SARADA KRISHNA HOMEOPATHIC MEDICAL COLLEGE & HOSPITAL
Kulasekharam, Kanyakumari district, Tamil Nadu - 629 161.

STSH150048

EFFECTIVENESS OF NUX VOMICA IN PAIN MANAGEMENT OF CERVICAL SPONDYLOSIS

Introduction:

(1).

Homoeopathy claims to be "The science of Therapeutics" . This claim is because of the assumption that therapeutics is a science which has developed after homoeopathy. It is the duty of us, young homoeopaths to prove the significance of mode of treatment of homoeopathy. Homoeopathy deals with the nature and conditions of a disease and medicine is selected based on the law of similimum.

Cervical spondylosis is a common chronic degenerative condition of the cervical spine that affects the vertebral column and intervertebral dics of the neck as well as the contents of the spinal cord **(2)** .Thus cervical spondylosis can be defined as 'vertebral osteophytosis secondary to degenerative disc disease'**(3).** Cervical spondylosis is a leading musculoskeletal disability accounting for loss of human working hours **(4)**. According to ICD-10 classification of WHO, Cervical spondylosis is listed under code, M47.8 **(5).**

It is mainly caused due to wear and tear of the cartilages and bones in the cervical spine in neck. Chronic cervical degeneration is the most common cause of progressive spinal cord and nerve root compression. Spondylotic changes can result in stenosis of the spinal canal, lateral recess, and foramina. Spinal canal stenosis can lead to myelopathy, whereas the latter two can lead to radiculopathy **(6).** One or more of the cervical nerve roots may be compressed, stretched, or angulated; and myelopathy may also develop as a result of insufficiency, or recurrent minor trauma to the cord. The C5 and C6 nerve roots are the most commonly involved, and examination usually reveals weakness of muscles supplied by these roots (eg: deltoid, supraspinatus and infraspinatus, biceps, brachioradialis), pain or sensory loss about the shoulder and outer

border of the arm and forearm, and depressed biceps and brachioradialis reflexes

While it is largely due to age it can be caused by any other factors such as irregular lifestyle, wrong postures, sedentary jobs, lack of exercise, stress, disk

herniation, dehydrated spinal disks, bone spurs, ligament stiffness etc [8], neck injuries, activities that put extra strain on your neck (heavy lifting, poor posture, repetitive movements, etc.), family history of the condition, smoking, being inactive and overweight,etc., Cervical spondylosis is a life style disorder. Life style diseases are those whose occurrence is primarily based on daily habits of people and are a result of an inappropriate relationship with their environment[10]. Cervical spondylosis commonly affects those[9]. doing prolonged work with neck in a flexed position [11]. It may be precipitated by stress, anxiety, tension or depression

As per the cross sectional study of the cervical spondylosis patients, who attended the different Out patients and Rural centres of Sarada Krishna Homoeopathic Medical College & Hospital during[12]. 2014-2015, it came to my notice that cervical spondylosis is quite prevalent among younger and middle age group and it is more common in females.

Degeneration of intervertebral discs and secondary osteoarthritis (cervical spondylosis) is often asymptomatic, but may be associated with neurological dysfunction [13]. Clinically, several syndromes, both overlapping and distinct are seen. These include neck and shoulder pain, sub occipital pain , radicular symptoms and cervical spondolytic myelopathy (CSM),etc. The pain can be severe in some cases. Headaches may also occur, which usually start at the back of the head, just above the neck, and travel over the top to the forehead. Pain usually comes and goes, with flare-ups followed by symptom-[14]. free periods. Around 1 in 10 people develop long-lasting (chronic) pain [15].

Medical treatments for cervical spondylosis include neck immobilization, pharmacologic treatments, lifestyle modifications, and physical modalities (eg, traction, manipulation, exercises). No carefully controlled trials have compared these modalities; therefore, these therapies are often initiated based on a clinician's preference or speciality

The normal practice in the Allopathic system is to treat neck pain with the usual painkillers, Non Steroidal Anti Inflammatory Drugs (NSAIDs) etc..[16]. In cases

where patients feel vertigo or dizziness, some medicines are prescribed to contain the vertigo that is often present with the pain. Traction is often provided as another short term measure. Wearing a collar is often recommended by doctors. Some patients get short term relief from restricting movement by the use of a collar. While this may be of some help in the short term, it has a detrimental effect in the long run. Restricting the use of neck muscles for long tends to reduce the strength of the muscles and results in atrophy of the muscles. This is counterproductive as there is a need of stronger muscles to support the neck and head. Atrophied muscles become weak and are unable to provide the requisite support to the neck and the head. This in itself starts causing pain. Therefore the use of collar should be minimal and done only when there is acute pain **(17).**

Surgery is adviced for cervical radiculopathy in patients who have intractable pain, progressive symptoms or weakness that fail to improve by conservative measures. Surgical procedures may arrest the progression of disability but may not result in neurological improvement and may precipitate acute neurological conditions **(13).**

Lifestyle modifications (eg, neck schools, instruction in body mechanics, relaxation techniques, postural awareness, ergonomics and/or workplace modifications) may alleviate symptoms **(16).**

Cervical spondylosis is an irreversible damage and the conventional method of treatment used for pain relief has more side effects than giving relief to the patient. This awareness had made the patients turn towards the alternative systems of medicine and Homoeopathy tops the list.

Nux vomica is created from the seeds of the strychnos Nux vomica tree also known as poison nut and vomiting nut, Kuchila. The tree belongs to the Loganiaceae family. The main alkaloid in the seeds are strychnine and brucine **(18).** Nux vomica is a frequently indicated remedy for neuralgia especially cervico-brachial neuralgia **(19).**

Dr.Boerick says “Nux Vomica is pre eminently the remedy for many of the conditions incident to modern life” [19]. Cervical spondylosis, being one among the lifestyle disorder with neuralgic pain can be well managed wit Nux vomica when prescribed homoeopathically. Thus, Nux vomica can serve as an effective medicine in managing the pain of patients with cervical spondylosis and also prevent further degeneration of the cervical spine and thus improving the health of the patient.

Need For the Study:

With the development of IT field there is an increase in use of computers which lead to postural deformities like cervical spondylosis, the developing countries like India face a major problem of health management among citizens along with its economic burden [20]. This study would bring an evidence based research in the pain management of cervical spondylosis with Nux vomica clinically, so that the modern generation can stay away from the conventional medications and its side effects. This would also give confidence for the budding Homoeopaths in therapeutic management of degenerative and life style disorders.

This study has focused on the pain management of diagnosed cases of cervical spondylosis with Nux vomica prescription and its effectiveness would be analysed.

REVIEW OF LITERATURE:

CERVICAL SPONDYLOSIS:

Synonyms:

Arthritis-neck, cervical osteoarthritis, neck arthritis, chronic neck pain.

***Definition*:**

Cervical spondylosis refers to a degenerative process of the cervical spine producing narrowing of the spinal canal and neural foramina, producing compression of the spinal cord and nerve roots, respectively [29].

Cervical spondylosis refers to degenerative disc disease with proliferative changes in the surrounding structures especially the bones and meninges [30].

Etymology:

Origin of the word "cervix" is from a Latin word *'cervic-'* meaning neck, especially the back part of the neck, the nape of neck like portion of an organ. First known in use in the 15th century.

Origin of the word "*spondylosis"* is from the greek word '*sphondylos'* meaning vertebra and 'osis' meaning condition. Spondylosis means a painful condition resulting from degeneration of the intervertebral discs [31].

ICD-10 CLASSIFICATION:

WHO has listed spondylosis under the code, M47.

- M47.012- Anterior spinal artery compression syndromes, cerviacal region
- M47.022-vertebral artery compression syndromes,cervical region
- M47.12-spondylosis with myelopathy, cervical region
- M47.22-spondylosis with radiculopathy, cervical region
- M47.812-spondylosis without myelopathy or radiculopathy, cervical region
- M47.892-other spondylosis, cervical region [32].

Risk Factors:

The greatest risk factor for cervical spondylosis is aging**.** Cervical spondylosis often develops as a result of changes in your neck joints as you age. Disk herniation, dehydration, and bone spurs are all results of aging. Factors other than aging can increase your risk of cervical spondylosis. These include:

- neck injuries,
- work-related activities that put extra strain on your neck from heavy lifting,
- holding your neck in an uncomfortable position for prolonged periods of time or repeating the same neck movements throughout the day (repetitive stress),
- genetic factors (family history of cervical spondylosis),
- smoking,
- Being overweight and inactive **(8).**

Pathophysiology:

Intervertebral disks lose hydration and elasticity with age, and these losses lead to cracks and fissures. The surrounding ligaments also lose their elastic properties and develop traction spurs. The disk subsequently collapses as a result of biomechanical incompetence, causing the annulus to bulge outward. As the disk space narrows, the annulus bulges, and the facets override. This change, in turn, increases motion at that spinal segment and further hastens the damage to the disk. Annulus fissures and herniation may occur. Acute disk herniation may complicate chronic spondylotic changes.

As the annulus bulges, the cross-sectional area of the canal is narrowed. This effect may be accentuated by hypertrophy of the facet joints (posteriorly) and of the ligamentum flavum, which becomes thick with age. Neck extension causes the ligaments to fold inward, reducing the anteroposterior (AP) diameter of the spinal canal.

