Cervical spondylosis is a general term for age-related wear and tear affecting joints of the neck. Also known as cervical osteoarthritis, this condition usually appears in men and women older than 40 and progresses with age. Although cervical spondylosis affects both sexes equally, men usually develop it at an earlier age than women do.

As we inevitably age, bones and cartilage of the backbone and neck gradually deteriorate, sometimes forming irregular bony outgrowths called spurs. These changes, characteristic of cervical spondylosis, actually occur in everyone’s spine yet many people with these radiological signs manage to escape the associated symptoms, which include pain, stiffness and muscle spasms.

At the other extreme cervical radiculopathy (compression of spinal nerves) and cervical myelopathy (due to reduction in diameter of the spinal canal) can lead to permanent disability.

Yoga offers us a path of light and hope to lead us from the state of degeneration towards one of integration, health and harmony by harnessing our inherent healing potential to the fullest.

SYMPTOMS

The usual signs and symptoms of cervical spondylosis that bring the patient to the therapist are:

- A stiff, painful neck
- Shoulder, arm or chest pain
- Numbness, tingling or pinprick sensations in the arms, hands, legs or feet
- Lack of coordination
- Difficulty walking
- Abnormal reflexes
- Loss of bladder or bowel control, or urinary or bowel retention
CAUSES:

Technostress and the accompanying psycho-physiological changes due to the modern computer age are important factors in the ethio-pathogenesis as there is no escaping a computer anywhere, anymore, any time!

Aging and wear and tear on the spine are major risk factors for spondylosis. The person is more likely to develop spondylosis if they had a previous neck injury.

Specific changes occurring with age include:

- Drying and loss of elasticity in the spinal and cervical disks
- Bulging and sometimes herniation of disks so that disk material protrudes from between two vertebrae
- Stiffening of the ligaments connecting neck bones and muscles

TESTS AND DIAGNOSIS

The symptoms and history, along with an examination, may suggest cervical spondylosis and other imaging tests may be used in the workup including:

- Neck flexibility assessment. Cervical spondylosis limits range of motion in the neck. To observe this effect, ask the patient to tilt the head toward each of the shoulders and rotate the neck from side to side.
- Neurological exam. To find out if there’s pressure on spinal nerves or spinal cord, reflexes are tested along with the sensation all along arms and legs.
- Neck or spinal X-ray. An X-ray may show abnormalities, such as bone spurs, that indicate cervical spondylosis.
- Computerized tomography (CT) scan or magnetic resonance imaging (MRI). A CT scan of the spine produces a more detailed image while the MRI can produce detailed, cross-sectional images of the spine.
- Myelogram. This test involves generating images using X-rays or CT scans after dye is injected into the spinal canal for better visualization.

MANAGEMENT

Without treatment, the signs and symptoms of cervical spondylosis may decrease or stabilize, or they may worsen. The goal of treatment is to relieve pain and prevent permanent injury to the spinal cord and nerves.
Mild cases of cervical spondylosis may respond to:

- Wearing a neck brace (cervical collar) during the day to help limit neck motion and reduce nerve irritation.
- Taking Non steroidal anti-inflammatory drugs for pain relief.
- Doing exercises to strengthen neck muscles and stretch the neck and shoulders. Low-impact exercises like walking or water aerobics are useful.

For more severe cases, non-surgical treatment may include:

- Hospitalization with bed rest and traction for a week or two to completely immobilize the cervical spine and reduce pressure on spinal nerves.
- Taking muscle relaxants, particularly if neck muscle spasms occur.
- Injecting corticosteroid medications into the joints between the vertebrae (facet joints). The injection combines corticosteroid medication with local anesthetic to reduce pain and inflammation.

Surgery: If conservative treatment fails or if the neurological signs and symptoms, such as weakness in the arms or legs, are getting worse, the patient may need surgery. The surgical procedure will depend on the underlying condition, such as bone spurs or spinal stenosis. Risks of these procedures include infection, a tear in the membrane that covers the spinal cord at the site of the surgery, bleeding, a blood clot in a leg vein and neurological deterioration. In addition, the surgery may not eliminate all the problems associated with the condition.

