

# AN EVIDENCE BASED CASE STUDY ON CERVICAL SPONDYLOSIS

Prof. (Dr.) Niranjan Mohanty

Dr. Santosh Kumar Jena

Dr. Bishnu Priya Sasmal

International Study and Research center on Homoeopathy

[www.thehomoeopathy.com](http://www.thehomoeopathy.com)

## **Abstract**

Discussion has been made regarding cervical spondylosis. Along with that a model case study has been presented. Proper case taking has been done followed by analysis of the symptom, conceptual image, synthesis, evaluation/repertorial totality, nosological diagnosis, miasmatic diagnosis, reporterisation have been done where standardization in Homoeopathic prescribing is being reflected. The case is an evidence base case study as the x-ray cervical region showing osteoarthritic changes found at the onset of treatment and at the end of the treatment there is no osteoarthritic changes .

**Keywords:**-Cervical spondylosis, C.T. scan, MRI,X-ray, myelogram, analysis of symptoms, conceptual image, synthesis, repertorial totality, osteoarthritic changes.

## **INTRODUCTION**

Spondylosis is a degenerative condition characterized by degeneration of the intervertebral disc with the formation of bony ridges running across the anterior surface of the neural canal and the formation of osteophytes from the neurocentral joints of Luschka which project backwards into the inter vertebral foramen. The condition may be quite symptomless or may cause neurological symptoms.<sup>[1]</sup>

Cervical spondylosis is a general term for age-related wear and tear affecting the spinal disks in your neck. As the disks dehydrate and shrink, signs of osteoarthritis develop, including bony projections along the edges of bones (bone spurs).<sup>[2]</sup>

Cervical spondylosis is a disorder in which there is abnormal wear on the cartilage and bones of the neck (cervical vertebrae). It is a common cause of chronic neck pain.<sup>[3]</sup>

For most people cervical spondylosis causes no symptoms. When symptoms do occur, they typically include pain and stiffness in the neck.<sup>[4]</sup>

The common symptoms are:

- Neck stiffness that gets worse over time

- Tingling, numbness and weakness in the shoulders, arms, hands, legs or feet
- Headaches, especially in the back of the head

The pain may get worse:

- After standing or sitting, at night, when you sneeze, cough, or laugh, when you bend the neck backwards or walk more than a few yards.
- You may also have weakness in certain muscles. Sometimes, you may not notice it until your doctor examines you. In other cases, you will notice that you have a hard time lifting your arm, squeezing tightly with one of your hands, or other problems.<sup>[5]</sup>

## Tests and diagnosis

- Checking the range of motion in your neck
- Testing your reflexes and muscle strength to find out if there's pressure on your spinal nerves or spinal cord
- Watching you walk to see if spinal compression is affecting your gait

Imaging tests can provide detailed information to guide diagnosis and treatment, are as follows:

- **Neck X-ray.** An X-ray can show abnormalities, such as bone spurs, that indicate cervical spondylosis. Neck X-ray can also rule out rare and more serious causes for neck pain and stiffness, such as tumors, infections or fractures.
- **CT scan.** CT scan can provide more detailed imaging, particularly of bones.
- **MRI.** MRI can help pinpoint areas where nerves might be pinched.
- **Myelography.** A tracer dye is injected into the spinal canal to provide more detailed X-ray or CT imaging.

## Nerve function tests

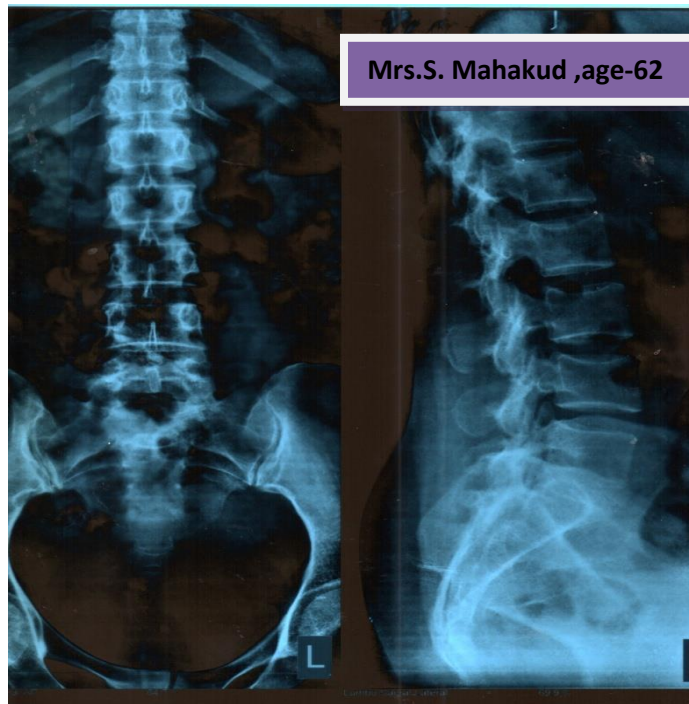
Your doctor might recommend tests to determine if nerve signals are traveling properly to your muscles. Nerve function tests include:

- **Electromyography (EMG).** This test measures the electrical activity in your nerves as they transmit messages to your muscles when the muscles are contracting and when they're at rest.
- **Nerve conduction study.** Electrodes are attached to your skin above the nerve to be studied. A small shock is passed through the nerve to measure the strength and speed of nerve signals.<sup>[6]</sup>

## CASE STUDY

A female patient of Mrs.X. Mahakud having age 62 years Hindu from Khurda district reported on 8<sup>th</sup> January 2011, was suffering from radiating pain in the cervical region extending down to upper right extremity associated with numbness since 7-8 years, the complain was aggravated while writing, on cold exposure and ameliorated by warm application. Apart from that she had lenteric stool, indigestion and flatulence. History of injury to neck, 4 yrs back. Patient had habit of tea & she was non-vegetarian. Father had minier's syndrome, Diabetes mellitus and Hypertension.

Hot patient, easily catches cold, desire for warm food, salt, sweet, sour, bitter, aversion to milk, sweat profuse whole body, thirst profuse with dry tongue, stool unsatisfactory. Mentally she was irritable, sympathetic, fear of dark, ghost, hurried tendency, compulsive disorder, religiousness, loquacity, company aversion. Physical examination- B.P.- 110/70 mm of Hg, weight-74 kgs, pulse-72/min, respiration-17/min, neck and sub- mandibular gland- NAD, abdomen- tympanic, chest-NAD. Lab. Findings-X-ray suggesting of spondylosis C4-C5 & C6-C7.



## X-RAY REPORT



**VIVEKANAND**  
HOSPITAL



**A unit of Vivekanand Medical Mission Limited**

Fire Station Square, Baramunda,  
Bhubaneswar-751 003

E-mail: vivekanandhospital.bbsr@gmail.com

Tel. : (0674) 2565357, 2561402, 2561403,

Fax : (0674) 2563891

DEPATMENT OF RADIOLOGY

**Regd no : VMOPD60100**

**Date: 09/01/2011**

**TIME: 10:30**

**NAME: Mrs Sandhya rani Mohakud**

**AGE:62 yrs**

**SEX: H/f**

**REF.BY:DR.NIRANJAN MOHANTY**

**P.TYPE:OUTDOOR**

**Bed NO: /**

### REPORT

COMPLAIN OF:

-Neckpain radiates to right upper limb with numbness

IMPRESSION:

Ccervical spondylosis if c4-c5 and c6-c7 .

Dr.Sima chauhan,MD(pathology)

Dr.T C De,MD(pathology)

(THIS REPORT IS NOT VALID FOR MEDICOLEGAL PURPOSE)

## 1-Analysis of symptoms

LOCATIONS	SENSATIONS/PATH	MODALITIES	CONCOMITANTS
1.Cervical region,neck	Radiating pain	<cold, <writing,>warm	Numbness ,extending to right upper extremity
2. stomach	Indigestion	X	X
3.rectum	lenteric stool	X	X
4. abdomen	flatulence	X	X

## 2-Conceptual image of the patient

1)Unexpected deviation:- Hot pt. desires for warm food

2)Causation:-H/o Injury to neck.

3) GENERAL:-

MENTAL	PHYSICAL GENERAL	PATHOLOGICAL GENERALS
<u>Sympathetic, Talkative compulsive disorder, Fear of dark, ghost,hurried tendency,irritable</u>	<u>Hot pt , easily catches cold</u> Desire: <u>Sweet, Salt, warm food</u> <u>sour, bitter</u> Aversion:- <u>milk</u> Appetite:- <u>Diminished/easy satiety</u> Thirst:- <u>profuse with dry tongue</u> Stool:- unsatisfactory Urine: N <b>Sweat:-N</b> Sleep:-N <b>Wound : Normal- healing</b>	Cervical spondylosis , lenteric stool,

**CHARACTERISTIC PARTICULARS:-** Radiating pain in the neck<cold/writing >by warm associated with numbness extending to right upper extremity

**PARTICULARS:-** Indigestion, lenteric stool with flatulence

**3- SYNTHESIS OF THE CASE:** Symptoms are excluded which are of less magnitude ,normal expressions & symptoms pertaining absolute surgical cases.