As disk degeneration occurs, the uncinate process overrides and hypertrophies, compromising the ventrolateral portion of the foramen. Likewise, facet

hypertrophy decreases the dorsolateral aspect of the foramen. This change contributes to the radiculopathy that is associated with cervical spondylosis. Marginal osteophytes begin to develop. Additional stresses, such as trauma or long-term heavy use, may exacerbate this process. These osteophytes stabilize the vertebral bodies adjacent to the level of the degenerating disk and increase the weight-bearing surface of the vertebral

endplates. The result is decreased effective force on each of these structures [6].

Clinical features:

Symptoms:

Most people with cervical spondylosis don't have significant symptoms.

If symptoms do occur, they can range from mild to severe and may develop gradually or occur suddenly. One common symptom is pain around the shoulder blade. Patients will complain of pain along the arm and in the fingers. The pain might increase when:

- Standing
- Sitting
- Sneezing
- Coughing
- tilting your neck backward

Another common symptom is muscle weakness. Muscle weakness makes it hard to lift the arms or grasp objects firmly.

Other common signs include:

- a stiff neck that becomes worse
- headaches that mostly occur in the back of the head
- tingling or numbness that mainly affects shoulders and arms, although it can also occur in the legs
- Symptoms that occur less frequently often include a loss of balance and a loss of bladder or bowel control. These symptoms warrant immediate medical attention[8].

Common clinical syndromes associated with cervical spondylosis include the following:

Cervical pain:

- Chronic suboccipital headache may be present. Mechanisms include direct nerve compression; degenerative disk, joint, or ligamentous lesions; and segmental instability.
- Pain can be perceived locally, or it may radiate to the occiput, shoulder, scapula, or arm.
- The pain, which is worse when the patient is in certain positions, can interfere with sleep.

Cervical radiculopathy:

- Compression of the cervical nerve roots leads to ischemic changes that cause sensory dysfunction (eg, radicular pain) and/or motor dysfunction (eg, weakness).
- Radiculopathy most commonly occurs in persons aged 40-50 years.
- An acute herniated disk or chronic spondylotic changes can cause cervical radiculopathy and/or myelopathy
- The C6 root is the most commonly affected one because of the predominant degeneration at the C5-C6 interspace; the next most common sites are at C7 and C5.
- Most cases of cervical radiculopathy resolve with conservative management; few require surgical intervention.

Cervical spondylotic myelopathy:

- It is the most serious consequence of cervical intervertebral disk degeneration, especially when it is associated with a narrow cervical vertebral canal.
- Cervical myelopathy has an insidious onset, which typically becomes apparent in persons aged 50-60 years. Complete reversal is rare once myelopathy occurs.
- Involvement of the sphincters is unusual at presentation, as based on the patient's perception of symptoms **(6).**

Less common manifestations:

- Primary sensory loss may be present in a glove like distribution.
- Tandem spinal stenosis is a simultaneous cervical and lumbar stenosis resulting from spondylosis. It is a triad of findings: neurogenic claudication, complex gait abnormality, and a mixed pattern of upper and lower motor neuron signs.
- Dysphagia may be present if the spurs are large enough to compress the esophagus.
- Vertebrobasilar insufficiency and vertigo may be observed.
- Elevated hemidiaphragm, caused by spondylotic compression of C3-4 (as noted in a case report), may be another finding.

Investigations:

❖ **x-ray of cervical spine :**

- Lateral view shows the loss of normal lordosis, diminution in the disc space and growth of osteophytes.
- Oblique view shows the protruding osteophytes into inter-vertebral foramina.

❖ **Magnetic resonance imaging scan of the neck (MRI):**

- Indentation of the thecal sac, hardening of the intervertebral discs, foraminal narrowing and facet arthropathy.

❖ **Contrast Myelogram**:

- Shows protrution of discs into thecal sac as negative shadow with total extradural obstruction.

❖ **EMG and nerve conduction velocity test:**

- Done to examine nerve root function **(33).**

MRI scans and discography (validated by the presence of a normal control level) is used to evaluate the anterior column, whereas single photon emission computed tomography (SPECT) scans and facet injections are used to investigate the posterior column **(34).**

Management:

- Cervical collar may be used day and night.
- As pain subsides active exercises for neck and shoulder combined with heat treatment. Exercises designed to strengthen the shoulder girdle muscles, especially elevators of the scapula help to relieve traction on the nerve roots and prevent recurrence of symptoms **(35).**
- Head traction may be tried provided there are no signs of cord compression.
- When cervical movement is limited over 3 or 4 segments, laminectomy and decompression may be indicated. Anterior disectomy and fusion may be advisable in presence of excessive mobility of cervical spine **(36).**

NUX VOMICA:

PHARMACOLOGICAL DATA:

Word meaning:

The word Nux vomica is derived from the latin word '*NUX*' meaning '*nut'* and '*vomere'* meaning '*vomiting'* because of the peculiar property of the nut to induce vomiting.

Botanical name:

Strychnos nux vomica (Linn).

Family:

Loganiaceae

Common names:

Poison-nut; Kuchila (Bengal); (German) Kraehenaugen; (French) Noix vomique; (also known angustura bark), Mushti(Telungu); Kuchala (urudu); Kanjhiram (malayalam); Ettikkottai (Tamil).

Habitat:

Found in forests of western ghats and Himalayas

Part used:

Seeds [37].

Preparation:

Ten grains of nux vomica seed, finely triturated in a warm mortar, are macerated with 1000 drops of alcohol, without heat, for a week, to make a tincture.

Of this, one drop is raised to the decillion-fold potency through 29 other diluting phials, each filled to three quarters with alcohol, by means of two succusions given to each phial after the dilution is made [39].

Description:

Nux vomica is a medium-sized tree with a thick short trunk. The wood is dense, hard white, and close-grained. The branches are irregular and are covered with a smooth ashen bark. The young shoots are a deep green colour with a shiny coat. The leaves have an opposite arrangement, short stalked, are oval shaped, also have a shiny coat and are smooth on both sides. The leaves are about 4 inches (10 cm) long and 3 inches (7.6 cm) wide. The flowers are small with a pale green colour with a funnel shape. They bloom in the cold season and have a foul smell. The fruit are about the size of a large apple with a smooth and hard shell which when ripened is a lovely orange colour. The meat of the fruit is soft and white with a jelly-like pulp containing five seeds covered with a soft woolly substance [40].

The seed are flat, disc shaped, irregularly circular, 10-30mm in diameter and 4-6 mm in thickness. It has a broad, rounded and thickened margins, depressed at the centre. They are very hard, with a dark grey horny endosperm where the small embryo is housed that give off no odour but possess a very bitter taste [37].

***Composition**:*

The dominating constituent of Nux Vomica is a complex compound-two intensely poisonous alkaloidal products, a glucoside, and acids. These alkaloids are strychnine, Brucine, and perhaps Igasurine (yet in doubt). The main acid is Igasuric acid, while the glucoside is named Loganin. These are colourless bodies and the alkaloids being very bitter, and energetically poisonous. Brucine is similar to strychnine, but acting with less violence and more slowly **(38).**

Prover:

Introduced by Master Hahnemann and proved upon himself, his son Frederick, Stapf, Flaeming. Later proving by Robinson, Berridge and Wilson with high potencies.

***History and Authority**:*

Master Samuel Hahnemann introduced this drug in our Materia Medica in 1805 **(37).**

***Doctrine of signature**:*

The poison nut tree has a crooked trunk and irregular, awkward-looking branches. Its flowers bloom in the cold season and have a disagreeable odour, characteristics contrary to most flowers which bloom in the warm season and have a pleasant odour. These contrary features are characteristics of people who need Nux vomica as well. They are chilly, both physically and psychologically. They are disagreeable, irritable, and quarrelsome. The poison nut tree's wood is closing grained and hard. The Nux vomica people are similarly coarse, close minded, and hard-headed **(41).**

***NUX VOMICA AS A CERVICAL SPONDYLOSIS REMEDY*:**

1. ***Dr. Clarke says,***

❖ Nux vomica: Neck:

- Cervico-brachial neuralgia, neck stiff, pain down shoulder <Touch,<cold;

- Wrenching pain or pain like that caused by a strain in shoulder blade;
- Jerks like electric shocks up spinal column, which raised up body;
- Burning, Pressing and stitches between the shoulder-blades;
- Shooting and constrictive pain, pains between shoulder-blade;
- Pulling pain as from a bruise, rigidity and sensation of heaviness in nape of neck;[21]

2. ***Dr. Harris Ruddock says,***

❖ Nux vomica:

Leading use: Spasmodic affection of nervous system; it is pre-eminently suited to all affections of nervous system by haste and worry of business, excessive study, anxiety, etc... or by use of alcoholic drinks or other stimulants. Hence its adaptation to the ailments of the city man of business, the sedentary, the studious and intemperate.

- Pain and weariness, with sensation as if bruised;
- Neuralgic affection of spinal nerves with tingling, hard , aching, sticking pains [22].

3. ***Dr.C.M.Boger says,***

❖ Nux vomica:

- Painfully stiff neck;
- Pains down shoulder;
- Crawling along spine; [23].

4. ***Dr.Constantine herring says,***

❖ Nux vomica:

- Cervico-Brachial neuralgia, neck stiff, pain down shoulder;
- Tearing pain, in paroxysms, in nape of neck, in evening;
- Spinal irritation; numbness and formication along spine and into extremities
- Spinal weakness and general disability, myelitis; [24].

