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What Makes Neck Pain Call on You

Common neck pains are a result of a combination of factors. Some of the factors could be your own undoing and some could be for reasons that are beyond your control. Now let us explore these factors one by one beginning with the 'risk factors' that could lead you to painful neck

RISK FACTORS FOR COMMON NECK PAINS

The three important risk factors, which lead to the genesis of the common neck pains are:

- 1. Altered neck mechanics.
- 2. Advancing age related changes.
- 3. Additional loads through the neck.

Now let us analyse each one in greater detail:

Altered Neck Mechanics

If the neck curve is altered by too forward a curve, too backward a curve, or by a sideward curve, by the improper neck postures we adopt in our daily lives, then abnormal pressure is exerted on the structures and the muscles due to the altered neck mechanics. This leads to muscle fatigue and the pain develops. In fact, the neck pain is a cry of anguish emanating from your beleaguered muscles seeking attention from your side to spare it from the agony.

Note: Altered weight transmission is due to the altered neck mechanics following improper neck postures.

Misadventures of Neck

Look how you blissfully indulge in neck misadventure everyday which results in altered neck mechanics:

- During sleep, you either use too thick a pillow, or too thin or no pillow at all during sleep. This disturbs the normal forward curve. Thus you are guilty of not providing respite to your neck even at sleep! (Fig. 3.2 and see Figs 4.2b and c).
- You lean over the washbasin or stretch or bend your neck while brushing, shaving, taking bath, etc. (see Fig. 4.4).
- If during your morning chores, you receive a phone call, you promptly tuck it between your tilted neck and shoulder (see Fig. 1.2a).
- You lean over or side-tilt your neck while reading your morning newspaper, eating your breakfast, drinking, dressing, wearing your shoes, etc. (see Fig. 7.19).
- Modern day travelling imposes greater stress on your neck as you lean over the windows, rails, or even over fellow passengers!
- Worse still, mobile maniacs exhibit heights of their foolhardiness and recklessness by speaking over their mobile phones while driving two wheelers or their cars. A despicable situation bordering on insanity! (Fig. 3.1 and see Fig. 4.3).
- Your neck has no respite even after you reach your place of work. You work for 8– 10 hours sitting awkwardly on ill-designed

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Table 4.1 helps you to identify correctly the acute or chronic type of common neck pain you may be suffering from:

Table 4.1: Differences between the common neck pains

Acute	Chronic
Sudden	Gradual
Any age	Elderly
Severe	Mild/Moderate
Short	Long
Localised	Local/ radiating
None	Deficits may be seen
Normal	May show changes
Simple	Complex
Rarely chronic	Associated with complications
Entirely	Preventable preventable to certain extent
	Sudden Any age Severe Short Localised None Normal Simple Rarely chronic

Rapid recall: Types of neck pains

I. Common Neck Pains

Acute

- Neck muscle spasms (called Myalgia).
- Neck muscle strain.
- Neck ligament sprain.

Chronic: Cervical disc syndromes consisting of

- Neck pain only.
- · Neck pain with radiating pain in the arm.
- The second variety with neurological deficits.

II. Uncommon Neck Pains

- Birth disorders: For example, congenital torticollis.
- Infective conditions: For example, tuberculosis.
- Inflammatory conditions: For example, Rheumatoid arthritis, ankylosing spondylitis.

- Metabolic disorders: For example, Osteoporosis.
- Traumatic conditions: For example, Various fractures and dislocations of the neck.

From Table 4.1 I am sure, you will have no difficulty in identifying yourself, the types of common neck pain you may be suffering from. Once you identify the 'culprit', remedy lies at your beck and call.

Why should common neck pain be attended to immediately? What will happen if it is ignored? You will come to know about this, if you know the sequelae of the common neck pains if left unattended or if it is not treated properly (see box).

Important facts: Sequelae of common neck pains

A. Acute neck pains

Why are acute neck pains, such a troublesome problem? The answer lies in the trail of its devastating after effects, the notable ones among these are:

- During the period of the acute attack, a person is totally out of action till it resolves.
 This leads to absenteeism and loss of productivity at the place of work.
- Recurrent attacks of neck pain may follow.
- After many attacks it may become a permanent chronic problem.
- Chronicity may lead to permanent neck deformities like the wryneck.
- Over the years it may predispose to the formation of cervical spondylosis.
- · Anxiety and depression.

B. Chronic neck pains

- Prolonged pain and suffering.
- Permanent neurological damage resulting in weakness and loss of sensations in the upper limbs.
- A common neck pain patient may become a victim of depression and anxiety neurosis.
- Rising medical costs.

Note: It is better if the ends of the canes have rubber cushions, so that it does not skid and result in falls while walking or climbing.

