



## CERVICAL SPONDYLOSIS: A Rising Trend Worldwide

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**KEYWORDS :**

**INTRODUCTION:** worldwide rise in Cervical Spondylosis rate during the last few decades has been the cause of concern. Neck pain, weakness, numbness of arms, shoulder, hands and fingers, headache, giddiness, palpitation or limited ability to move neck can be commonly presented in OPDs and needs an in-depth study.

It is a degenerative disease in which there is abnormal wear on cartilages and bones of cervical vertebrae. It is a common cause of chronic neck pain. The fourth to seventh cervical vertebrae (C<sub>4-7</sub>), are most commonly affected by this degenerative changes in middle aged people, the bones in the neck begins to degenerate with ageing. Disc degenerates (collapse of the disc space) and bone spurs lead to cervical spondylosis. The disc space become narrow and gradually compresses the nerves emanating from cervical foramina, seen in patient with Cervical Spondylosis.

**Incidence and prevalence:** Now there is rising trend worldwide. About 10 million persons per year affected in India alone. The incidence of neck pain in adults is 25-50% per year (01). Prevalence of Cervical Spondylosis is similar in both sexes although degree of severities greater in males (02). It is most common spine dysfunction in elderly people (06). It has been estimated that 75% of persons over the age of 50 years have narrowing of spinal canal or intervertebral foramina and 50% of these cases have symptomatic Spondylytic changes in cervical spine occur at solitary disc space level in 15-40% of patients and multiple level in 60-85% of patients. C<sub>4-7</sub> most commonly affected. 10% patient having congenital bony deformity. Rising trend in young age group using laptop, smartphone, sedentary habit, poor body posture popularly known as text posture.

**Why this upward trend?** A consulting spine surgeon at Wokhard hospital what he says "that now I am getting at least 2 cases of Cervical Spondylosis per day in young as compared to few years back where there was one case per month. The reason for this dramatic increase in Cervical Spondylosis trend is probably due to change in food style and lifestyle more towards junk food, poor body posture, sedentary habit to some extent and more importantly recent rise in use of demineralised and packaged water. Use of more soft drinks containing phosphoric acid which bind calcium and magnesium ions in digestive tract to prevent normal GI absorption of these important ions. Regular consumption may be associated with lower bone mineral density.

Coffee, Tea also decreases the bone mineral density. Fat, spices, fried, sour curd having high calorific value and results in obesity & its sequel. Recent rise in use of demineralised & packaged water which having low levels of important ions compared to natural sources water, compelling for decreased bone mineral density, iron deficiency & other mineral deficiency related diseases.

Stiffness in muscles of cervical region for prolonged period causes a kinking of cervical spine. Bad sitting position and working for long hours jobs that involves repetitive neck movement. Watching television and driving for prolonged period or lying on bed with several pillows, propping up the neck into an unnatural position can affect the alignment of cervical column causing a forward inclination.

**Diagnosis** of cervical Spondylosis by presentation of patient depends upon stages of pathological process and the sites of neural compression. Neck pain, weakness, giddiness, palpitation, numbness or abnormal sensation of the arms, shoulder, headache or limited ability to move the neck. Study (04) cervical radiculopathy-pain in cervical region, upper limb, shoulder or inter scapular region may be

the presentation of it. Pain may be atypical – chest pain or pain in breast (05). Chronic suboccipital pain, pain radiates to the base of neck or vertex of skull. Diagnosis is confirmed by X-Ray, CT, MRI, EMG.CT and MRI for an accurate diagnosis.

**Discussion:** cervical Spondylosis is a degenerative disease of old age presents with neck pain, weakness and numbness or abnormal sensation of arm. Frequently associated with degenerative changes in facet joint, hypertrophy of ligamentum flavum and ossification of posterior longitudinal ligaments occurs. All can contribute to impingement on pain sensitive structure (e.g.: nerves spinal cord) thus creating various clinical syndrome. Spondylytic changes are often obscured in the ageing population. However only a small percentage of patient with radiographic evidence of Cervical Spondylosis are symptomatic. Because of rapid advancement in medical tools & technology during last few decades, Cervical Spondylosis can now be detected much earlier, this is good advancement because the condition that are detected early can be managed and handled early with care, cure & ease. The likelihood of severe disability or sustained neck, shoulder, arm pain, secondary to Cervical Spondylosis as in most cases of it usually responds to conservative treatment and rest of cervical spine by any form. To accompany this it may be necessary to consider the general posture, the kind of pillow used, and type of occupation that affects the condition of neck.

NSAID such as aspirin, acetaminophene, and ibuprofen is recommended to decrease swelling and relieve pain. Patient who has severe episodes of Cervical Spondylosis may be benefited from single treatment of a steroid epidural injected directly into the affected part of the nerve, other non-operative measures may include cold/heat to relieve acute pain, massaging of the neck is also helpful and avoiding stress condition and traction are also helpful.

Surgery is generally recommended to severe and unresponsive to the other forms of conservative treatment. Surgical procedures are tailored to the severity of the condition.

**Conclusion:** Rising trend of Cervical Spondylosis is probably one of the most devastating diseases of sedentary life style, poor body posture, food habits and recent rise in use of demineralised & packaged water leading to restricted movement of neck, stiffness and sequel of Cervical Spondylosis.

**Cervical Spondylosis:** True culprit is bad posture, physically stressful job and obesity.

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