5. ***Dr.Lilianthel says***

❖ Nux vomica:

- Rheumatic pains, with sensation of weakness in shoulder and arms;

- Soreness in shoulder joints;
- Drawing in arms extending from shoulder to the fingers, with sensation as if the arms were asleep **(25).**

6. ***Dr.William Boericke says,***

❖ Nux vomica:

➢ Back:

- Burning in spine;
- Cervico-brachial neuralgia ; Worse, Touch;

➢ Extremities:

- Arms and hands go to sleep, Paresis of arms with shocks;
- Sensation of sudden loss of power of arms and legs in the morning **(19).**

7. Dr.Vikas Verma says,

Cervical Spondolysis: It Is becoming the fastest growing ailment in today's hectic life, Causes may be Many to name a few Lack of exercise, too much work on computers or table work ,heavy shoulder bags, bad posture of watching TV, reading and writing, Stress and Occupational causes. It becomes more complicated and Urgent when it gets associated with few symptoms like vertigo, excessive pain in holding neck, tingling and numbness in arms and with severe headache. In my Opinion I have found the following to be more useful.

- Pain Cervical region extending to arm ---- Nux vomica **(26).**

8. Nux vomica is specially indicated for torticollis (wry neck).wry neck with shooting pain and stiffness in the nape of neck either from nervous shock or cold is the symptom of this remedy. The pains are aggravated in the morning. There is also bruised type of pain and pulling sensation in the neck and below scapula. Neuralgia is present in cervico brachial region, which is worse by touching. The pains are more on right shoulder and deltoid**.** Stiffness with head drawn to one side-Nux vomica **(27).**

OTHER RESEARCHES ON NUX VOMICA AND CERVICAL SPONDYLOSIS:

1. ***Phytochemical study, cytotoxic, analgesic, antipyretic and anti-inflammatory activities of Strychnos nux-vomica.***

. *Eldahshan OA[1], Abdel-Daim MM*

Author information:

Abstract:

The strychnine tree (Strychnos nux-vomica L.) (S. nux-vomica) belonging to family Loganiaceae has been a very promising medication for certain disorders. Different chromatographic methods were used to isolate the phenolic compounds from the aqueous methanolic extract of the S. nux-vomica leaves. Their identification was achieved through spectroscopic techniques. Cytotoxicity, analgesic, antipyretic and anti-inflammatory activities of S. nux-vomica leaves extract were evaluated. Five phenolic compounds were isolated and identified; Kaempferol-7 glucoside 1, 7-Hydroxy coumarin 2, Quercetin-3-rhamnoside 3, Kaempferol 3-rutinoside 4, and Rutin 5. Furthermore, the cytotoxic activity of the extract was evaluated against different cancer cell lines. The extract showed potential cytotoxic activity against human epidermoid larynx carcinoma cells (Hep-2) and against breast carcinoma cell line (MCF-7). Colon carcinoma cells (HCT) were the least one affected by the extract. In addition, the extract exhibited promising analgesic, antipyretic as well as anti-inflammatory activities. It is concluded that, leaves extract of S. nux vomica possess potent cytotoxic, analgesic, antipyretic and anti-inflammatory activities. These activities could be due to the presence of phenolic compounds revealed by our phytochemical investigations **(42)**.

2. ***Therapeutic effect of nux vomica total alkali gel on adjuvants arthritis rats***

Zheng Y[1], Wu Z, Liu J, HYPERLINK "http://www.ncbi.nlm.nih.gov/pubmed/?term=Hu%20J%5BAuthor%5D&cauthor=true&cauthor_uid=22860457" Hu J, HYPERLINK "http://www.ncbi.nlm.nih.gov/pubmed/?term=Yang%20C%5BAuthor%5D&cauthor=true&cauthor_uid=22860457" Yang C.

Abstract:

OBJECTIVE:

To observe the therapeutic effect and mechanism of nux vomica total alkali gel

(NVTAG) on adjuvants arthritis (AA) rats.

METHOD:

SD rats were randomly divided into nine groups: the normal group, the AA model group, NVTAG high, middle and low-dose (25, 12.5, 6.25 mg x kg(-1)) groups and the Votalin control (diclofenac diethylamine emulgel, 50 mg x kg(-1)) group. Except for the normal group, the remaining groups were transcutaneously administered with 0.1 mL freund's adjuvant complete (FCA) for inflammation in left rear feet and then evenly treated with medicine and packed with oilpapers. The foot volume method was adopted to determine foot swelling degree, with pain scoring and polyarthritis scoring. HE staining was used to observe arthro-pathologic injury. The content of prostaglandin E2 (PGE2), interleukin-1 (IL-1), IL-6, tumor necrosis factor (TNF-alpha) and vascular epidermal growth factor (VEGF) in synovium homogenates were measured by enzyme-linked immuno-absorbent assay (ELISA) respectively.

RESULT:

Compared with the model group, NVTAG and control gel can obviously reduce the foot swelling degree, polyarthritis indicators and relieve arthro-pathologic injury in AA rats (17-21 d). The levels of IL-1, PGE2, IL-6, VEGF and TNF-alpha in synovial homogenates of AA rats were also reduced by NVTAG significantly.

CONCLUSION:

NVTAG shows an antergic effect on AA progress in rats, which is closely related to inhibition of development of inflammatory mediator **(43)**.

OBJECTIVES OF THE STUDY:

The objectives of this study are

- To study the effectiveness of Nux vomica in the pain management of cervical spondylosis.
- To study the variation in associated symptoms during the course of treatment.
- To conclude the frequently used potencies of Nux Vomica in the treatment of cervical spondylosis.

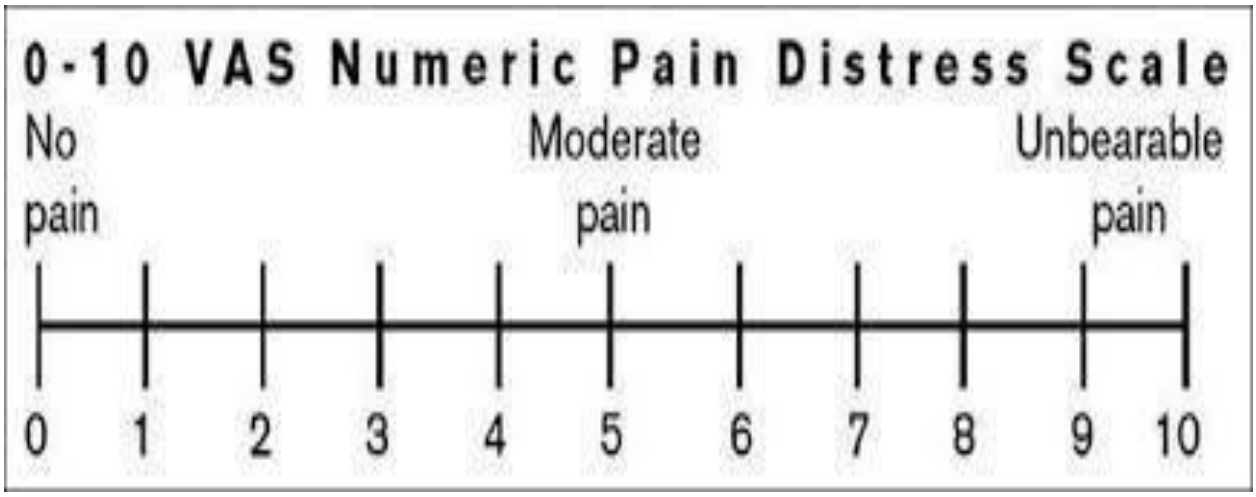
MATERIALS AND METHODS:

METHODOLOGY:

Sampling: Simple Random sampling.

30 cases of cervical spondylosis with pain attending OPD, IPD and Peripheral centres of Sarada Krishna Homoeopathic Medical collegiate Hospital are taken for this study. Diagnosis has been made based on clinical presentation and X –ray findings. Nux vomica has been prescribed on the patients, if the constitutional score indicates the remedy and the subjects are observed for changes in pain. VAS is used as a pain rating scale to record the intensity of pain before and after clinical management.

Visual Analogue Scale for Assessment of pain:



Inclusion criteria:

- Patients within the age group between 15-70 years.
- Both sexes.

Exclusion criteria:

- Severe cervical deformity cases.
- Other severe systemic diseases.
- Cases using pain killers for any other condition.

