



Miasmatic Insights into Cervical Spondylosis and it's homoeopathic therapeutics

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Abstract-Cervical spondylosis is an age-related degenerative disorder of the cervical spine, commonly seen after 40 years, especially in individuals with sedentary lifestyles. It involves disc degeneration, osteophyte formation, and spinal canal narrowing, leading to symptoms like neck pain, radiating pain, numbness, and weakness.

Various factors such as aging, genetics, occupational strain, and previous trauma contribute to its development. From a homoeopathic perspective, it is considered a chronic miasmatic disease. Antimiasmatic treatment aims to address the root cause, relieve symptoms, and prevent further degeneration, offering a holistic and long-term approach to management.

urine, biting and tingling pain in the urethra during micturition, milky urethral discharge, early



❖ **KEYWORD:** *Homoeopathy, Cervical spondylosis, miasm, Antimiasmatic medicine,*

❖ **INTRODUCTION:**

The term “spondylo” is derived from the Greek language, meaning “vertebra,” and “spondylosis” collectively refers to degenerative alterations affecting the vertebral joints. These changes primarily involve the progressive deterioration of intervertebral discs and extend to the adjacent bones and soft tissues.[1]

Cervical spondylosis is a degenerative condition of the cervical spine that is almost universally observed in individuals over the age of 40. It tends to develop earlier in people engaged in sedentary or “white-collar” occupations, especially those who maintain a fixed neck posture for extended periods during tasks like reading or writing.[2]

Pathological changes begin in the intervertebral discs, where degeneration leads to a narrowing of the disc space and the formation of bony outgrowths known as osteophytes. These changes eventually affect the posterior intervertebral joints, resulting in neck pain. When osteophytes compress nearby nerve roots, they can cause radiating pain down the arms (radicular pain). In rare cases, these bony projections may exert pressure on the spinal cord itself, leading to symptoms of spinal cord compression. The condition is most frequently seen at the lower three cervical levels, with the C5-C6 segment being the most commonly affected.[2]

Cervical spondylosis involves degenerative changes in the cervical spine that can lead to a narrowing of the spinal canal. This constriction may result from bone spur (osteophyte) formation, facet joint overgrowth, central disc bulging, and structural changes in the cervical vertebrae. As the space within the spinal canal decreases, the spinal cord may become compressed, potentially disrupting its normal function. This can lead to symptoms such as neck discomfort, imbalance while walking, numbness, tingling sensations, weakness, and reduced fine motor skills in the hands. The pain is usually centered in the neck but may also extend to the back of the head, shoulders, arms, and hands.[3]

Advancing age is the primary contributor to cervical spondylosis, with the condition being particularly widespread among individuals in middle age and older.



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Genetic predisposition – individuals with a family history of neck issues or spinal degeneration are at greater risk

Tobacco use – smoking has been clearly associated with a higher risk of chronic neck pain (reference)

Work-related strain – occupations that involve frequent neck movements, repetitive tasks, or overhead activities can place stress on the cervical spine

Psychological factors – emotional conditions such as anxiety and depression may play a role in both the perception and persistence of neck pain

Previous neck trauma – earlier injuries or accidents involving the neck can lead to long-term degenerative changes in the cervical spine[4]

Cervical spondylosis is a chronic in nature, According to Hahnemann classification of disease it is comes under the Miasmatic chronic diseases, Antimiasmatic treatment goes beyond the surface level symptoms and seek to identify the primary cause of illness, the original source of disease, i.e the underlying Miasm.[5]

The miasm has an important role in the development of cervical spondylosis with radiculopathy and myelopathy. Further degeneration is also prevented by the Miasmatical approach. Homoeopathy is very effective and long term result in the cases of cervical spondylosis. During the initial period of disease the action of homoeopathic medicine very speedy. In chronic case the homoeopathy can reduce congestion of spine and nerve compression along with further degeneration can be prevented.[6]

According to Dr. Hahnemann in The Organon of Medicine (Aphorisms 204 to 206), chronic conditions like cervical spondylosis cannot be permanently cured through external or superficial treatments such as analgesics, ointments, or physiotherapy. While these approaches may offer short-term symptomatic relief, they do not address the underlying miasmatic cause of the disease, and hence, true cure remains unattained[7]

RISK FACTORS

1.Biological :

- Age : Aging plays a key role as a major risk factor in the development of most chronic pain conditions. The greatest burden of chronic pain is observed among men aged 45–49 and women



aged 50–54.

