

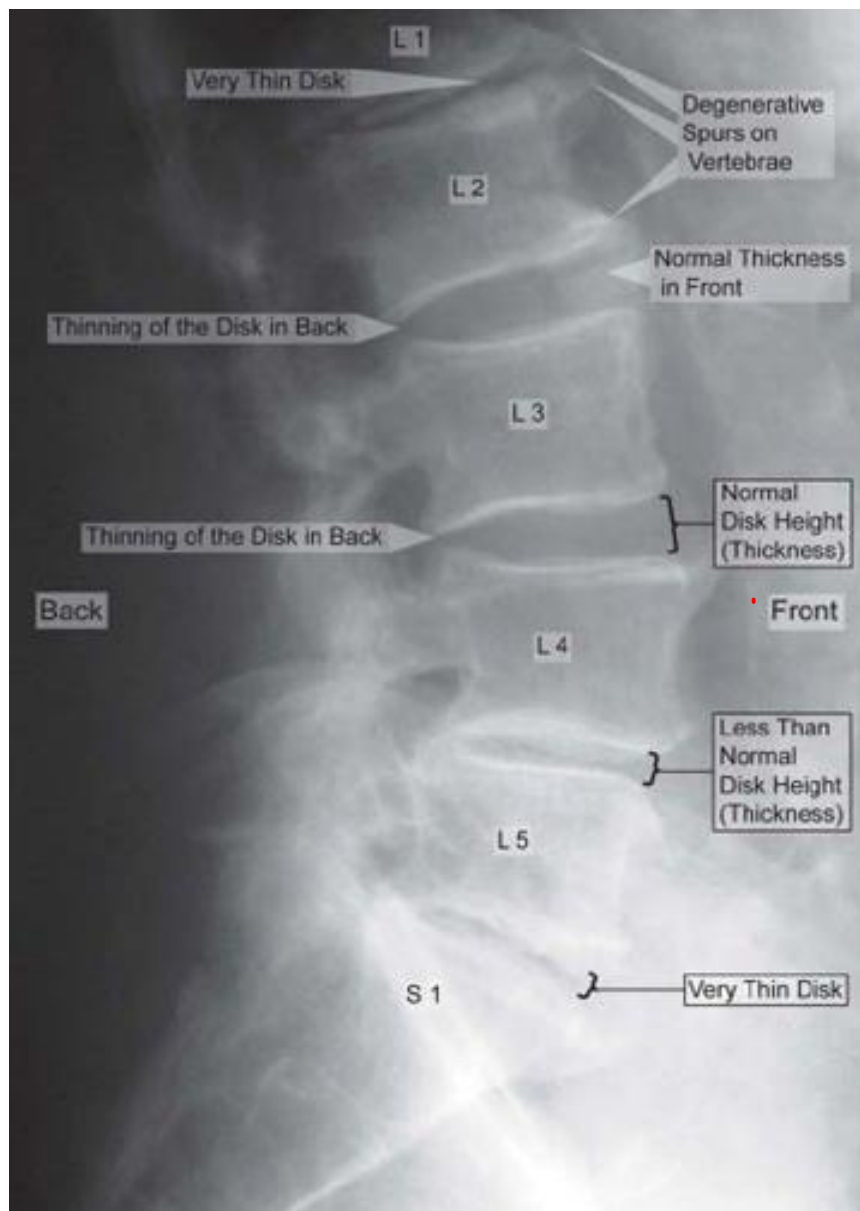
Degenerative spine disease and Homoeopathy

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Introduction

Degenerative spine disease (Syphilis/ Psora/ Sycosis) is a major cause of chronic disability in the adults. It is a normal part of aging. Neck and back pain are one of its most common outcomes.