PAIN CRITERIA

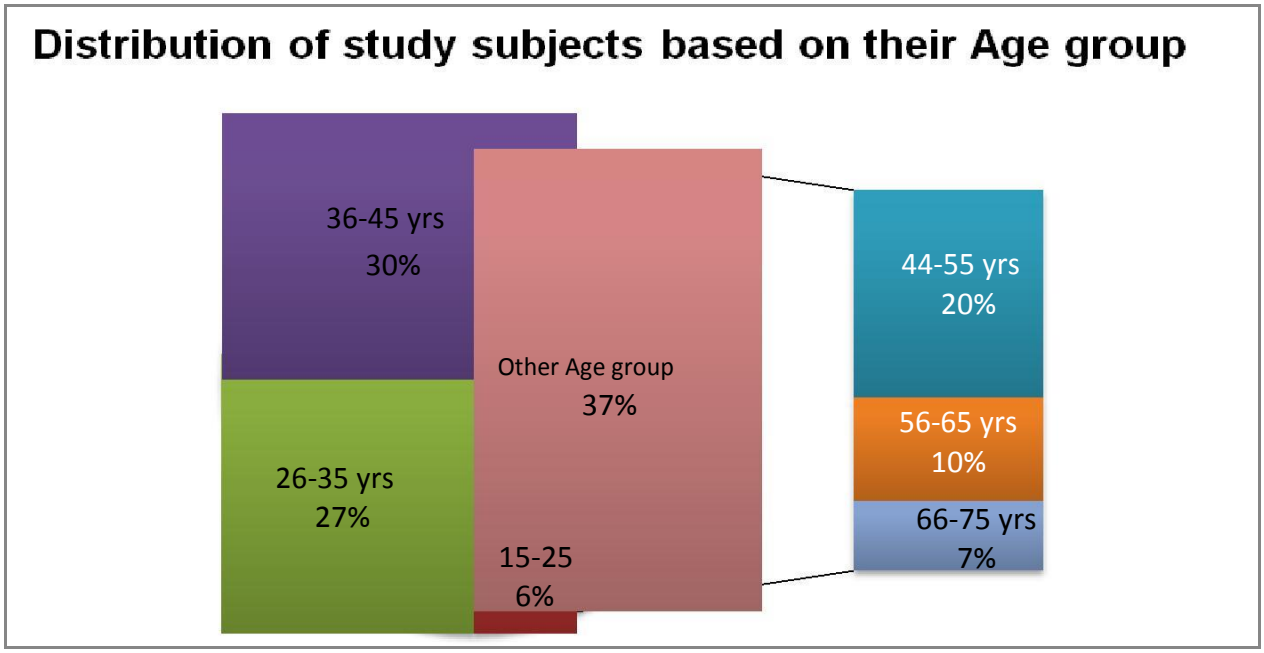
Si .No.	Symptoms	Scoring criteria			
		0	1	2	3
	Cervical Pain during movement	Absent	Mild	Moderate	Severe
	Referred Pain	Absent	Mild	Moderate	Severe
	Neck Stiffness	Absent	Mild	Moderate	Severe
	Numbness	Absent	Mild	Moderate	Severe
	Tingling	Absent	Mild	Moderate	Severe
	Weakness	Absent	Mild	Moderate	Severe
	Vertigo	Absent	Mild	Moderate	Severe
	Dizziness	Absent	Mild	Moderate	Severe
	Retro Orbital/ Temporal pain	Absent	Mild	Moderate	Severe
	Sub Occipital Headache	Absent	Mild	Moderate	Severe
	Poorly localized tenderness	Absent	Mild	Moderate	Severe
	Restriction of movements	Absent	Mild	Moderate	Severe
	Crepitus audible on neck movements	Absent	Mild	Moderate	Severe
	Paraesthesia	Absent	Mild	Moderate	Severe
	Poor balance	Absent	Mild	Moderate	Severe
	Wasting	Absent	Mild	Moderate	Severe

***OSERVATION AND RESULTS*:**

***Table 1: Distribution of study subjects based on their Age group*:**

Age group	Number	Percentage%
15-25	2	6.66
26-35	8	26.66
36-45	9	30
44-55	6	20
56-65	3	10
66-70	2	6.66

FIGURE:1



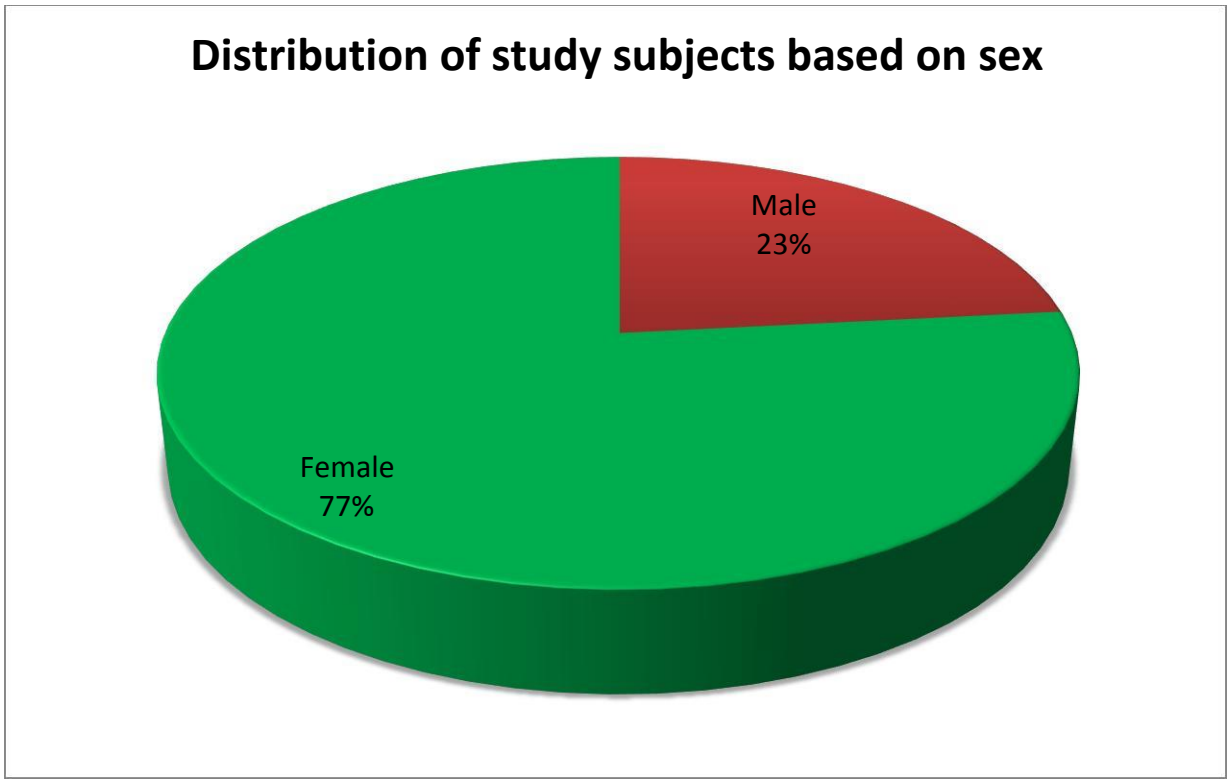
FINDINGS:

According to the study, age group of 36-45 years are most affected i.e., 9 cases (30%), followed by age group of 25-35 years which has 8 cases (26.66%), 20% (6 cases) were between the age group of 44-55 years, 3 cases (10%) were between the age group of 55-65 years , and there were 2 cases (6.66%) each between the age group of 65-70 years and 15-25 years.

Table 2 : Distribution of study subjects based on sex:

Sex	Number	Percentage %
Male	7	23.33
Female	23	76.66

FIGURE 2:



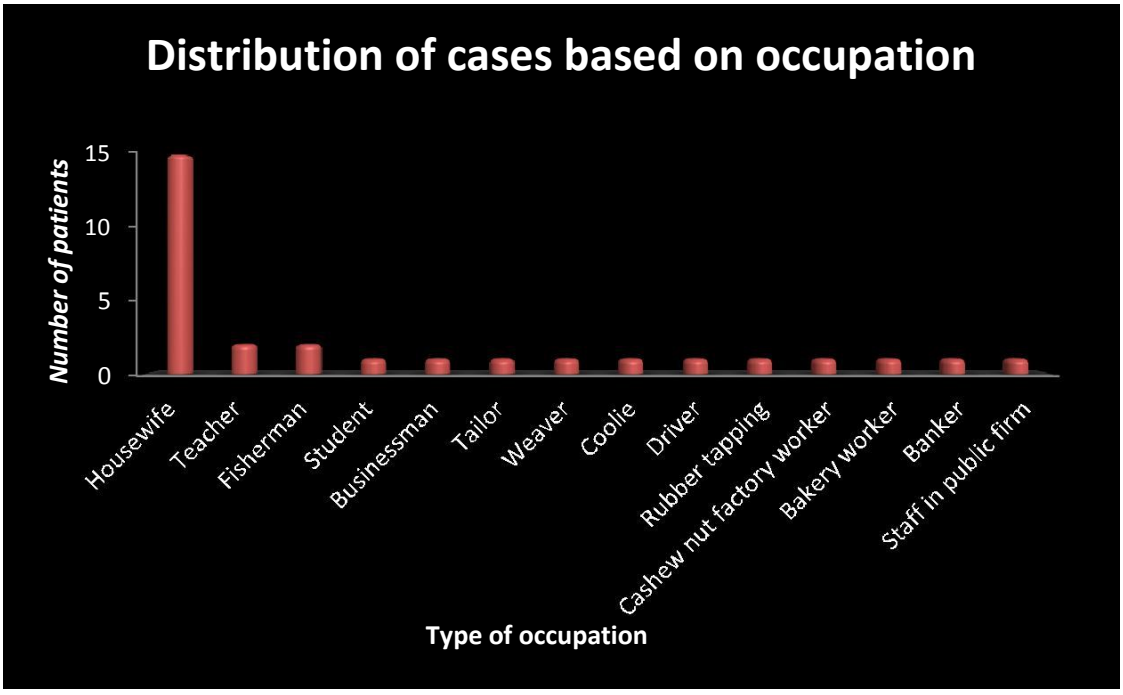
FINDINGS:

According to the study it is found that females are more affected with the disease i.e., 23 cases (76.66%) are females and 7 cases (23.33%) are males in this study.