So the synthesis of the case is as follows:-

1)Unexpected deviation:-

Hot pt., desires for warm food

2)Causation:-XXX

3)Mental general:- Sympathetic, Talkative, compulsive disorder, Fear of dark, ghost, hurried tendency, irritable

**Physical general:** Hot pt , easily catches cold

Desire: Sweet, Salt, warm food sour, bitter

Aversion:-milk

Appetite:-Diminished/easy satiety, Thirst:- profuse with dry tongue

Stool:- unsatisfactory

**Pathological generals:** Cervical spondylosis

**Characteristic particular:-**

Radiating pain in the neck<cold/writing >by warm associated with numbness & trembling of hand extending to right upper extremity

**Particular:-** Indigestion with lienteric stool with flatulence,

**EVALUATION OF SYMPTOMS/TOTALITY OF SYMPTOMS<sup>[7]</sup>:**In this above cases mental generals are predominant .So we evaluate the case according to Kent's method of evaluation.

So the evaluation of symptoms are as follows:

1. compulsive disorder
2. Fear of ghost, dark
3. Sympathetic,
4. Hot pt, desire warm food,
5. Thirst profuse with dry tongue
6. Easily catches cold
7. Desire: sweet, salt ,warm food sour, bitter
8. Aversion:- milk
9. Appetite:-diminished/easy satiety
10. Stool:- unsatisfactory
11. Cervical spondylosis
12. Indigestion
13. lienteric stool
14. flatulence abdomen

## MIASMATIC DIAGNOSIS<sup>[8]</sup>

SL NO	SYMPTOMS	PSORA	SYPHILIS	SYCOSIS
1	Thirst: profuse with DRY TONGUE			
2	compulsive disorder			
3	Fear of thunderstorm			
4	Sympathetic			
5	Hot pt, easily catches cold			
6	Desire Salt,			
7	Desire warm food, sweet			
8	Aversion:-MILK			
9	irritable			
10	Desire SOUR			
11	Desire bitter			

12	<b>Appetite:-diminished/easy satiety</b>			
13	<b>Stool:- unsatisfactory</b>			
14	<b>Cervical spondylosis</b>			
15	<b>Fear of ghost, dark,</b>			
16	<b>Indigestion</b>			
17	<b>linteric stool</b>			
18	<b>flatulence abdomen</b>			

Hence it is a mixed miasmatic case with predominance of Psoric miasm

### NOSOLOGICAL DIAGNOSIS

- Neck pain radiates to rt. upper extremities with numbness
- X-ray findings : cervical spondylosis

Hence a case of cervical spondylosis

### REPERTORISATION<sup>[9]</sup>

### REPERTORIAL RESULTS

- 1) Lycopodium:35/16
- 2) Natrum murium:34/18
- 3) Sulphur:33/17
- 4) Phosphorus:33/16
- 5) Arsenicum Alb:32/17

## **PRESCRIPTION**

**Dt:09.01.2011**

**Rx**

**Lycopodium 0/1,0/2,0/3,0/4  
(2 oz 16 dose bd)**

### **Basis of prescription-**

- 1-Hot patient, desire warm food.
- 2-easily catches cold
- 3-Desire-sweet,sour
- 4-Easy satiety
- 5-Indigestion
- 6-flatulence abdomen
- 7-Pain in cervical region

- 8- Pain in cervical region
- 9- Lienteric stool
- 10- Desire-warm food
- 11- Fear of ghost, dark.
- 12- sympathetic
- 13- thirsty with dry tongue
- 14- Appetite diminished

**Dt:18.11.2011**

Patient returned before time ,as there was no relief of pain. Hence an acute remedy was chosen i.e.

**Rx**

**Kalmia lat. -30/1 dram (6 hourly)**

(so long. there is pain neck and radiate to rt. upper limb with numbness.)

