



**International Journal of Biology, Pharmacy  
and Allied Sciences (IJBPAS)**

*'A Bridge Between Laboratory and Reader'*

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**OPTIMISING THE INTERVENTION OF INDIVIDUALIZED HOMOEOPATHIC  
MANAGEMENT IN CERVICAL SPONDYLOSIS**

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Received 15<sup>th</sup> Nov. 2023; Revised 19<sup>th</sup> Dec. 2023; Accepted 8<sup>th</sup> June 2024; Available online 1<sup>st</sup> April 2025

<https://doi.org/10.31032/IJBPAS/2025/14.4.8874>

**ABSTRACT**

Osteoarthritis of cervical spine is referred to as cervical spondylosis. It is age related wear and tear affecting the joints of neck. “Spondylo” is a greek term meaning vertebra and “spondylosis” generally means changes in the vertebral joints. A higher incidence of cervical spondylosis can be found that require heavy lifting or repetitive neck movements. It is a condition mostly affected in middle aged and old patients. Due to poor eating habits, occupation hazards, inadequate body posture and other factors that contribute to early bone degeneration, it is more-widespread in younger populations these days. It is a condition linked to the degeneration of the intervertebral disc, as well as the protrusion and bony overgrowth of adjacent vertebral bodies, it leads to narrowing of intervertebral foramina and vertebral canal. Homoeopathy is the holistic system of medicine based on attributes of “Individualization”.

Individualization is based on physical make-up of the patient as well as mental and intellectual characteristics. The management of cervical spondylosis is very much effective with homoeopathic system of medicine. In Homoeopathy, the patient is treated by taking into consideration – the physical constitution, his mental make-up, his desires and aversions, his relation to environment, past history and family history of any chronic disease.

**Keywords: Cervical spondylosis, Homoeopathy, Individualization, Cervical degeneration, Neck pain, Neck disability index scale**

## INTRODUCTION

Cervical spondylosis is degenerative alterations in the vertebra and intervertebral discs that arise during ageing or secondarily result of trauma or rheumatoid disease [1]. The most commonly impacted roots are C5,C6,C7. [2]

It is a degenerative changes of the cervical spine found in persons over 50 years of age. It develops early in persons pursuing ‘white collar jobs’ or the those who are prone to neck strain due to keeping the neck constantly in one position while reading, writing etc. [3]

Evidence of cervical spondylosis alterations can be found on radiographic imaging remain asymptomatic, with 25% of individuals under the age of 40, 50% of individuals over the age of 40, and 85% of individuals over the age of 60 showing some evidence of degenerative changes [4].

According to WHO Classification of ICD-11, cervical spondylosis is listed under code, ME84.0.

ME84.0 : Cervical spondylosis

FA8Z : Degenerative condition of spine -unspecified

FA80 : Cervical disc degeneration

FA81 : Spondylosis

8B93.8 : Radiculopathy due to spondylosis

FA8Y : Other specified degenerative condition of spine

MG30.02: Chronic Primary Musculoskeletal Pain

MG30.3 : Chronic Secondary Musculoskeletal Pain [5]

Cervical spondylosis may develop as a result of repetitive occupational damage and patients who lift heavy weights overhead [6]. About 10% of the impacted patients develop chronic neck pain [7].

According to The Global Burden of Disease 2015 Study report suggest that low back and neck pain as the leading cause of years lived with disability (YLD) and fourth leading cause of disability adjusted life years. (DALYs) [8]

According to aphorism.111 of Organon of medicine, ‘Medicinal substances act in the morbid changes they produce in the healthy human body according to fixed, eternal laws of nature, and by virtue of these are enabled to produce certain, reliable disease

symptoms each according to its own peculiar character [9].

Individualization is an art which requires patience, tact, training, intelligence, knowledge and experience.

The process of individualization can be done by following features:

- Proper case taking & correct interpretation & anamnesis of the symptoms.
- Analysis and Evaluation of individualizing features [10]

#### **RISK FACTORS:**

**Age:** 50% of the population has cervical spondylosis by the time they are 50 years old, women and middle age individuals are more likely to have cervical spondylosis.

**Trauma:** Recurrent prior neck injuries are responsible to increase the risk of cervical spondylosis.

**Work activity:** Certain occupations that involves repetitive neck motions, working awkward position for long hours or excessive overhead work put extra stress on cervical region.

**Family history:** Individuals with family history of cervical spondylosis are more prone to have it [11].

#### **PATHOLOGY:**

- The pathology first manifest in the intervertebral discs. Degeneration of disc leads to narrowing of disc

space and peripheral osteophyte formation.

- Secondary involvements of the posterior intervertebral joints are responsible to generate pain in the neck.
- Radicular pain in the upper limb is caused by osteophytes impinging on the nerve roots.
- In rare instances, the osteophytes may exert pressure on the spinal cord, resulting in symptoms of cord compression [3]

#### **CLINICAL FEATURES:**

The symptoms are associated with vascular insufficiency, root compression, cord compression, combined root & cord compression and to spine itself.

**Spinal symptoms:** The degenerative changes of disc and spine are most likely the source of neck pain, medial scapular pain and shoulder pain

**Root compression (Radiculopathy):** The range of movement is limited particularly during rotation and lateral movement of the head. The most often impacted roots are C6, C7 and C5, C6 in that order.