- Genetic: individuals with family history of neck pain are greater risk.
- Gender: the point prevalence of neck pain was higher in females across all age groups.
- Autoimmune disease: Autoimmune diseases are long-term conditions characterized by clinical variability and typically arise in individuals with weakened immune systems. These disorders can impact multiple organs and tissues across the body. In certain cases, the immune system targets muscles, joints, and nerves, which may also lead to involvement of the cervical spine
- Work related factors: working with a computer is considered to be an occupational condition that causes neck pain. Several factors have been suggested to play key roles in the development of computer-related neck pain, including posture, duration working at a computer, psychological stress, repetitive movements, prolonged static loads, and the psychosocial effects of the working environment.

2.Psychological:

- Stress :stress is a risk factor for neck pain.
- Anxiety: Anxiety is often associated with various forms of chronic pain, such as neck pain, and can also contribute to disability
- Sleep problem: Individuals experiencing severe neck pain may face a Worsening of depressive symptoms due to poor sleep quality.[8]

CLINICAL MANIFESTATIONS

In most cases, degenerative changes in the cervical spine do not produce noticeable symptoms. When present, symptoms tend to appear gradually over a period of time. Affected individuals, generally over 40 years old, may experience persistent neck discomfort and stiffness. The pain can spread toward the back of the head, across the shoulder blades, and sometimes extend down one or both arms.

Some patients may also report tingling sensations, reduced strength, or awkwardness in arm or hand movements. On examination, tenderness may be felt in the muscles behind the neck and above the shoulders. Additionally, neck mobility is often limited and may become painful, especially at the extreme range of motion.[9]

DIAGNOSIS



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Assessment of cervical spine conditions begins with a physical examination, which may include:

Range of Motion Evaluation: The physician assesses how freely the neck can move in different directions.

Neurological Examination: Reflexes, muscle strength, and sensation are checked to identify possible compression of spinal nerves or the spinal cord.

Gait Observation: Walking patterns are observed to detect any abnormalities that may suggest spinal cord involvement.

Spurling's Test

The patient is asked to sit upright while the examiner instructs them to extend their neck, tilt it sideways, and rotate it toward the side experiencing pain. This maneuver helps assess the intensity of discomfort. A positive test result, indicated by the reproduction or worsening of symptoms, suggests the presence of cervical radiculopathy.

Shoulder Abduction Test (Bakody's Sign) :

The patient is directed to raise the hand of the affected arm and place it on top of their head. This position typically reduces nerve root compression and alleviates symptoms. If the patient experiences relief, it is considered a positive indicator of cervical radiculopathy.

Hoffmann's Sign :

To perform this test, the examiner holds the middle finger of the patient at the proximal interphalangeal joint and flicks the fingernail downward using their thumb and index finger. If the patient's thumb flexes and the index finger also moves in response, the sign is considered positive. A positive result indicates the presence of cervical myelopathy.

Lhermitte's Sign :

In certain cases of cervical spondylosis, bending the neck forward or backward may produce a sudden, electric shock-like sensation that travels along the spine and limbs. This phenomenon is indicative of cervical spondylotic myelopathy.(6)

X-rays are commonly the first imaging method used to evaluate neck and arm pain, especially when serious warning signs ("red flags") are absent. However, visible degenerative changes on X-ray do not always match the level of discomfort experienced by the patient. Typical findings may include bone spur (osteophyte) development, reduced disc height, sclerosis of vertebral



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endplates, degeneration of the uncovertebral and facet joints, and soft tissue calcification or ossification. Anteroposterior, lateral, and oblique X-ray views usually provide sufficient information regarding spinal alignment, narrowing of the foramina, and canal dimensions.