Basis of prescription was

- 1-Pain in neck extending to downward
- 2-Pain extending to right upper arm
- 3-Pain with numbness

**Dt.10.02.2011**

- 1-Neck pain (reduced 75%)
- 2-Radiated to upper ext. (rt) (reduced 60%)
- 3-Numbness (reduced 30%)

- 4-flatulance-(unchanged)
- 5-Lienteric stool (unchanged)
- 6-indigestion(unchanged)

**Rx**

**Kalmia lat. 30/2 dram (6 hourly)**

**Dt.28.02.2011**

- 1-Neck pain (standstill)
- 2-Radiated to upper ext. (rt) (standstill)
- 3-Numbness (standstill)

- 4-flatulance-(unchanged)
- 5-Lienteric stool (unchanged)
- 6-indigestion(unchanged)

**Rx**

**Kalmia lat 200/2 dram (6 hourly)**

**Dt.31.03.2011**

1-Neck pain (slightly less)  
2-Radiation is slightly less  
3-Numbness (slightly less)

4-flatulence-(unchanged)  
5-Lienteric stool (unchanged)  
6-indigestion(unchanged)

Rx

Lyco- 0/5,0/6,0/7,0/8  
(2oz 16d BD)

Kalmia lat. 200/2 dram (6 hourly)

Dt.10.04.2011

1-No neck pain  
2-No radiation  
3-Numbness (present 25%)

4-flatulence-(reduced by 50%)  
5-Indigestion (reduced by 50%)  
6-Lientric stool(unchanged)

Rx

Lyco-0/9,0/10,0/11,0/12  
(2oz 16d BD)

Dt.20.05.2011

1-No neck pain  
2-No radiation  
3-Numbness is slightly less

4-flatulence-(reduced by 50%)  
5-Lienteric stool (reduced by 60%)  
6-Indigestion(reduced by 70%)

Rx

Lyco-0/13,0/14,0/15,0/16  
(2oz 16d BD)

Dt.30.06.2011

1-No neck pain  
2-No radiation  
3-No numbness

4-flatulence-(reduced by 75%)  
5-Lienteric stool (reappeared to original state)  
6-Indigestion(standstill)

Rx

Sulph-200

(1oz 4d 6 hourly)

Lyco-0/17,0/18,0/19,0/20 (2oz 16d BD)

Dt.07.07.2011

1-No neck pain  
2-No radiation  
3-No numbness  
4-flatulence-(reduced by 90%)

5-Lienteric stool & early morning stool no more  
6- Indigestion is continuing  
7-sleeplessness

Rx

Nux vom 0/1,0/2,0/3,0/4 (2oz 16d BD)

Dt.15.08.2011

- 5-Lienteric stool reduced by 80%  
6- Indigestion reduced by 80%  
7-sleeplessness is continuing

**Nux vomica 0/5,0/6,0/7,0/8 (2oz 16d BD)**

5-No lienteric stool  
6- No indigestion  
7-sleeplessness is continuing

- 5-No lienteric stool  
6- No indigestion  
7-sleeplessness is continuing

**Nux vomica 0/9,0/10,0/11,0/12 (2oz 16d BD)**

1-Neck pain again felt<night  
2-Hair fall new symptom  
3-Loss of memory  
4-Constipation  
Hence case was reviewed & repertorised again.  
Totality was rebuilt with following symptoms:

- 6-Cervical pain<night  
7-Hair fall  
8-Memory loss of  
9-Constipation without urge.

Hence case was reviewed & repertorised again.  
Totality was rebuilt with following symptoms:

- 6-Cervical pain<night  
7-Hair fall  
8-Memory loss of  
9-Constipation without urge.

Hamnath Classic - Repertorisation

Patient Repertory Search Extract MatMed Edit View Utilities Homnath Family Window Help

