiological & structural changes
13. Emotional changes cause, maintenance or relapse of cervical spondylotical symptoms

Psychosomatics

1. Biological, Psychological and social determinants of health and disease.
2. Holistic approach
3. Consultation - Liaison Psychiatry
4. Mind body complex ceaselessly interacting with social and

Historical overview

Ganb, Tuke: Basis of health and disease in mind

Heinroth: Coined the term Psychosomatics

S. Trend: Psychodynamic theory

Alexander: Specificity

Selye: General adaptation

Wolff: Structural changes in the long run

Lines of evidence:

1. Repeated episodes following emotional stress
2. Personality types in certain diseases
3. Conditionability
4. Attitudes

5. Complex interaction between
 - acquired or innate biological susceptibility
 - exposure
 - to stress and
 - Psychological configuration

Pathogenesis: Morton Reiser

1. Predisposing factors: why some develop the disease
2. Precipitating factors: Specific conflict, loss and bereavement, stress and coping
3. Concurrent factors

Psychoneuro immunology

1. Immunomodulation through hormonal and neuronal means
2. Effect of chronic stress on HPS axis
3. Depression, Anxiety, Life events
4. Care givers of demented patients medical students taking examination; couples in marital disharmony bereaved spouses
5. Coping style, personality, emotional support
6. Limbic Midbrain circuit and ascending reticular activating system

Clinical implications

1. Timely intervention by psychological means
2. Doctor-patient relationship
3. How well the patient accepts the psychological component
How well the physician reconstructs the history psycho-dynamically

Medical treatment:

Antidepressants, anxiolytics, muscle relaxants

Psychosocial treatment:

1. Individual psychotherapy
2. Family therapy
3. Cognitive behavioral therapy
4. Relaxation
5. Biofeedback
6. Hypnosis
7. Improve quality of life, improve compliance, improve functions and reduce relapses.