Skigram showing Degenerative spine disease



Normal and degenerated IVD

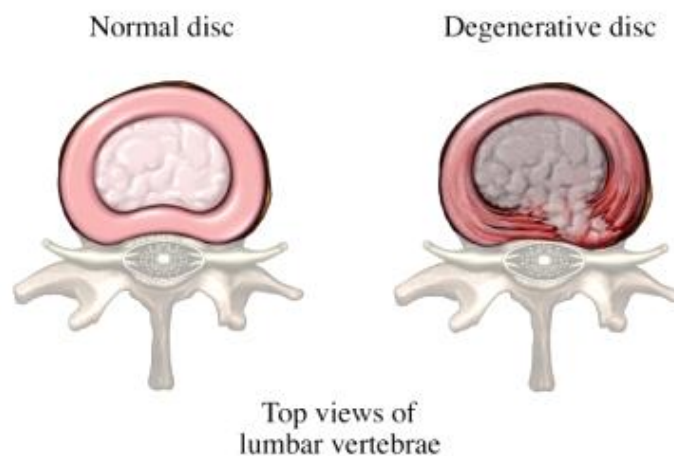
Origin of Pains

Pain can originate from bone, joints, ligaments, muscles, nerves and intervertebral disks, as well as other paravertebral tissues.

a- INTERVERTEBRAL DISK (IVD) DISEASE

Anatomy of IVD

Intervertebral disk consists of the nucleus pulposus surrounded by the annulus fibrosus. Both the annulus and the nucleus are composed of collagen and proteoglycans. The nucleus contains relatively more proteoglycans to give it a looser gelatinous texture. The annulus has more collagen, and the collagen becomes progressively more compact and tougher at the periphery. The outer annulus is attached to the adjacent vertebral bodies at the site of the fused epiphyseal ring.



Normal and degenerated disc

Function of IVD

Together with the cartilaginous end plates of the adjacent vertebral bodies, the intervertebral disk forms a disk complex that gives structural integrity to the interspace and cushions the mechanical forces applied to the spine.

Effects of Aging on IVD

With aging, certain biochemical and structural changes occur in the intervertebral disks. There is an increase in the ratio of keratan sulfate to chondroitin sulfate, and the proteoglycans lose their close association with the disk collagen. The disk also loses its water-binding capacity and the water content decreases down to 70%.

The vertebral end plates also become thinner and more hyalinized. This degree of disk degeneration is considered a normal part of aging.

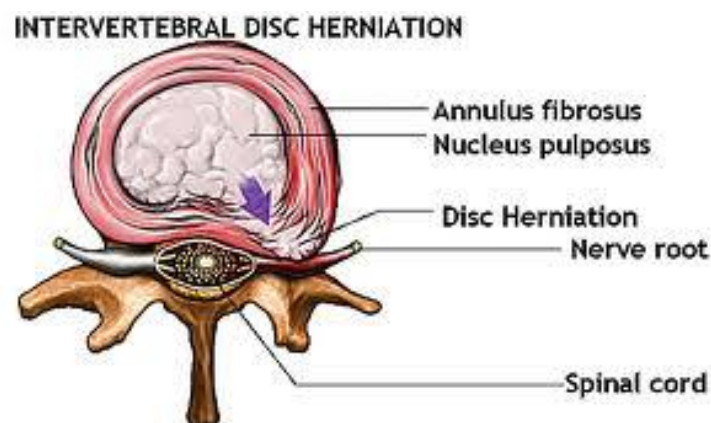
With more advanced degeneration (Syphilis), dense disorganized fibrous tissue replaces the normal fibrocartilaginous structure of the nucleus pulposus (Sycosis), leaving no distinction between the nucleus and anulus fibrosus.

Development of anular tears weakens the anulus (Psora) and allows nucleus to protrude into the defect. Tears that extend through the outer anulus induce ingrowth of granulation tissue and accelerate the degenerative process (Sycosis/ Psora/ Syphilis).