Magnetic Resonance Imaging (MRI)

MRI is the preferred imaging method for evaluating the cervical spine's soft tissues and neural structures. It offers a comprehensive view without radiation exposure. MRI in sagittal and axial planes helps assess the extent of nerve or spinal cord compression and can detect abnormalities like disc herniation, bony overgrowth, thickened ligaments, or degeneration in the facet joints.[10]

CONVENTIONAL TREATMENT

The primary approach to managing cervical spondylosis is conservative treatment. During acute flare-ups, the application of heat and massage can provide significant relief. Some individuals may also benefit from temporary use of a cervical collar for support. Core components of conservative care include the use of pain relievers, anti-inflammatory medications, and physiotherapy. Patients are generally managed with a combination of therapeutic exercises, gentle manual mobilizations, and periodic cervical traction to maintain comfort and improve mobility.

Surgical Management

Surgical intervention is considered when symptoms become severe and are only alleviated by rigid support, especially in the presence of nerve root compression or neurological deficits.

Foraminotomy: This procedure is advised when the main complaint involves radiating pain in the upper limbs or neurological signs, and imaging shows narrowing of the foramen with nerve root impingement at one or two levels. It involves removing part of the facet joint through a posterior approach while maintaining spinal stability. However, patients should be informed that existing neck pain might persist post-surgery.

Anterior Cervical Discectomy and Fusion (ACDF): This technique is particularly useful for persistent neck pain and stiffness. Through a front-side neck incision, the damaged disc is removed, and a bone graft—usually from the iliac crest—is placed between the vertebrae. To ensure stability, especially when multiple levels are involved, an anterior plate may be used.



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Although complications such as injury to the recurrent laryngeal nerve or vertebral artery are rare, they can occur if the procedure isn't done with adequate caution.

Artificial Disc Replacement: This newer surgical option aims to remove the problematic disc while maintaining mobility at the affected level. Early outcomes suggest comparable results to fusion procedures, with potential benefits like reduced complications and shorter hospital stays. However, long-term effectiveness is still under evaluation.

Laminoplasty: This method involves expanding the spinal canal by lifting the posterior vertebral structures. It's primarily used in cases of spinal cord compression due to developmental canal narrowing, ossification of the posterior longitudinal ligament, or multilevel spondylotic changes. It offers advantages over laminectomy by reducing the risk of post-surgical spinal instability, kyphosis, and pain—although neck pain following laminoplasty remains relatively common.[9]

HOMOEOPATHIC THERAPEUTIC FOR CERVICAL SPONDYLOSIS

RHUS TOXICODENDRON : Pain between shoulders on swallowing. Pain and stiffness in small of back; better, motion, or lying on something hard; worse, while sitting. Stiffness of the nape of the neck.

KALMIA LATIFOLIA : Pain from neck down arm; in upper three dorsal vertebræ extending to shoulder-blade. Pain down back, as if it would break; in localized regions of spine; through shoulders.

CIMICIFUGA (Actaea Racemosa) :Spine very sensitive, especially upper part. Stiffness and contraction in neck and back. Intercostal rheumatism. Rheumatic pains in muscles of back and neck

HYPERICUM PERFORATUM :Pain in nape of neck. Pressure over sacrum. Spinal concussion. Coccyx injury from fall, with pain radiating up spine and down limbs. Jerking and twitching of muscles.

BRYONIA ALBA : Painful stiffness in nape of neck. Stitches and stiffness in small of back. From hard water and sudden changes of weather.worse on least movement.

CALCAREA CARBONICA : Pain as if sprained; can scarcely rise; from overlifting. Pain



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between shoulder-blades, impeding breathing. Rheumatism in lumbar region; weakness in small of back. Curvature of dorsal vertebræ. Nape of neck stiff and rigid. Worse, from exertion

CAUSTICUM : Stiffness between shoulders. Dull pain in nape of neck. Dull, tearing pain in hands and arms. Heaviness and weakness. Tearing joints. Unsteadiness of muscles of forearm and hand. Numbness; loss of sensation in hands

GELSEMIUM SEMPERVIRENS : Pain in neck, especially upper sterno-cleido muscles. Dull aching in lumbar and sacral region, passing upward. Pain in muscles of back, hips, and lower extremities

NUX VOMICA : Backache in lumbar region. Burning in spine; worse, 3 to 4 am. Cervico-brachial neuralgia; worse, touch. Must sit up in order to turn in bed. Bruised pain below scapulæ. Sitting is painful.