***Table 3: Distribution of study subjects based on their occupation*:**

Occupation	Number	Percentage %
Housewife	15	50
Fisherman	2	6.66
Teacher	2	6.66
Student	1	3.33
Businessman	1	3.33
Tailor	1	3.33
Weaver	1	3.33
Coolie	1	3.33
Driver	1	3.33
Rubber tapping	1	3.33
Cashew nut factory worker	1	3.33
Bakery worker	1	3.33
Banker	1	3.33
Staff in public firm	1	3.33

FIGURE 3:



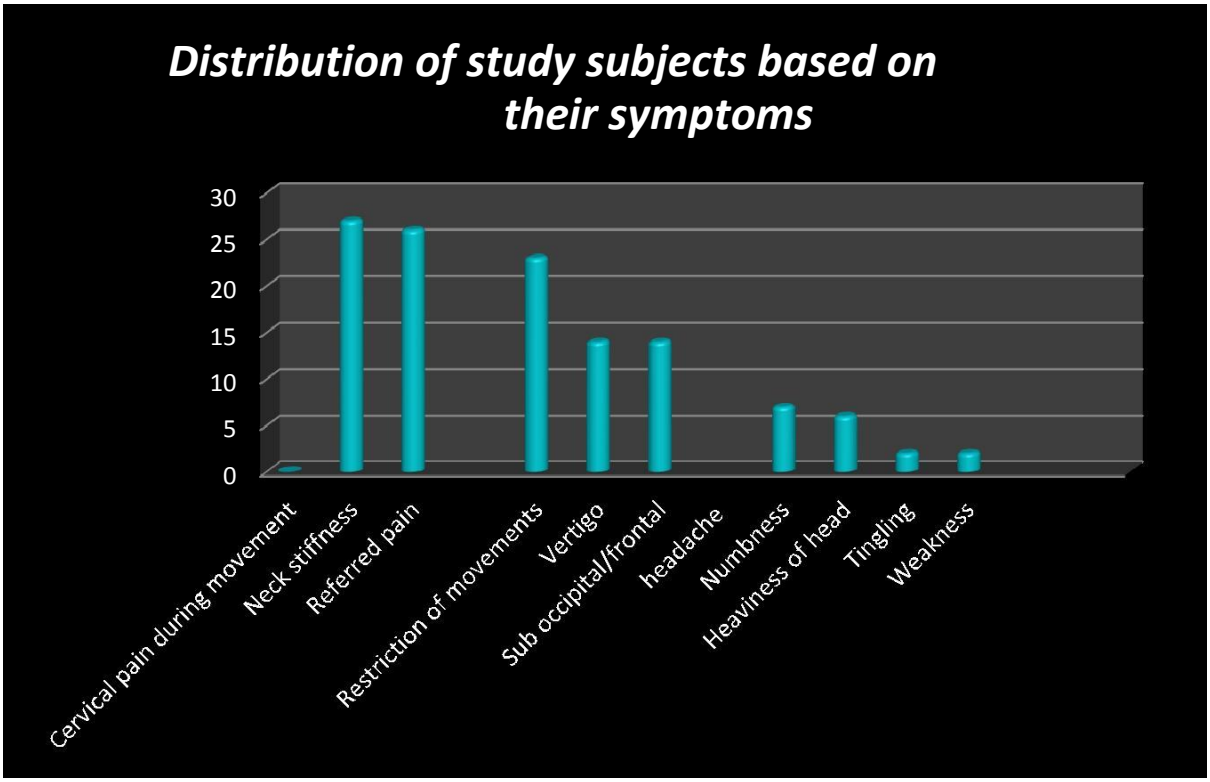
FINDINGS:

According to the study cervical spondylosis is more prevalent among housewives (15 cases) followed by teacher (2 cases), fisherman (2 cases),student (1 case), tailor (1 case), Business man (1 case), weaver (1 case), coolie (1 case), driver (1 case), rubber tapping (1 case), cashew nut factory worker (1 case),staff in public firm (1 case).

Table 4: Distribution of study subjects based on their symptoms:

Associated Symptoms	Number	Percentage%
Cervical pain during movement	30	100
Neck stiffness	27	90
Referred pain	26	86.66
Restriction of movements	23	76.66
Vertigo	14	46.66
Sub occipital/frontal headache	14	46.66
Numbness	7	23.33
Heaviness of head	6	20
Tingling	2	6.66
Weakness	2	6.66

FIGURE 4:



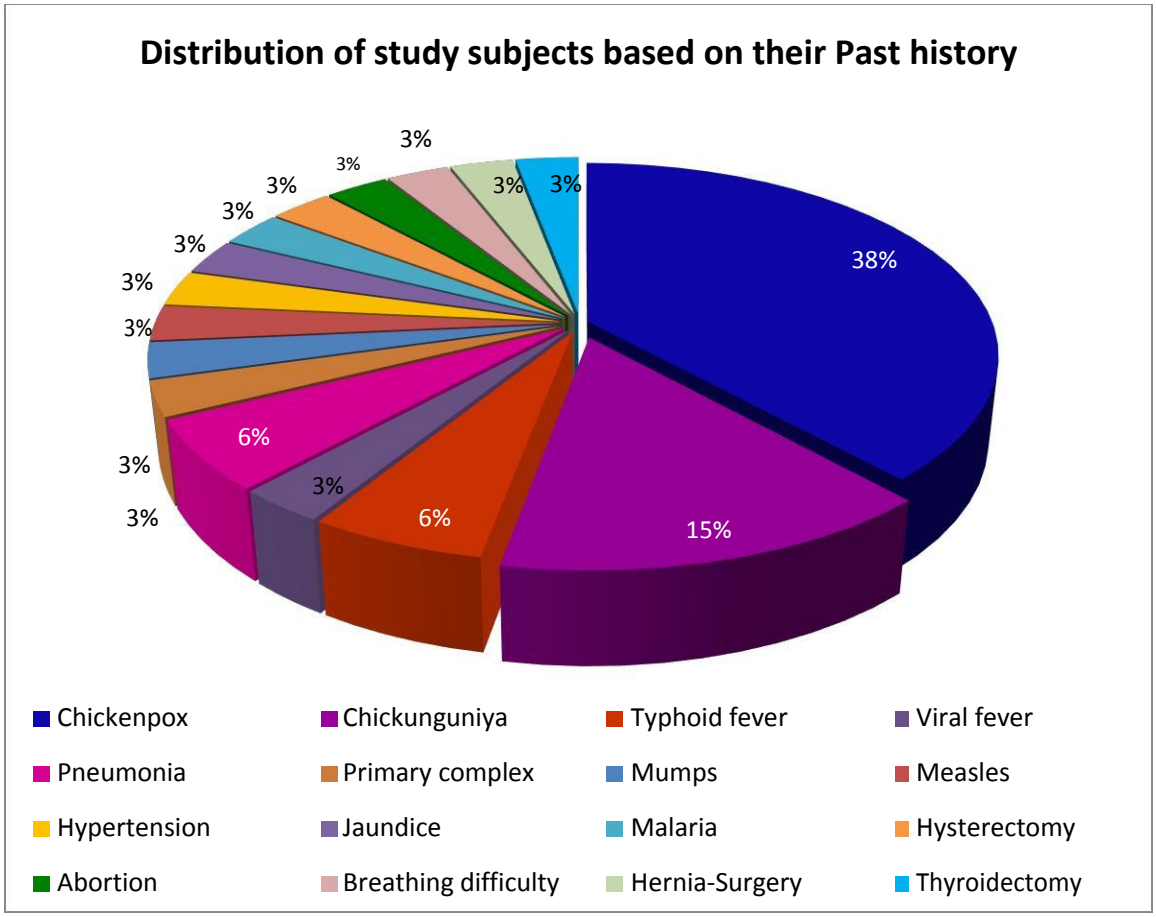
FINDINGS:

According to the study, all cases presented with cervical pain aggravated by movement. It was followed by neck stiffness in 27 cases (90%), referred pain in 26 cases (86.66%), vertigo in 14 cases (46.66%), Sub occipital/Frontal headache in 14 cases (46.66%), numbness in 7 cases (23.33%), tingling and weakness in 2 cases (6.66%) each.