Advanced degeneration (Syphilis) can lead to gas formation or calcification within the disk (Psora/ Sycosis). Also, fissures develop in the cartilaginous end plates, and regenerating chondrocytes and granulation tissue form in the area (Sycosis/ Psora/ Syphilis).

b- Disk Degeneration

One of the earliest signs of disk degeneration is loss of water content or desiccation (Psora/ Syphilis), most noticeable in the nucleus pulposus. Calcification is not uncommon in chronic degenerative disk disease.



Types of Disc Degeneration

Desiccation - loss of disk water (Psora)

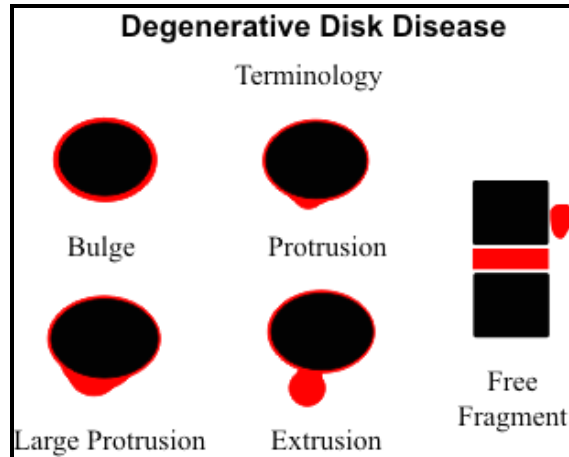
Disk bulge - circumferential enlargement of the disk contour in a symmetric fashion (Psora)

Protrusion - a bulging disk that is eccentric to one side but < 3 mm beyond vertebral margin (Psora/ Sycosis)

Herniation - disk protrusion that extends more than 3 mm beyond the vertebral margin (Psora/ Syphilis/ Sycosis)

Extruded disk - extension of nucleus pulposus through the annulus into the epidural space (Sycosis/ Syphilis)

Free fragment - epidural fragment of disk no longer attached to the parent disk (Psora/ Sycosis)



Effects of Disk Degeneration

As a consequence of intervertebral disk degeneration, normal axial loading on the spine stretches and lengthens the anular fibers, resulting in rounded, symmetric bulging of the disk beyond the margins of the vertebral body (Psora/ Syphilis).

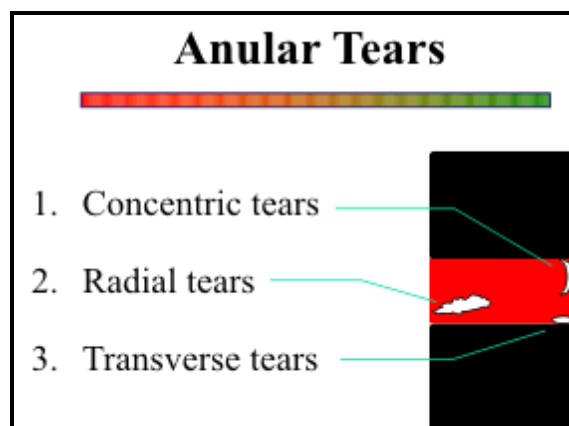
A bulging disk encroaches on the ventral spinal canal and inferior portions of the neuroforamina but does not displace or impinge the nerve roots (Psora/ Sycosis).

Anular Tears

An anular disc tear occurs when the substance of the annulus fibrosus "rips" or "tears" and allows that highly pressurized and potentially "evil" nucleus pulposus to escape outward toward the periphery of the disc (Syphilis/ Sycosis).

Types of Anular Tears

There are three types of anular tears in degenerated disks.



Type I (Concentric tears) - These are caused by rupture of the short transverse fibers connecting the lamellae of the annulus.

Type II (Radial tears) – In these tears the longitudinal fibers are disrupted through all layers of the annulus, from the surface of the annulus to the nucleus. Radial tears tend to be more irregular and obliquely oriented.