The clinical manifestation are motor weakness and wasting of small muscles or proximal muscles of the hand depending on the roots compressed.

**Symptoms of cord compression due to cervical myelopathy:** Main initial

symptoms are dysaesthesiae in the hands, weakness and clumsiness of the hands and spastic weakness of the lower limbs.

**Headache:** characteristically occipital and other described as spreading up over the back of the head to the frontal region. Usually worse in morning.

**Vascular Insufficiency:** Vertebro-basillar insufficiency, this occurs due to permanent narrowing of the vertebral artery and develop intermittent or perpetual vertigo.

The other symptoms like tinnitus, blurred vision and rarely nystagmus, later bowel and bladder involvement is added to sensory impairment with a level is seen [12].

#### PHYSICAL SIGNS:

- **SPURLING TEST:** This test consists clinical evidence of both the facet syndrome and nerve root compression.
- **LHERMITTE'S SIGN:** This sign exhibit tingling in all four limbs or electric shock-like feeling down the back on flexing the neck.
- **HOFFMAN'S SIGN:** Hold the patient's third digit at the proximal interphalangeal joint and flick the third distal phalanx. If the interphalangeal joint of the index finger of the same hand flexes, the patient exhibit a positive Hoffman's sign.
- **SHOULDER ABDUCTION RELIEF SIGN:** Shoulder abduction relieves pain in

cervical spondylosis [13].

#### DIFFERENTIAL DIAGNOSIS:

In the differential diagnosis of cervical Spondylosis, the following conditions should be taken into account i.e. pancoast tumour, spinal cord tumours, carpal tunnel syndrome, tuberculosis of the spine, and other causes of neck pain such as infection, tumours, cervical disc prolapse. (The diagnosis may be made more difficult if there are development of lower motor neuron symptoms in the lower limb as a result of related lumber spondylosis) [3].

#### INVESTIGATIONS:

##### X-RAYS OF THE CERVICAL SPINE REGION (AP & LATERAL VIEW):

There are following radiological features may be exist:

- Impairment of natural cervical lordosis.
- Narrowing of intervertebral disc spaces (mostly present between C5-C6)
- Osteophyte develops at the vertebral margins, anteriorly and posteriorly.
- Narrowing of the intervertebral foramen presenting with radicular symptoms may be seen on oblique views [3].

**Contrast Myelogram:** For examination of compressive myelopathy.

**Magnetic Resonance Imaging Scan of the neck:** It may also exhibit areas of high signal

within the spinal cord at the level of compression.

#### **EMG and Nerve conduction velocity test:**

It is done to assess nerve root function [12].

#### **HOMOEOPATHIC MANAGEMENT:**

In order to treat cervical spondylosis with homoeopathy, we have to individualize the patient by proper case taking which constitutes whole picture of disease person. Individualization is one of the fundamental principles of Homoeopathy [13].

The term ‘individualization’ is derived from a latin word called ‘individuals’ which means ‘not divisible’. Individualization is a process of differentiation by which one is distinguished from other of the same class or group, based on its peculiar, characteristic and distinguishing features [9].

According to aphorism:153, “To cure a natural disease the more striking, singular, uncommon and peculiar (characteristic) sign and symptoms of the case of the disease are chiefly and most solely to be kept in view.” [9]

The interpretation of a striking, singular, uncommon and peculiar feature is left in the judgments of a physician and was completely done by Dr.Bonninghausen to whom Dr. Hahnemann also refers in footnote 109 to the sec.153 in Organon of medicine.

According to Dr.Bonninghausen, There are following seven consideration:

1. Personality and temperament changes of an individual.
2. Disease individualization is essential for treatment purpose and disease determination is necessary for diagnostic point of view.
3. The seat of disease provides an individualizing factor.
4. Concomitant symptoms
5. The homoeopathic physician would first eliminate maintaining cause where it exists, and the association of those factors with the dynamic changes that follow in the organism are to be noted as they often provides striking features in the individualization of a case.
6. The “Modalities” are the proper and decisive modifiers of the characteristics of the symptoms, it helps in individualization of the patient
7. The Time factor [14]

#### **ASSESSMENT SCALE FOR CERVICAL SPONDYLOSIS:**

##### **• NECK DISABILITY INDEX SCALE (NDI SCALE)**

This scale has been designed to give us information as to how your neck pain has affected your ability to manage in everyday life.

To use the scale for patient decisions, a clinically important change was calculated as a 5 points:

- 0-4 points (0-8%) : No disability
- 5-14 points ( 10-28%) : Mild disability
- 15-24 points(30-48%) : Moderate disability
- 25-34 points(50-64%) : Severe disability
- 35-50 points(70-100%) : Complete disability [15]

## CONCLUSION

Cervical spondylosis is a common disease that affects a large proportion of population. It is a degenerative disease mostly occurs due to ageing process, but progress of disease may be slowed with good posture and avoid unreasonable axial loading and maintain balanced body posture.

## ACKNOWLEDGEMENT:

The completion of this article about cervical spondylosis and its clinical features was made possible through the collaborative efforts of various individuals and resources. We wish to express our gratitude to those who have contributed to this comprehensive compilation.

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