Table 5: Distribution of study subjects based on their Past history:

PAST HISTORY	NUMBER	PERCENTAGE%
Chickenpox	13	43.3
Chickunguniya	5	16.6
Typhoid fever	2	6.6
Viral fever	1	3.33
Pneumonia	2	6.6
Primary complex	1	3.33
Mumps	1	3.33
Measles	1	3.33
Hypertension	1	3.33
Jaundice	1	3.33
Malaria	1	3.33
Hysterectomy	1	3.33
Abortion	1	3.33
Bronchitis	1	3.33
Hernia-Surgery	1	3.33
Thyroidectomy	1	3.33

FIGURE 5:



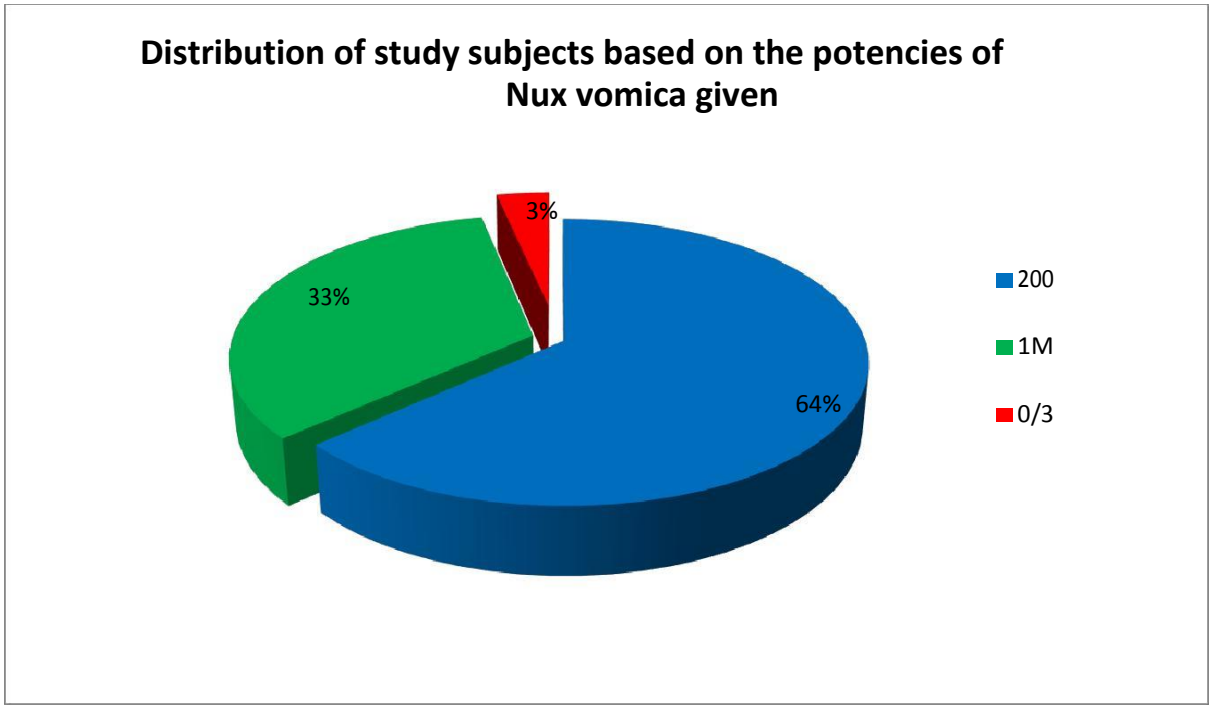
FINDINGS:

According to the study, 43.3% (13 cases) of the patients had chickenpox as past history, followed by chickenguniya in 16.6% (5 cases) of the patients, pneumonia in 6.66% (2 cases) of the patients, typhoid fever in 6.66% (2 cases) of the patients, viral fever, primary complex, mumps, measles, jaundice, malaria, hysterectomy, abortion, hernia, bronchitis, hernia- surgery, hypertension and thyroidectomy , each in 3.33% (1 case) of the patients.

***Table 6: Distribution of study subjects based on the potencies of Nux vomica given*:**

POTENCY	NUMBER	PERCENTAGE%
200	19	63.3
1M	10	33.3
0/3	1	3.33

FIGURE 6:



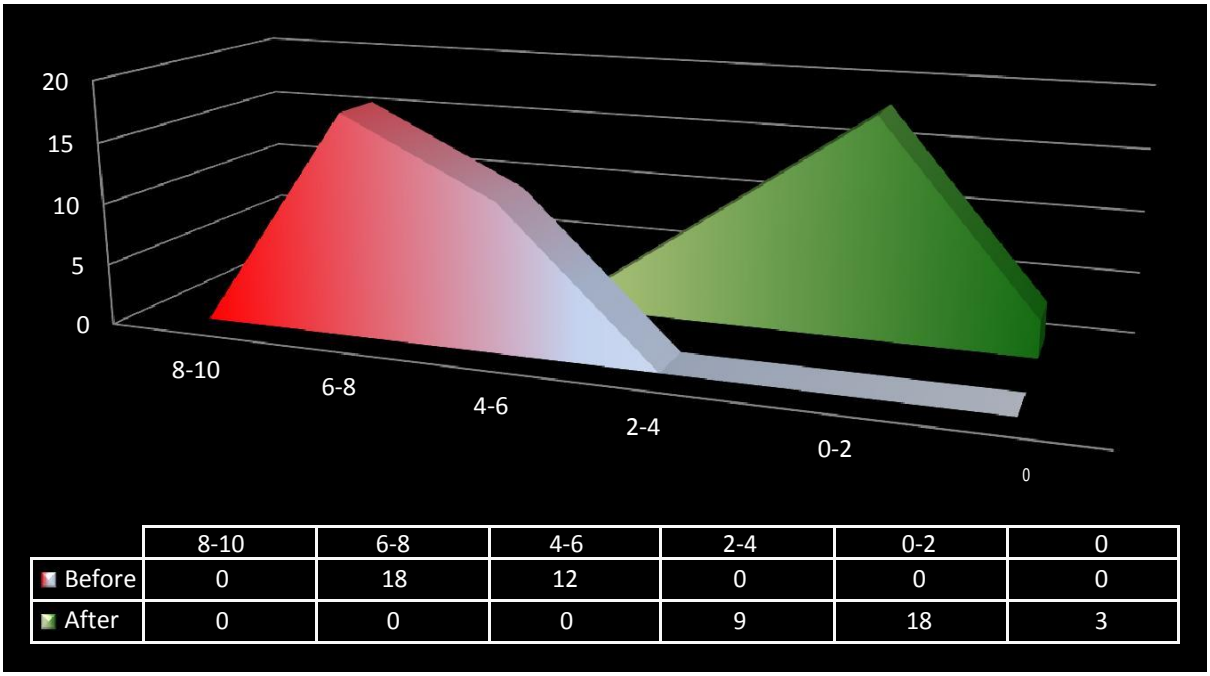
FINDINGS:

Studies on potencies revealed that 200 potency was frequently used in 64% i.e., in 19 cases, this was followed by 1M potency in 33.3% i.e., in 10 cases and 0/3 potency in 3.33% i.e., in 1 case.

Table 7: Distribution of study subjects based on VAS score before and after treatment:

VAS Score	Before	%	After	%
10-8	0	0	0	0
8-6	18	60	0	0
6-4	12	40	0	0
4-2	0	0	9	30
0-2	0	0	18	60
0	0	0	3	10

***FIGURE 7: Pain pattern among patients before and after treatment*:**



	8-10	6-8	4-6	2-4	0-2	0
Before	0	18	12	0	0	0
After	0	0	0	9	18	3

FINDINGS:

Before treatment, out of 30 patients, 18 cases (60%) had a VAS score between 6-8 and 12 cases (40%) had a VAS score between 4-6. After treatment**,** out of 30 patients, 18 cases (60%) had a VAS score between 0-2, 9 cases (30%), had a VAS score between 2-4, and 3 cases (10%) had a VAS score 0.

DISCUSSION:

Among the 30 cases, 23 cases (76.66%) were females and 7 (23.33%) were males. Generally, it is found that males are prone to get the disease than females. According to the study by Irvine *et al.,* 1965, prevalence in males was 13% by third decade and 100% by the age of 70 years. In females, prevalence in females was 5% in fourth decade and 96% above 70 years **(12).** But in this study females are more affected with cervical spondylosis. Females are more affected due to their irregular lifestyle.

Age group between 36-45 years shows the highest incidence i.e., 30% (9 cases). Followed by age group of 25-35 years which has 8 cases (26.66%), 20% (6 cases) were between the age group of 44-55 years, 3 cases (10%) were between the age group of 55-65 years, and there were 2 cases (6.66%) each between the age group of 65-70 years and 15-25 years. This finding coincides with the findings by Rahim and Stambough that spondylotic changes are most common in those older than 40 years But the onset of the disease occurs from an early age. **(12).**

Occupation has a key role in the onset of cervical spondylosis. In this study Housewives (50%) were the most affected. Mild injuries during household work, when left untreated pave way to degenerative change in the spine leading to cervical spondylosis. Repeated stress, hard physical labour, lifting weight, and reduced mobility of cervical spine forms the other contributing factors. These factors are confirmed by the incidence of disease prevailing in other occupations like Fishermen 6.66% (2 cases), Teacher 6.66% (2 cases), and 3.33% (1 case) each of student, tailor, business, weaver, coolie, driver, rubber tapping, cashew nut factory worker, staff in public firm. But the study published by Hagberg and Wegman in 1987 showed that "heavy workers" had significantly higher rates of cervical spondylosis **(28).**

According to the study, all cases presented with cervical pain aggravated by movement. It was followed by neck stiffness in 27 cases (90%), referred pain in 26 cases (86.66%), vertigo in 14 cases (46.66%), Sub occipital/Frontal headache in 14 cases (46.66%), numbness in 7 cases (23.33%), tingling and weakness in 2 cases (6.66%) each. Pain is the first and most common symptom which gives the patient a

sign of his trouble. Most of the patients who took treatment never opted for homoeopathy in initial stages of disease as revealed by the symptoms, so there is a need to spread awareness about the potential of homoeopathy in treating such cases.