- Sitting chairs: To facilitate easy getting in and getting out of a chair, it is advised that patients use high rising chair instead of the conventional low-level chairs. This helps a patient to get in and get out of the chair with considerable ease (Fig. 10.26a).
- Car seats: To get in and get out of the car, ensure high raise seats, proper grips inside of the car to facilitate easy getting in and getting out of the seats.
- Toilet seats: Raise the level of the seats of Western toilets, to facilitate easy sitting and getting up from the commode. Provide proper railings on the sides of the way to grip firmly (while sitting and getting up from the toilet seat (Fig. 10.25).
- Soles of the footwears: Use microcellular soles (called the MCR) in your shoes and other forms of footwear. This is known to reduce the shock on your heels and knee joints and makes the weight bearing activities less stressful (Fig. 10.26b).
- Stairs climbing technique: While climbing up the stairs, advance your painful leg first and while getting down from a staircase use the normal limb first. Hold the side railings while going up and down the stairs. It is better to use the lifts for climbing if the facility is available.



Fig. 10.25: Providing railings and raising the height of the commode helps the patients to prevent stress on the knees

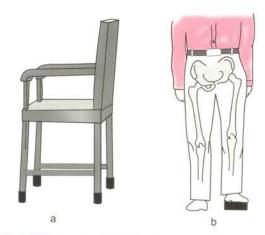


Fig. 10.26: Raising of the height of the chair enables osteoarthritic patient to easily get in and get out of the chair (a), providing shoe supports corrects limb length, if any (b)

 Knee supports: Wearing of additional knee supports like knee braces or kneecaps provides additional sense of security and support to the creaking joints. It also provides a psychological boost to the sufferer (Fig. 10.13).

However, a correct sized knee cap has to be chosen. If too loose it is ineffective, if it is too tight it may cause swelling of the ankle and the foot. Hence a snugly fitting knee cap has to be chosen and worn. It should not be worn at rest or during sleeping. To preserve the elasticity it should not be ironed but just rinsed and dried.

A quick recap of the selfhelp techniques

- Avoid overweight.
- Avoid walking on irregular surfaces.
- Avoid wearing high heels.
- · Avoid squatting on the ground.
- · Avoid Indian toilets.
- Avoid unnecessary load on the knees by refraining from unwanted standing, climbing, etc.
- Avoid smoking and alcohol.

Ans: The term TKR means total knee replacement. It is a very sophisticated surgery and the cost of the operation varies depending upon the type of implants whether imported or local. Approximately it may vary from Rs. 50,000 to Rs. 1 lakh per knee. The indication for this surgery is severe osteoarthritis over the age of 65 years.

10. Does smoking and boozing have adverse effects on our knee joints?

Ans: The answer is a definite yes. These twin bad habits to hasten joint degeneration and slow the recovery. A bad news for smokers and alcoholics.

Moral: Don't you think this is another strong reason to send these twin vices to the recycle bin!

11. After TKR can the person use his knee joint freely?

Ans: No. The person who has undergone TKR can use the knee selectively and not freely as he used to use his own knee joint. After TKR patient is advised not to squat on the ground, not to run, climb or stand for longer durations. He need to use only the Western toilet. He needs to use the assistive devices like canes, etc. while walking on a permanent basis. The advantage of TKR is it helps the patient to get rid of the pain and helps in correcting the deformity.

The vital lesson: Nothing can replace your God given joints. Hence try to use it with care and preserve it.

12. I have been practising Yoga since my young days? I am now suffering from bilateral osteoarthritis of the knee? Can I still continuing doing Yoga?

Ans: Though there is no strict contraindication for doing Yoga in your case, however certain asanas which involve sitting like Padmasans, Veerasana, Vajrasans, etc. needs to avoided. You will have to consult your Yoga teacher before deciding what asanas are suitable in your case.

13. What are the role of drugs in osteoarthritis? Should I take the pain-killers permanently?

Ans: Drugs play an important role in the treatment osteoarthritis of the knee. Pain-killers need to be taken only with the instructions of your doctor and that too for a short period only. Long term usage of painkillers is usually not advised for fear of complications like nausea, vomiting, gastritis, etc. Other newer drugs, which attempt to modify the disease process like glucosamine, etc. are being tried with varied success.

EIHT (EBNEZAR'S INTEGRATED HOLISTIC THERAPY) FOR CHRONIC KNEE PAIN DUE TO OSTEOARTHRITIS

Role of Ebnezar's Integrated Holistic Therapy in OA Knees

EIHT is very promising treatment modality for treating knee pains due to OA knees. The details about this therapy has been described in section on neck pain and low backache. The steps of EIH therapy for OA knees are as follows:

Phase I: Preparatory Phase — 30 minutes

Omkar Meditation (with chin mudra) – 5 rounds.

- Nadi Shudi Pranayama (with Nasik mudra)
 5 rounds.
- Reflexology and acupressure.
- Magnet therapy 10 minutes.
- Physiotherapy 15 minutes.
 - a. For stifness wax bath/USM or TENS.
 - b. Without stiffness TENS/USM.

Relaxation-Instant

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