Type III (Transverse tears) – These result from rupture of Sharpey's fibers near their attachments with the ring apophysis. Transverse tears are located at the periphery of the annulus adjacent to the vertebral margins.

Fate of Annular tears

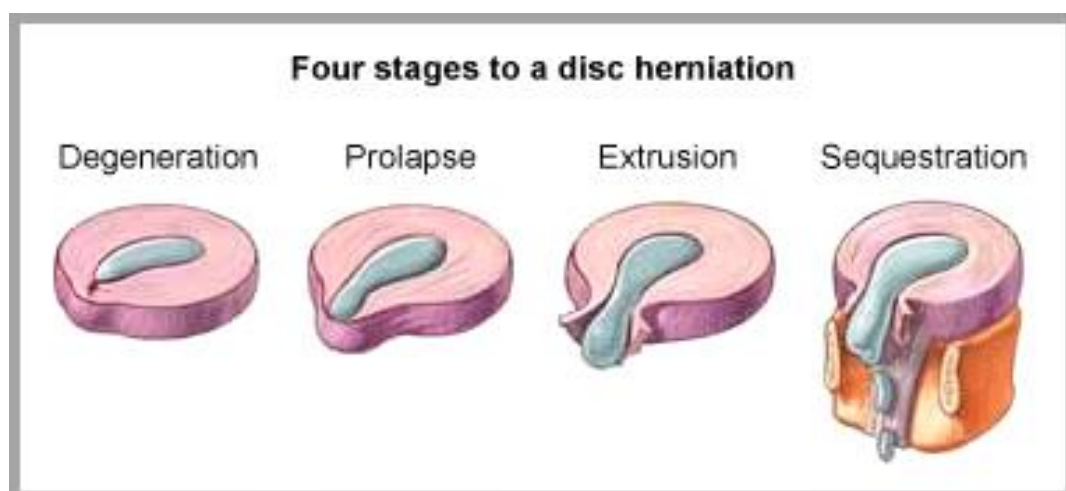
Complete disruption of the annulus exposes the nuclear material to the epidural tissues (Syphilis), inducing a focal inflammatory reaction (Psora). Vascular granulation tissue forms and grows into the disk through the annular tear (Sycosis). Degeneration of the intervertebral disk (Syphilis) has secondary effects on the adjacent vertebral end plates and bone marrow. Fissures develop in the cartilaginous end plates in show with disk degeneration (Syphilis). Vascular granulation tissue grows into the fissures (Sycosis) and induces an oedematous reaction and vascular congestion in the adjacent bone marrow (Psora).

c- Disk Protrusion/Herniation

Herniation of the nucleus pulposus takes place at the site of a radial tear of the annulus (Sycosis). Defects in the annulus with disk extending posteriorly are indicative of protrusion/herniation.

Types of Disc Herniation

Most disk herniations occur in a posterolateral direction into the spinal canal because the tough posterior longitudinal ligament is thicker and tougher in the middle and resists posterior extension near the midline.



A herniated disk usually impinges on the nerve root as it courses inferiorly toward the foramen at the next lower level. For example, an L4-L5 herniated disk impinges on the L5

root. The L4 root is likely unaffected unless there is lateral and cephalad migrations of a free fragment into the neural foramen.

The depth of penetration of the scar depends on how long the disk fragment has been in the epidural space. The vascular scar tissue is a part of the body's repair mechanism to resorb and remove the offending disk material (Psora/ Sycosis). Over time, the entire disk fragment may be resorbed (Psora/ Syphilis).

Free Fragments

When an extruded disk loses its attachment to the parent disk, it becomes a free fragment or sequestration (Psora/ Sycosis). If the disk fragment is near an interspace, sometimes it can be difficult to differentiate whether or not a pedicle of attachment remains. Free fragments can migrate some distance cephalad or rostral to the disk space. Rarely, a disk fragment may rupture through the thecal sac into the intradural compartment.