According to the study, 43.3% (13 cases) of the patients had chickenpox as past history, followed by chickenguniya in 16.6% (5 cases) of the patients , pneumonia in 6.66% (2 cases) of the patients, typhoid fever in 6.66% (2 cases) of the patients, viral fever, primary complex, mumps, measles, jaundice, malaria, hysterectomy, abortion, hernia, bronchitis, hernia- surgery, hypertension and thyroidectomy, each in 3.33% (1 case) of the patients.

Studies on potencies revealed that 200 potency was frequently used in 64% of the patients i.e., in 19 cases, this was followed by 1M potency used in 33.3% of the cases i.e., in 10 patients and 0/3 potency was used in 3.33% of the patients i.e., in 1 case.

According to the study before treatment, out of 30 patients, 18 cases (60%) had a VAS score between 6-8 and 12 cases (40%) had a VAS score between 4-6. After treatment**,** out of 30 patients, 18 cases (60%) had a VAS score between 0-2, 9 cases (30%), had a VAS score between 2-4, and 3 cases (10%) had a VAS score 0.

Out of 30 cases, all cases showed marked improvement after treatment with Nux vomica.

CONCLUSION:

- Females are most affected.
- The most common age group is found to be between 36-45 years.
- 8 cases were found even in the age group of 26-35 years suggesting that the onset of disease starts even from younger age group.
- Housewives are mostly affected.
- Cervical pain aggravated by movement was present in all cases. Other associated symptoms were neck stiffness, referred pain, vertigo, Sub occipital/Frontal headache, numbness, tingling and weakness.
- 200 was the most frequently used potency of Nux vomica.
- The scores were statistically evaluated and thus we can conclude that administration of Nux vomica could give good relief in the pain management as well as the symptomatic relief of the disease, cervical spondylosis.

SUMMARY:

A total number of 30 cases were randomly selected based on inclusion and exclusion criteria. The cases were prescribed with Nux vomica and the potencies were selected based on the patients susceptibility. All cases were followed for a minimum period of 2-6 months. The study was subjected to statistical analysis and results were made from observations.

It was found that females especially housewives were mostly affected with cervical spondylosis. The age group commonly affected was between 36-45 years of age. The disease was more prevalent among people above 40 years of age but its onset has begun from an early age. The mild injuries to cervical spine which were left untreated, repeated stress, hard physical labour, lifting weight, and reduced motility of cervical spine forms a contributing factor for this condition. Studies revealed that out of 30 cases treated with Nux vomica 200 potency was the most frequently used potency of Nux vomica.

On analysis of pain and improvement criteria scores, the role of Nux vomica in the pain management of cervical spondylosis was found to be effective.

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APPENDIX:

Statistical analysis of VAS:

t-Test: Paired Two Sample for Means		
	Before	*After*
Mean	14.23333333	2.866666667
Variance	7.012643678	2.395402299
Observations	30	30
Pearson Correlation	0.075159767	
Hypothesized Mean Difference	0	
Df	29	
t Stat	20.99670021	
P(T<=t) one-tail	2.18823E-19	
t Critical one-tail	1.699127027	
P(T<=t) two-tail	4.37647E-19	
t Critical two-tail	2.045229642	

On conducting two-tailed t test, P value of less than 0.0001 was obtained. By conventional criteria, this difference is considered to be extremely statistically significant. The mean of VAS before minus VAS after equals 4.93 with 95% confidence interval. The t stat value is 20.9448, df = 58 and the standard error of difference = 0.236

Statistical analysis of Disease intensity:

t-Test: Paired Two Sample for Means		
	Before	*After*
Mean	6.8	1.866666667
Variance	0.57931034	1.085057471
Observations	30	30
Pearson Correlation	0.18267086	
Hypothesized Mean Difference	0	
Df	29	
t Stat	23.045977	
P(T<=t) one-tail	1.704E-20	
t Critical one-tail	1.69912703	
P(T<=t) two-tail	3.4081E-20	
t Critical two-tail	2.04522964	

On conducting two-tailed t test on disease intensity, P value of less than 0.0001. By conventional criteria, this difference is considered to be extremely statistically significant. The mean of VAS before minus VAS after equals 11.37 with 95% confidence interval and the difference was from 10.25 to 12.49. The t stat value is 23.045, df = 58 and the standard error of difference = 0.560

On carrying out a correlation analysis of VAS and disease intensity, both was found to be positively correlated. I.e.) both values reduced together. Disease intensity reduced along with pain proving the effectiveness of treatment.

QUESTIONNAIRE USED FOR ASSESING THE PATIENT:

STSH 150048

SARADA KRISHNA HOMEOPATHIC MEDICAL COLLEGE AND HOSPITAL

1) PERSONAL DETAILS:

Name: _____
Sex: M/F Age: _____
Occupation: _____ c/o: _____.
Address: _____
Contact number: _____
Educational status: _____
Relationship status: _____
Socioeconomic status: _____
Members of family: _____

2)GENERAL FEATURES:

Height: _____ cms ;

Hours of sleep: _____ Hours;

Nature of work: _____

Weight:
Present: ____ kgs ; At birth : ____ kgs; Adolescent: ____ kgs
Adult: _____ kgs

Reason for any sudden weight loss/weight gain if present: _____
Incident age: _____
Reason (if present): _____
Diet: _____

3)PAIN:

Nature	Intensity	Duration	Side	Radiation Of pain	Aggravation	Amelioration

4) Are you facing difficulties in doing any of the following activities?

Head turning		Interaction with others	
Dressing		Tour and travel	
House hold activities		Reading	
Television viewing		Using telephone	
Carrying things		Searching things at home and work	
Shopping		Ability to concentrate	
Relationship with family			

5) Are you happy with your job?_____

6) Relationship with colleagues/boss:_____

7) How is your stress level at work? _____

STSH 150048

SARADA KRISHNA HOMEOPATHIC MEDICAL COLLEGE AND HOSPITAL

SI.No.	Symptoms	1	2	3	4	5	6	7
1	Cervical pain during movement							
2	Referred pain							
3	Neck stiffness							
4	Numbness							
5	Tinging							
6	Weakness							
7	Vertigo							
8	Dizziness							
9	Retro orbital/temporal pain							
10	Sub occipital headache							
11	Restriction of movements							
12	Crepitus audible on neck							

SCORING CRITERIA:

0- Absent
1- Mild
2- Moderate
3- Severe

Master Chart
STSH15004

SI. No.	OP No.	Name	Age	Sex	Occupation	Prersenting Complaints	P/H	Diagnosis	Medicine	Potency	VAS		Disease Intensity Score		Remarks
						with Duration					Before	After	Before	After	
1	8417/10	Mrs.B	55 yrs	F	Housewife	cervial region pain extending	Chickungunya	Cervical	Nuxvomica	200	7	2	12	4	Improved
						to both hands,headache in		Spondylosis							
						occiput,stiffness of neck,									
						Since 6 months,									
						< Movement,									
						< Stooping,									
						<Night,									
						>Pressure,									
						>Warm Application,									
						<cold exposure.									
2	800/17	Mrs.R	35 yrs	F	Tailor	cervical region,aching pain,	Chickenpox	Cervical	Nuxvomica	1M	6	1	9	1	Improved
						stiffness of neck,		Spondylosis							
						Since 2 months,									
						< Turning Head,									
						< Flexion,									
						< Stooping,									
						< Exertion.									
3	5169	Mrs.k	45 yrs	F	Bakery	Cervical region, aching pain	NR	Cervical	Nuxvomica	1M	7	2	17	3	Improved
					worker	radiating to arm		Spondylosis							

						,stiffness of									
						neck, since 2 years,									
						<Weight lifting++ ,									
						<Turning to right side,									
						<Flexion,									
						<Extension .									
						Heaviness of nape of neck ,									
						Headache in occiput.									
4	4660	Mrs .M	42 yrs	F	Weaver	Cervical region,pain in nape	Chickenpox,	Cervical	Nux vomica	1M	6	3	11	4	Improved
						of neck,extending to right	Typhoid fever,	Spondylosis							
						shoulder, since 1 month,	Pneumonia								
						<Pressure,									
						<Exertion.									
						Pain in right middle finger,									
						since 1 month,									
						<Flexion.									
						Headache.									
5	5206	Mrs .S	32 yrs	F	Housewife	Cervical region pain,	Primary	Cervical	Nux vomica	1M	6	0	14	0	Improved
						stiffness of neck,	complex	Spondylosis							
						Vertigo,									
						since 3 months,									
						<Turning head,									
						<Exertion,									
						<Driving++ ,									
						<Stooping.									
6	4109	Mrs .J	34 yrs	F	Staffin	Cervical region pain (left side)	NR	Cervical	Nux vomica	1M	7	2	15	4	Improved

					Public	Extending to left arm,		Spondylosis							
					Firm	Stiffness of neck,Head ache,									
						since 2 years,									
						<Turning to right side,									
						<Night.									
7	5106	Mr. A	22 yrs	M	Driver	Cervical region pain(right	chicken pox	Cervical	Nux vomica	1M	6	1	12	2	Improved
						side) with numbness and		Spondylosis							
						neck stiffness,									
						since 1 month,									
						<Movement									
						<Weight lifting.									
8	7126/13	Mrs .Sr	32 yrs	F	Housewife	Vertigo,	Viral fever	Cervical	Nux vomica	200	8	1	18	2	Improved
						<Moving head,		Spondylosis							
						Cervical region pain with									
						stiffness of neck,extending to									
						arm, Since 1 week,									
						<Stooping,									
						<Physical exertion.									
						Weakness of body.									
9	231/13	Mrs .P	40 yrs	F	Teacher	Pain on forehead,and cervical	NR	Cervical	Nux vomica	200	7	2	12	3	Improved
						region,Vertigo,		Spondylosis							
						since 2 weeks,									
						<Travelling,									
						< During perspiration,									