COLOCYNTHIS : The neuralgic pains are nearly always relieved by pressure. Better warmth,

PARIS QUADRIFOLIA : Sense of weight and weariness in nape of neck and across shoulders. Neuralgia, beginning in left intercostal region, and extending into left arm. Arm becomes stiff, fingers clenched. Neuralgia of coccyx; pulsating, sticking, when sitting

SILICEA : Weak spine; very susceptible to draughts on back. Pain in coccyx. Spinal irritation after injuries to spine;

CONIUM MACULATUM : Dorsal pain between shoulders. Ill effects of bruises and shocks to spine. Coccydynia. Dull aching in lumbar and sacral region[11]

STALWARTS VIEW:

According to Harimohan Chaudhary:

Psora is associated with joint cracking during movement and a tendency to experience strain from minimal exertion, such as lifting or carrying light objects. Individuals may feel tense pain in the neck and back, while nerve-related pains typically improve with rest and warmth but worsen with movement. A burning sensation in the palms and soles is also commonly observed. Sycosis is characterized by joint discomfort, often presenting as sharp, shooting, or tearing pain. Stiffness and a general sense of soreness in the joints are also notable symptoms.

Syphilis manifests with bone pain that tends to intensify during the nighttime.[12]



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According to H.A. Roberts:

Syphilitic symptoms include the gradual destruction of bone tissue and a constant, dull, heavy, stabbing headache, typically located at the base of the brain on one side.

Sycotic symptoms involve tearing joint pain that tends to worsen at rest and in cold, damp conditions but is relieved by motion and stretching. Additional symptoms include stiffness, soreness, and pronounced lameness.[13]

According to J.H. Allen:

Psora is marked by neuralgic pain that worsens with movement but improves with rest. Other notable symptoms include a burning sensation in the soles of the feet, along with numbness and tingling in the limbs.

Sycosis is primarily characterized by joint stiffness, soreness, and a distinct sense of lameness.

Syphilis presents with bone pain as a prominent feature.[14]

According to S.K. Banerjee:

Psora is characterized by neuralgic pain that becomes worse with standing, physical effort, and exposure to internal or external warmth. These symptoms are usually relieved by rest and lying down. Additional signs include a burning sensation in the hands and feet, as well as muscle cramps in the limbs.

Sycotic conditions often involve osteoarthritis and noticeable structural alterations, particularly affecting the joints and connective tissues. The development of osteophytes is common, along with joint pain that may be stitching, pulsating, shooting, or tearing in nature. There is also stiffness and discomfort, especially in the cervical spine. Even minor physical activity can lead to fatigue, accompanied by numbness, weakness, and a heavy sensation in the limbs.[15]

Phyllis Speight notes that:

Psora is often linked to nerve pain that improves with rest and warmth. It may also involve sensations of numbness and tingling in the limbs.

Sycosis typically presents with joint stiffness, soreness, and a feeling of weakness or lameness.[16]

MIASMATIC RELATIONSHIP TO PATHOLOGY:

Psoric miasm symptoms:



1. Neuralgic pain better by rest and warmth.
2. Numbness and tingling and cramps in extremities.
3. Burning in palms and soles.
4. Pain aggravated by exertion and standing.
5. Weakness and early fatigue.
6. Spine curvature/ softening/ deformity.

Antipsoric remedy: sulphur , psorinum

Sycotic Miasm symptoms:

1. Joint stiffness, soreness, lameness
2. Tearing, shooting and pulsating pain.
3. Pain aggravated by rest
4. Osteophytes formation
5. Numbness and weakness of limb
6. Fatigue on slight exertion.