Effect on Nerve Roots

The most direct effect on the nerve root is from compression by the herniated disk, but the disk need not compress the nerve root directly to cause radicular pain. Fragments of nucleus pulposus within the epidural space induce a focal inflammatory reaction that can secondarily irritate the adjacent nerve root (Psora).

SIGNIFICANCE AND NATURAL HISTORY

Annular tears and focal disk protrusions are frequently found in asymptomatic populations. The anuloligamentous complex is richly innervated by the recurrent meningeal nerve. Annular tears involving this complex may be a source of diskogenic pain due to exposure of the nerve endings to the acid metabolites of the protruding nucleus pulposus.

DEGENERATIVE DISEASE OF CERVICAL SPINE

Cervical disk disease occurs most commonly at the levels of C5-6 and C6-7. A central disk herniation causes a myelopathy due to cord compression, along with neck pain and stiffness. If the disk extends laterally to compress nerve roots (Psora), the pain may radiate to the shoulder, arm, or hand. Herniated disks can be midline or lateral.

DEGENERATIVE DISEASE OF THORACIC SPINE

The rib cage, small intervertebral disks, and coronal orientation of the facets joints all contribute to restricted mobility of the thoracic spine, and consequently, a lower risk of disk herniation. The most common level is T11-T12, where the spine is relatively less rigid.

d- SPONDYLOSIS

Spondylosis can take the form of marginal end plate osteophytes (Sycosis), enlarged uncinata processes, or facet arthrosis (Sycosis/ Syphilis). Degenerative joint disease itself, along with associated inflammatory reaction, can cause pain, or the symptoms can be derived from the osteophytes compressing neural structures (Psora/ Sycosis/ Syphilis). It is important to distinguish spondylosis from disk disease.

VERTEBRAL BODY OSTEOPHYTES

Marginal osteophytes form around the periphery of the vertebral body end plates of the lumbar spine (Sycosis). The larger ones generally project anteriorly or directly lateral and do not compress neural structures (Sycosis/ Psora). Posterior and posterolateral osteophytes are more likely to cause problems.

The lumbar neural foramen has the shape of an inverted teardrop, with the nerve root positioned in the superior aspect of the foramen. Fortunately, small osteophytes project first into the inferior aspect of the foramen and are unlikely to compress the nerve root until they get quite large.

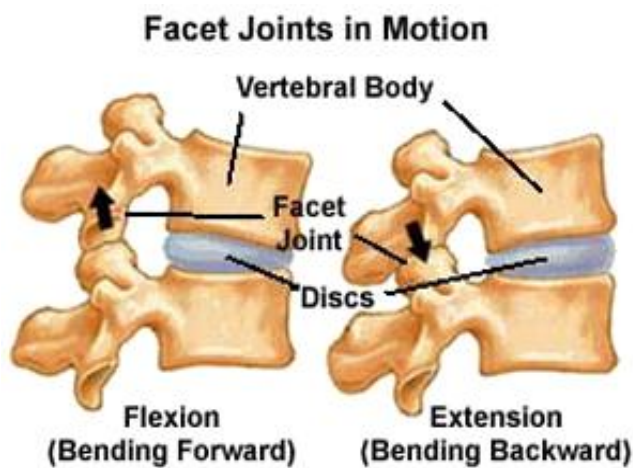
UNCO-VERTEBRAL AND FACET JOINT ARTHROSIS

Some degree of spondylosis is invariably associated with degenerative disk disease. Decrease in height of the intervertebral disk places more stress on the facet joints and unco-vertebral joints, leading to degenerative joint disease (Psora/ Syphilis). Moreover, with the loss of structural strength at the disk level, exaggerated motion occurs at these joints, accelerating the degenerative changes and placing stress upon the posterior supporting ligaments as well (Psora/ Sycosis/ Syphilis).

