1. MANAGEMENT OF CERVICAL SPONDYLOSIS  
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   (Cervical spondylosis)  
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3. AYURVEDIC MANAGEMENT OF VISWACHI & CLINICAL EXPERIENCE  
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   Dr. K. Muralidharan  
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5. PSYCHOLOGICAL ASPECTS OF CERVICAL SPONDYLOSIS  
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Management of Cervical spondylosis
Dr. Dominic Puthoor, M. S. (Ortho), Amala Institute of Medical Sciences, Thrissur

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.

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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 cheshtapaharanee viswachee nama saa smruthah”(Ah)

“Bahvoah karmakshayakaree viswacheethi hi saa smruthah”(Su.Ni)

KHALWEE

“iswachee gridharasee 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 Susruta samhita, this disease can occur in two types- One is with vatakapha predominance. In vata predominance pain will be more and numbness, weakness and loss of appetite will be present.

“Evamapi vatad vatakaphascha gridharasi samanyatha”

NIDANA (Aetiology)

The aetiology of vatakopa (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)
   “Amsadesasthito vayu soshayathi amsabandhanam
   Sirasamkuchya thathrastho janayeth apabahukam” (Su.Ni)
3. **Amshasosham:**

“*Amsadesa sthiho vayu sashayed amsabandhanam*” (Su Ni)

“*Amsabandhana soshayath 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 apabhahuka, vata, situated in amsamoola and amsadesa gets vitiated and causes apabhahuka. In bhahusosha 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, C-6-C-7, 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.

\[
\text{Dasamooleebalamasha kwatham thailajyamisritham} \\
\text{saayam bhukthwa pibennasyam thailajyamisritham}
\]

(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 bhakashanadanyad 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 viswashche kroshtukaseersha
vatakantaka padadaha padaharsha
apabahuka badhirya dhameeegathe
vatarogeshu yadhokham yadhoddesham
cha siravyadham kuryath anyathra
apabahukath vata vyadhi chikitsitham chapecshethe”

According to susrutha the diseases like grudrasee, viswashche, kroshtukaseersha, vatakantaka, padadaha, padaharsha, apabahuka, badhirya, dhameeeghatha 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 viswashche.

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 intervertebral discs that occur during ageing, secondarily to trauma or rheumatic disease.

• **Sapekshanidana**
  1. Manyastambham
  2. Apabhahukam
  3. Amsashosham

• **CHIKITSA**: 1. SIRAVEDHA
  2. ATA VYADHI CHIKITSA
  3. MASHADI THAILAM

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**Ayurvedic management of viswachi & Clinical experience**

**(Cervical Spondylosis)**

**Dr. K. Muralidharan,** Dy. Chief Physician,
**Dr. Reena Ramesh,** Asst. Physician, Ayurveda Hospital and Research Centre, Kottakkal.

**Introduction**

Neck has been beautifully engineered by nature to take all kinds of stress and strain—both within 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 anchati iti 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) bahuchestapaharanee.
CLASSICAL DESCRIPTION OF VISWACHI
Visgwachi gridrasee chokta khallvee tivraru janvethae | (Ah. Va. Ni-sarvangasundari)

WHAT DOES AYURVEDA OFFER?
A video clipping of M.T. Vasudevan Nair (writer), was shown in which he said his association with Arya vaidya sala and Dr. P. K. Varier. He added that he had been suffering from the disease for eight years, and he was completely cured.

WHY AYURVEDA IS PREFERRED BY MANY CERVICAL SPONDYLOSIS PATIENTS?
“If the whole materia medica as now used could be sunk to the bottom of the sea it would be all the better for mankind and all the worse for the fishes.”
“The greatest single curse in medicine is the curse of unnecessary operations, and there would be fewer of them if the doctor gets the same salary whether he operates or not”.

(RICHARD CABOT M.D.)

Moderate long term symptomatic relief can only provided by the modern.

THERAPEUTIC APPROACH
“Treatment has to be based on individual consideration”.
“There is no general agreement on any standard treatment”

(Text book of Medicine-K. V. Krishnadas)

“It is important to know what sort of patient has disease, than what sort of disease a patient has.”