Antisychotic medicine: medorrhenum, Thuja

Syphilitic miasm symptoms:

1. Deep bone pain worse at night.
2. Destruction and deformity of bones.
3. Dull heavy lancinating pain.
4. Persistence headache at base of skull.

Antisyphilitic remedy: syphilis, merc sol

❖ CONCLUSION:

Cervical spondylosis, often regarded as a purely degenerative condition, reveals a deeper significance when interpreted through the miasmatic framework of homoeopathy. The evolution of the disease—from initial functional disturbances to proliferative changes and eventual structural degeneration—clearly reflects the dynamic interplay of psoric, sycotic, and syphilitic miasms.

This miasmatic understanding not only enhances the comprehension of disease progression



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but also provides a rational basis for individualized treatment. Identification of the predominant miasm in each case becomes essential for the selection of appropriate antimiasmatic remedies, thereby addressing the root cause rather than merely managing symptomatic expressions.

Homoeopathy, through its holistic and individualized approach, offers a promising scope in the management of cervical spondylosis by relieving symptoms, slowing degenerative changes, and improving the overall quality of life. Thus, integrating miasmatic analysis into clinical practice strengthens the therapeutic potential and reaffirms the fundamental principles of homoeopathic healing.

❖ REFERENCES:

1. Sheeba S, Shanthi V, Sylum S, Narayan V, Manoj R, Reshma R, Gokul K, Sherin S. Clinical study on the anti-miasmatic approach of patients with cervical spondylosis and its homeopathic management. 2020.
2. Maheshwari J, Mhaskar V. Essential Orthopaedics. New Delhi: Jaypee Brothers Medical Publishers; 2022 Mar.
3. McRae R. Clinical Orthopaedic Examination. 5th ed. Edinburgh: Churchill Livingstone; 2004.
4. American Academy of Orthopaedic Surgeons. Cervical spondylosis (arthritis of the neck) [Internet]. OrthoInfo. Available from: <https://www.orthoinfo.org/en/diseases--conditions/cervical-spondylosis-arthritis-of-the-neck>
5. Hahnemann S. The Chronic Diseases: Their Peculiar Nature and Their Homeopathic Cure. New Delhi: B. Jain Publishers; 1999
6. International Journal of Research Publication and Reviews. 2023 Nov–2024 Jan;8(4):58–65. Doi:10.408165/ahr.2023.8.4
7. Hahnemann Samuel. Organon of Medicine. 5th and 6th edition combined. New Delhi: B.



Jain Publishers Private Ltd. 2011

8. Kazeminasab S, Nejadghaderi SA, Amiri P, et al. Neck pain: global epidemiology, trends and risk factors. BMC Musculoskeletal Disord. 2022;23(1):26. Doi:10.1186/s12891-021-04957-4.
9. Warwick D, et al. Apley and Solomon's Concise System of Orthopaedics and Trauma. Boca Raton: CRC Press; 2022
10. Sharma, R., & Rajput, M. S. (2021). A review on cervical spondylosis: Causes, symptoms and management. Journal of Pharmaceutical Research International,33(47A),59–66.<https://doi.org/10.9734/JPRI/2021/v33i47A33059>
11. Boericke, W. (2007). Pocket Manual of Homeopathic Materia Medica & Repertory. New Delhi, India: B. Jain.
12. Choudhury H. Indications of Miasm. New Delhi: B. Jain; 1997.
13. Roberts HA. The Principles and Art of Cure by Homoeopathy: A Modern Textbook. New Delhi: B. Jain; 1997
14. Allen JH. The Chronic Miasms Psora and Pseudo-Psora. New Delhi: B. Jain Publishers Pvt Ltd; 1998.
15. Banerjee SK. Miasmatic Prescribing: Its Philosophy, Diagnostic Classifications, Clinical Tips, Miasmatic Repertory, Miasmatic Weightage of Medicines & Case Illustrations. New Delhi: B. Jain; 2016.
16. Speight P. A Comparison of the Chronic Miasms. 1977