The unco-vertebral joints (uncinate processes) are unique to the cervical spine. With degeneration (Syphilis), osteophytes develop at these joints and project into the lateral spinal canal and foramina (Sycosis). Symptoms are caused by impingement of nerve roots as they exit the foramina (Psora).

Facet arthrosis syndrome

Not all back pain or sciatica is due to intervertebral disk disease. Degeneration of the facet joint can cause a facet arthrosis syndrome, consisting of back pain aggravated by rest and relieved by repeated gentle motion.



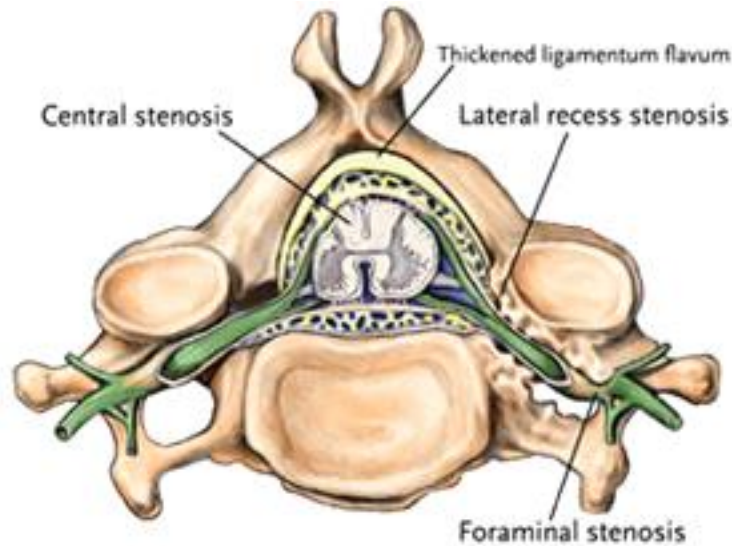
A- Normal Facet Joints



B- Small Arrows- Facet Joint arthrosis

Lateral recess syndrome

Facet joint hypertrophy, along with osteophyte formation along the posterior lateral margins of the vertebral body, can encroach upon the lateral recesses of the spinal canal and the neural foramina. Compression of the existing nerve roots results in a radicular pain syndrome, called the lateral recess syndrome.