**Repertorisation** Of Mrs. sanethya rani mobakud Reg. No.: 27 Visit Date: 30/10/2011

Repertorisations: Normal

Remedy Name  
Totality  
Symptom Covered

	Puls	Sep	Lycop	Puls	Calc	Hepar	Sulph	Carbo-v	Sil	Nit-ac	Coccus	Ars	Calc-p	Lach
[C] Mind/Fear Ghosts, of	20	17	17	16	16	16	16	16	16	16	16	16	16	16
[C] Mind/Fear Dark	8	8	7	8	8	8	8	8	8	8	8	8	8	8
[C] Mind/Sympathetic, compassionate	2	1	2	2	1	1	2	2			2	2		2
[C] Generalities/Cold Tendency to take, taking cold exp.	2	1	2	2	2	1	2	1			1	1	1	1
[C] Generalities/Food and drinks/Aversion	2	3	2	3	3	2	2	3	3	1	2	3	1	1
[C] Back/Pain General/Cervical region/Night	2	2		2	2	1	2	2	1		1	+1		1
[C] Head/Hair Affections of Falling out, alopecia							1		1		1			1
[C] Mind/Memory Weakness, loss of	3	3	3	1	2	3	3	3	3	1	2	2	3	3
[C] Rectum/Constipation	3	3	3	2	3	3	3	2	3	3	3	3	2	3

Symptoms 9 Remedies 532

## **REPERTORIAL RESULTS**

- 1)Phosphorus -20/8
- 2)Sepia -17/8
- 3)Lyco-17/7
- 4)Puls. -16/9
- 5)Calc -16/8

Rx

Syphilinum 1M (1oz 4d 6 hourly)  
Phos-0/1,0/2,0/3,0/4 (2oz 16d BD)

### **Dt.9.12.11**

- 1-No neck pain
- 2-Hair fall reduced 50%
- 3-loss of memory(unchanged)
- 4-Constipation without urge(unchanged)
- 5-Thirst(++)+with dry tongue

Rx

Bry alb 1M (1oz 4d 6 hourly)  
Phos -0/5,0/6,0/7,0/8 (2oz 16d BD)

### **Dt.15.1.12**

- 1-No neck pain
- 2-Hair fall 75% reduced
- 3-Loss of memory 20% reduced
- 4-Constipation improved 50%

Rx

Phos-0/9,/10,0/11,0/12 (2oz 16d BD)

### **Dt.19.2.12**

- 1-No neck pain
- 2-Hair fall
- 3-Loss of memory improved
- 4-Stool-slightly constipated
- 5-Rash all over body with itching<cold(old Symptom)

Rx

Phos-0/13,0/14,0/15,0/16 (2oz 16d BD)

### **Dt.17.8.12**

All symptoms were relieved.  
Pt was discontinued ,after six months.  
Patient came with another complain i.e.,  
Abdominal pain, loose stool after taking food in a party.  
On enquiry it was found she was having  
Thirst less ness with dry tongue  
Intolerable to fat  
Likes open air

**Rx**

**Puls-200/1 dram (6 hourly)**

**She was advised to take a X-ray cervical region to understand the spondylosis status  
X-ray revealed there is no cervical spondylosis**

**After treatment**

**x-ray of cervical region**



Mrs s. mohakud,age -62



**VIVEKANAND**  
HOSPITAL



**A unit of Vivekanand Medical Mission Limited**

Fire Station Square, Baramunda,  
Bhubaneswar-751 003

E-mail: vivekanandhospital.bbsr@gmail.com

Tel. : (0674) 2565357, 2561402, 2561403,

Fax : (0674) 2563891

## DEPARTMENT OF RADIOLOGY

Regd no : VMOPD60190

Date: 17/08/2012

TIME: 10:30

NAME: Mrs sandhya rani mohakud

AGE:62

SEX: H/f

REF.BY:DR.NIRANJAN MOHANTY

P.TYPE:OUTDOOR

Bed NO: /

## REPORT

### HISTORY OF NECK PAIN :

-RADIOLOGIAL FINDING OF Dt. 09/01/2011 NOW IT IS TO REVIEW THE STATUS .

### IMPRESSION:

-Normal study

Dr.Sima chauhan,MD(pathology)

Dr.T C De,MD(pathology)

(THIS REPORT IS NOT VALID FOR MEDICOLEGAL PURPOSE)

## **Conclusion-**

Above study teaches us that the study of practice of medicine and pathology is imperative to understand the interior of the human system, standardization in Homoeopathic prescribing is possible by proceeding in a systemic way from case taking to building of totality and repertorisation. Homoeopathic medicine brings back the reversed pathology to normal state i.e. early osteoarthritic changes to normal one which gives a blow the remarks of our critic expressed in Hufeland journal, that "Homoeopathic medicine do remove symptoms but the disease remain unchanged".

When chronic constitutional medicine doesn't act to mitigate acute symptoms, then basing on acute totality, an acute drug can reduce the acute symptoms along with constitutional remedy<sup>[10]</sup>.

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