(Sir. William Osler)

OBJECTIVES OF TREATMENT
- Relieve pain and muscle spasm
- Reduces inflammation
- Protect the injured part to allow healing
- Rebuild muscle power
- Restore normal range of motion and function

Three important stages of Cervical Spondylosis
- Non-radicu lar syndrome Vishwachi
- Radiculopathy Khalvee
- Cervical Spondylotic Myelopathy
A USEFUL MNEMONIC
Reduce My Pain & Stiffness Please, Doctor

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

CONCOMITANT THERAPIES DURING REST
- Lepanam (Application of medicaments)
- Veshtanam (cervical vandage)
- Ushmasvedam (moist geat)
- Samvahanam (gentle massage)

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

SAMANA CHIKITSA
Palliative measures employed in vata vyadhi-
“Bahyaabynratrathaha snehairasthimajagatham jayath |”

Measures specifically suggested for the treatment of Viswachi and associated conditions
“Masha sindhoobalarasna dasamoolaka hingubhihi
vacha sivajataghyabhih sidham thailam sanagaram
Modified forms of treatments of \textit{Apabahukam}, \textit{Manyasthambham}, \textit{Arditam} and \textit{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.

\textbf{A FEW STRIKING OBSERVATIONS}

1. \textit{Kulathalasunairandadi Kvatham} helps to reduce stiffness and spasm
2. \textit{Dhanvantharam Kashayam} with \textit{Mamsarasam} is beneficial for pain relief in chronic cases
3. \textit{Pathyakshadhatryadi Kashayam} is a good pain reliever in acute phase.
5. Better analgesic action of \textit{Vedanaharaganam} is observed when administered in the form of Vasti
6. \textit{Nirgundi} helps to relieve neuropathic pain.
7. \textit{Yogarajachoornam}, \textit{Navayasachoornam}, \textit{Samkhabhasmam} in appropriate ratio is an effective combination for relieving neuropathy related symptoms.
8. \textit{Agnikumararasam} pills in the dosage of 2 bid is an effective anti-inflammatory, analgesic preparation.

\textbf{PHYSICAL THERAPY}

- \textit{Moordhatailam} – Abhyangam, Sekam, Pichu, Sirovasti
- \textit{Kayasekam}
- \textit{Pindasvedam}
- \textit{Physiotherapy} (modern)

\textbf{SIROVASTI}

Average weight applied on head - 1.5Kg
Average temperature of oil - 42 degree C
Ulklesam
  Dharayeescha tam |
Avaktranasikotkleshanad ||(Ah,Su.22/30)

Mardanam
Maruta vachasi nirudhe sirasi gurum nasyarogino bharam |
  Bhramyeditastastam 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” Hardward 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
Serorthindriyahowrbalyam manyastambaartitham kshuthehi |
Peenasa akshisirohridrugmanyastamba 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 Manzhal Kizhi provides good symptomatic relief for relatively long period
- Sirovasti appears to be more effective than other forms of Moordhatalas
- 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 koshnaha
Apaharati pakshagatham manyasthambam sa karanatha rujam
Durjaya martithavatam saptaha jayati chavashyam
Dasamoolibala masha kwatham thailajaya misritham"

“Sayam buktuwa pibaeth nasyam vishwachayam apabahukae
Moolam balayastwatha paribradratathmagupta swarasam pibaethwa
Nasyam tu yo mamsarasena Kuryanmasadasow vajara saman bahuhu”

(Chakradata,va.vi)

Mode of administration - Special indications & instructions:

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

(Su. Chi 40- Nibandhasangraham)

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 paravadwaya 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 temperomandibular 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 mechanoceptors - 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

Dr. Sailaja Ramkumar, Consultant Psychiatrist, West Fort Hospital, Thrissur

Clinical Features:
1. Arithritic Charger of Cervical Vertebral Facets
2. Degeneration of discs
3. Osteophyte fermation
4. Neurovascular compression
5. 3rd decard
6. Connective tissue disorder
7. Immunological
8. Psychological
9. Psychosomatic
10. Psychoneuro endocrimo immunological
11. Persistence emotional changes
12. Physiological & structural changes
13. Emotional changes cause, maintenance or relapse of cervical spondylotical symptoms

Psychosomotics
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. Hypnotherapy
7. Improve quality of life, improve compliance, improve functions and reduce relapses.

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