Lateral recess Syndrome

SYNOVIAL CYSTS

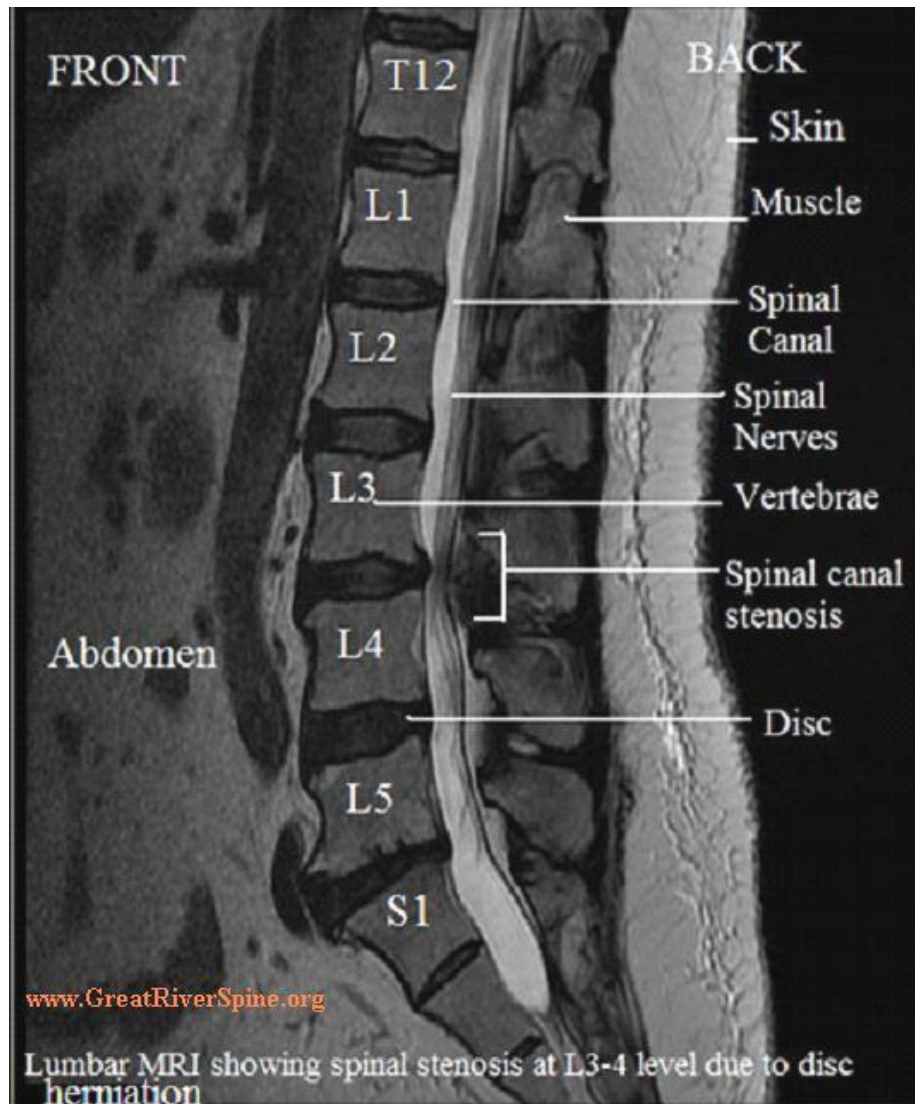
Juxta articular synovial cysts (Psora/ Sycosis) are associated with facet arthropathy, generally of fairly severe degree. They consist of a fibrous wall, often with a distinct synovial lining, and a cystic centre that may or may not communicate with the facet joint. They are found most frequently at L4-5 which is the more mobile segment of the lumbar spine. Synovial cysts can compress the dorsal nerve roots and cause radicular symptoms (Psora).



MRI Scan of Lumbar Spine showing Synovial Cyst (Red Arrow at L4-5 Level)

e- SPINAL STENOSIS

Spinal stenosis is the constriction of the canals and various foramina of the spine. If adequately severe, the stenosis can compress neural structures within the spine and cause neurological symptoms. Spinal stenosis can involve the spinal canal, the lateral recesses, or the neuroforamina. Spondylosis and spinal stenosis are commonly associated with intervertebral disk disease, particularly in patients over 50, and they are main causes of neck and back pain and radiculopathy.



Causes of Spinal Stenosis

- 1- Congenitally short pedicles (Psora)
- 2- Acquired as a result of combined facet hypertrophy (Psora/ Sycosis)
- 3- Degenerated bulging disk (Syphilis)
- 4- Hypertrophy of the ligamentum flavum (Psora/ Sycosis)
- 5- Spondylolisthesis
- 6- Trauma
- 7- Surgical fusion

Congenital spinal stenosis can be idiopathic or associated with a developmental disorder, such as achondroplasia (Psora/ Syphilis), hypochondroplasia (Psora), Morquio's mucopolysaccharidosis (Psora/ Sycosis), and Down's syndrome (Psora/ Sycosis).