						<Stooping,									
						<Lateral flexion .									
10	11596/15	Mrs.Pr	46 yrs	F	Housewife	Cervical region pain	chicken pox	Cervical	Nux vomica	200	7	1	15	2	Improved
						Extending to left shoulder,		Spondylosis							
						with numbness and stiffness									
						of neck,									
						since 5 years,									
						< Turning Head,									
						>Lying on left side,									
						<Weight lifting.									
11	14749/14	Mr. Rj	45 yrs	M	Tapping	Pain in shoulder joint,	NR	Cervical	Nux vomica	1M	7	3	14	4	Improved
					Rubber	radiating till thumb(left side),		Spondylosis							
						since 1 year,									
						cervical region pain,extending									
						to left shoulder, with stiffness									
						of neck, since 1 year,									
						<Night,									
						<rest,									
						>Pressure,									
						< Lying on left side,									
						>Warm application .									
						Vertigo, since 1 year.									
12	5856/14	Mrs.L	35 yrs	F	Housewife	Cervical pain,extending to	Chickungunya,	Cervical	Nux vomica	0/3	7	3	15	4	Improved

						both the arm,with stiffness of	Chicken pox	spondylosis							
						neck , since 1 year,									
						< Movement,									
						<Weight lifting,									
						<Physical exertion,									
						<Turning head on both sides.									
						Headache in frontal region,									
						<Sun exposure,									
						<Talking loudly.									
13	8817/15	Mrs.AJ	42 yrs	F	Teacher	Pain on scapular region(left	Mumps	Cervical	Nux vomica	1M	7	1	15	1	Improved
						side) ,		Spondylosis							
						Pain in cervical region									
						(left side),with stiffness of neck,									
						since 3 months,									
						<Motion ,									
						<Raising arm.									
						Vertigo ,since 1 month.									
14	5255	Mr. An	18 yrs	M	Student	Pain in shoulder joint,	NR	Cervical	Nux vomica	1M	6	3	12	5	Improved
						extend upto right arm,with		Spondylosis							
						neck stiffness,									
						since 5yrs,									
						<Writing,									
						<Erect posture,									
						<Turning head ,									
						<Driving.									

15	5254	Mrs.Sh	40 yrs	F	Housewife	Cervical region,stitching pain	NR	Cervical	Nux vomica	1M	7	3	14	5	Improved
						extending upto right arm, with		Spondylosis							
						neck stiffness, and vertigo,									
						since 10 yrs,									
						<Morning,									
						<Turning head on both sides,									
						<Straining,									
						>Warm application.									
16	11161/15	Mrs.AP	59 yrs	F	Housewife	Cervical region pain,	Chickenpox,	Cervical	Nux vomica	200	6	3	17	5	Improved
						extending to right hand,	known	Spondylosis							
						with neck stiffness,									
						Since 1 year,	hypertensive								
						<Neck Movement,	since 1 yr								
						<Abduction of hand,									
						<Lying on affected side,									
						>Rest.									
						Vertigo(occasionally),									
						Heaviness of head.									
17	503/13	Mrs.RB	60 yrs	F	Housewife	Cervical region pain and	Abortion,	Cervical	Nux vomica	200	6	2	12	4	Improved
						stiffness,extending to right arm	Hysterectomy,	Spondylosis							
						upto elbow joint,	Chickenpox								
						since 2yrs,									
						<Lying on back,									
						<Exertion,									
						<Turning head to right,									

						<Bathing in cold water,									
						<Stooping,									
						<Early morning									
18	10699/13	Mrs.SE	50 yrs	F	Cashewnut factory worker	Cervical region pain,right side of neck,extending to shoulder joint,stiffness of neck, since 3 months, <Stooping, <Turning head.	Chickenpox	Cervical Spondylosis	Nux vomica	200	6	0	12	0	Improved
19	8729/15	Mr. RA	70 yrs	M	Fisherman	Cervical region pain, extending upto left arm , through shoulder joint, stiffness of neck ,since 2 months, <Raising arm, <Motion , <Lying on affected side, <Night, >Pressure.	Chickungunya.	Cervical Spondylosis	Nux vomica	200	6	2	12	3	Improved
20	1968/16	Mr. L	53 yrs	M	Fisherman	Cervical region, electric like pain with numbness ,extending to arm (right side), weakness of arms,neck stiffness, Since 1 year,	Malaria , Hernia-Surgery done.	Cervical Spondylosis	Nux vomica	200	8	3	15	4	Improved

						< weight lifting,									
						< Sitting,									
						< Lying on affected side,									
						> Lying on back,									
						> Rest.									
21	7271/9	Mrs.Su	37 yrs	F	Banker	Cervical region, aching pain,	Chickenpox,	Cervical	Nux vomica	200	6	0	12	0	Improved
						extends to left arm,	Typhoid fever,	Spondylosis							
						since 2 years,	Thyroidectomy.								
						<Night,									
						< Sitting,									
						> Lying down.									
						Vertigo and tendency to fall									
						forward,									
						< Morning,									
						< Travelling.									
						Headche.									
22	5795/13	Mr. Bu	44 yrs	M	Business	Cervical region pain, extends	NR	Cervical	Nux vomica	200	6	1	12	2	Improved
						to left hand,neck stiffness,		spondylosis							
						since 2 years,									
						< Exertion,									
						< Stooping,									
						< Cold,									
						< Moving Head.									
						Headache from left to right									
						side,extending to back,									
						since 2 years,									
						< Sun Exposure,									

						< Persperation,									
						> Pressure,									
						> Lying down.									
23	914 3/13	Mrs .T	60 yrs	F	Housewife	Cerviacl region pain, extends	Measles	Cervical	Nux vomica	200	8	2	18	3	Improved
						to right upper extremity,neck		Spondylosis							
						stiffness, Numbness in fingers,									
						since 3 years,									
						< Cold bathing,									
						< Stooping.									
						Vertigo, with heaviness of head,									
						< Sitting.									
24	356 4/13	Mrs .Sa	70 yrs	F	Housewife	Cervical region pain, extends	Chickenpox	Cervical	Nux vomica	200	7	4	17	5	Improved
						from nape of neck towards		Spondylosis							
						both upper extermities ,									
						<Turning in bed,									
						< Exertion,									
						< Motion,									
						< Holding things.									
						Numbness of upper extermities ,									
						< Rainy weather,									
						Vertigo,									
						< Lying,									
						< Raising from lying posture.									
						Heaviness of									

						head,Headache,									
						Since 2 years.									
25	1030/9	Mrs.Sw	35 yrs 0	F	Housewife	Headache,	Bronchitis	Cervical	Nux vomica	200	7	1	15	1	Improved
						< Sun Exposure,		Spondylosis							
						< Travelling.									
						> After sleep.									
						Vertigo,									
						< Night,									
						< Raising from lying posture.									
						Cervical region pain(left side),									
						stiffness of neck,									
						since 2 weeks,									
						< Stooping,									
						<Pressure,									
						< Lying on affected side,									
						< Movement of head.									
26	11976/14	Mr. Ct	36 yrs	M	Coolie	Cervical region, aching pain,	Jaundice	Cervical	Nux vomica	200	6	2	12	4	Improved
						(right side),stiffness of neck,		Spondylosis							
						since 1 year,									
						< Flexion,									
						< Turning head,									
						< Stooping.									
27	11596/15	Mrs.P	46 yrs	F	Housewife	Cervical region pain, extends	Chickenpox	Cervical	Nux vomica	200	8	2	15	3	Improved
						to shoulder(left side),		Spondylosis							

						stiffness of neck,									
						Pain with Numbness with									
						tingling sensation,Since 5 years,									
						< Turning the head,									
						<Lying on left side+ ,									
						< Weight lifting.									
28	712 6/13	Mrs .Sre	32 yrs	F	Hous ewife	vertigo,	Pneumo nia,	Cervi cal	Nux vom ica	200	8	1	18	2	Impr oved
						< Moving head.	Chicku ngunya	Spon dylosi s							
						Headache in vertex,									
						< Sun Exposure,									
						< Morning.									
						Cervical region pain,with									
						stiffness ,Since 1 week,									
						< Stooping+									
						< Exertion.									
						Weakness of body.									
29	230 9/16	Mrs .M	35 yrs	F	Hous ewife	Cervical region pain,exten ds	Chicke npox,	Cervi cal	Nux vom ica	200	7	3	14	4	Impr oved
						arm, with stiffness of neck,	Chicke nguniya	Spon dylosi s							
						Vertigo, since 1 year,									
						< Weight lifting,									
						> Lying down on supine position,									
						< Exertion,									
						> Oil massage.									

30	168/16	Mrs.Na	55 yrs	F	Housewife	Cervical region pain, extends	NR	Cervical	Nux vomica	200	8	2	21	2	Improved
						from right shoulder joint till		Spondylosis							
						thumb,Pain with numbness and									
						tingling sensation in thumb,									
						Vertigo, stiffness of neck,									
						since 3 days,									
						<Lying on right side,									
						< Turning head to left side,									
						<Weight lifting.									