YOGIC PREVENTION AND MANAGEMENT

A. GENERAL ADVICE:

- Avoid high-impact activities if neck pain is present
- Warm fomentation of the neck region
- Avoid lifting weights
- Take short breaks while driving, watching TV or working on a computer
- Work on the overall posture keeping the neck aligned with shoulders
- Take adequate rest
- When lying down it is best to lie on the side. Avoid sleeping on the face.
- Use a thin and hard pillow to support the head and neck
B. DIETARY HABITS:

- Take lots of Fruits, Green vegetable salads and sprouts.
- Good hydration helps inter vertebral discs retain their health.
- Avoid refined foodstuffs and junk foods.
- Milk is an important source of Calcium.
- Green leafy vegetables are important.
- Vitamin C in citrus fruits will help the healing process.
- Honey in warm water or herbal teas are good for cleansing the bowels and this will help relieve many backaches that are due to constipation.

C. SELF TRACTION:

This is an excellent technique that helps relieve the pain in the neck as well as the entire back by mimicking the traction one gets in the hospitals without the attendant paraphernalia. Turn the head from side to side as if the head is a bottle cap and is being taken off the bottle. Let the head move away from the body pulling the upper part of the spine upwards. Then move the heels, one be one as if walking away from the body downwards. Hold this self-traction on the entire spine for 30 seconds. Then release and relax for a minute. Repeat at least three times in the morning before getting out of bed and at night before going to bed.

D. BREATH-BODY MOVEMENTS COORDINATION

- Sukshma Vyayama to facilitate healing energy through out the body.
- Vyagraha Pranayama with awareness of the movements at the upper back with the breath
- Chri Kriya with awareness of the movements at the upper back with the breath

E. ASANAS: Postures to stretch and strengthen the upper back:

- Standing: Tada Asana, Ardha Kati Chakrasana, Ardha Chakrasana, Meru Asana
- Sitting: Gomuka Asana, Manduka Asana, Danda Asana, Sashanga Asana, Ushtra Asana, Chatus Pada Asana and Pratipa Hala Asana
• Reclining: Dridha Asana variations, Bhujanga Asana, Nouka Asana, Shalaba Asana, Bala Asana, Pawana Mukta Asana

F. PRANAYAMAS:
• Vibhagha and Pranava Pranayamas with special emphasis on Adhyam Pranayama and MMM sound for head and neck area.
• Savitri Pranayama, Nadi Shuddhi and Bhramari Pranayama help in reducing the stress levels.

G. KRIYAS: Jala Neti and Kunjal

H. MUDRAS: Brahma Mudra for the head and neck region

I. RELAXATION: Shavasana, Tala Kriya, Dridha Kriya and Kaya Kriya.

J. DHARANA AND DHYANA:
• Mandala Dharana on all Chakras with emphasis on Vishuddha and Ajna Chakras.
• Om Japa and Ajapa Japa
• Chakra Mediation

CONCLUSION:
If Yoga is taken up in the childhood itself, we can prevent many conditions from occurring later on in life. This is primary prevention. Once the condition occurs, we have secondary prevention which tries to control the condition to whatever extent possible. The final part is tertiary prevention where we try to prevent the complications, those complications that can affect the quality of life.

Yoga therapy is not a magic therapy! It is not a ‘one pill for all ills’. There should be no false claims or tall claims made in this field because Yoga therapy is also a science. It has to be approached in a scientific, step-by-step manner. It should be a ‘one on one’ therapy, where the therapist can modify the practices as per the individual requirements. It is not “one size fits all-or one therapy fits all”!

We need to take into consideration, the gender, the physical condition as well as the condition of the disorder when we are applying Yoga as a therapy. A step-by-step approach involving aspects of diet, involving aspects of our lifestyle, involving aspects of the way we think, involving Yogic counseling. Well, all of these are part and parcel of Yoga therapy. When such a Yoga therapy is applied we can be assured of tremendous changes in our life.
RECOMMENDED READING:

3. www.cervical-spondylosis.com