STENOSIS OF LUMBAR SPINE

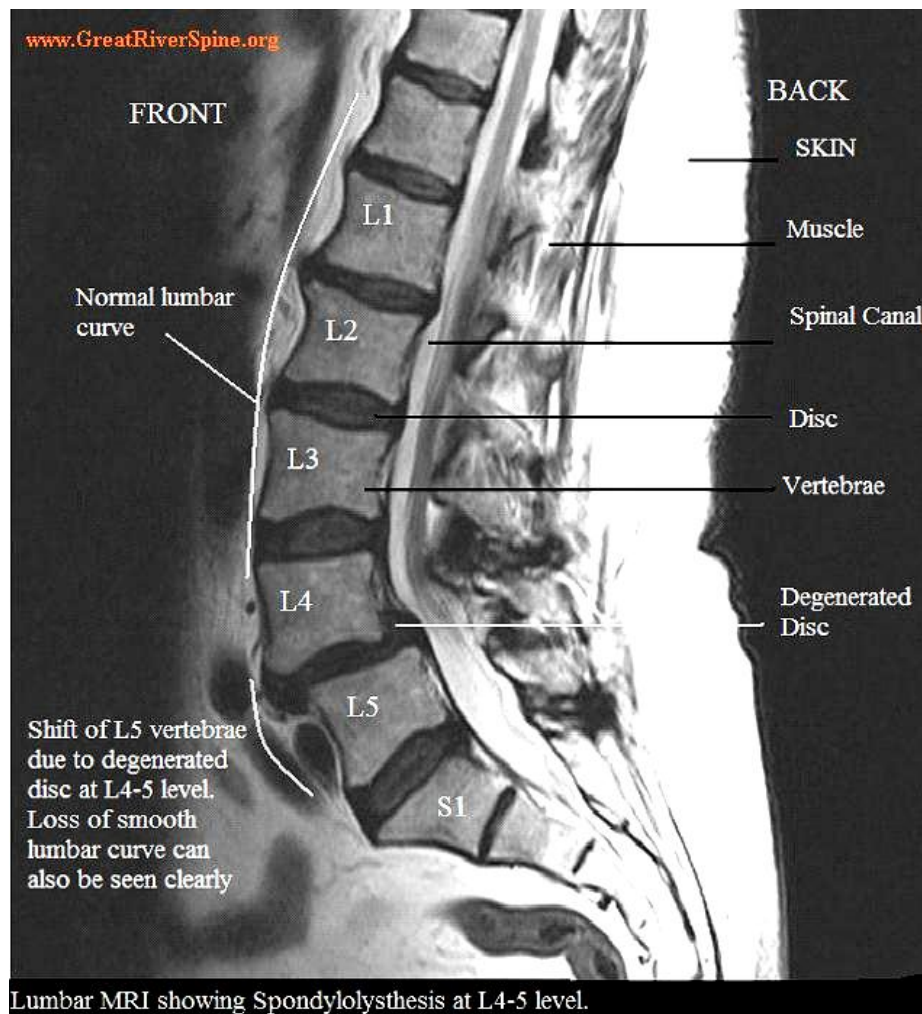
Congenital spinal stenosis is often asymptomatic until middle age, when secondary degenerative changes develop. The acquired type is a disease of adult men with moderate to severe degenerative spine disease (Syphilis). The syndrome of neurogenic or spinal claudication includes bilateral lower extremity pain, numbness, and weakness that is poorly localized and usually associated with low back pain (Psora/ Syphilis). The symptoms are worse with standing or walking and relieved when the patient lies down.

STENOSIS OF CERVICAL SPINE

When bulging disks, spondylosis, and ligamentum flavum hypertrophy (Psora/ Sycosis) progress to constrict the spinal canal and cord, a spinal stenosis develops. In patients with a congenitally borderline or narrow canal, relatively mild degenerative changes (Syphilis) are sufficient to cause spinal stenosis. The spinal cord is more susceptible to traumatic injury in patients with spinal stenosis.

f- SPONDYLOLISTHESIS

Spondylolysis (Syphilis) refers to a cleft or break in the pars interarticularis of the vertebra. It 93-95% occurs at L5, and most are bilateral. The etiology is uncertain, but a stress fracture from repeated trauma to the spine may be the cause.



Spondylolisthesis refers to forward displacement of one vertebra over another, usually of the 5th lumbar over the body of the sacrum, or of the 4th lumbar over the 5th.

Grading of Spondylolisthesis

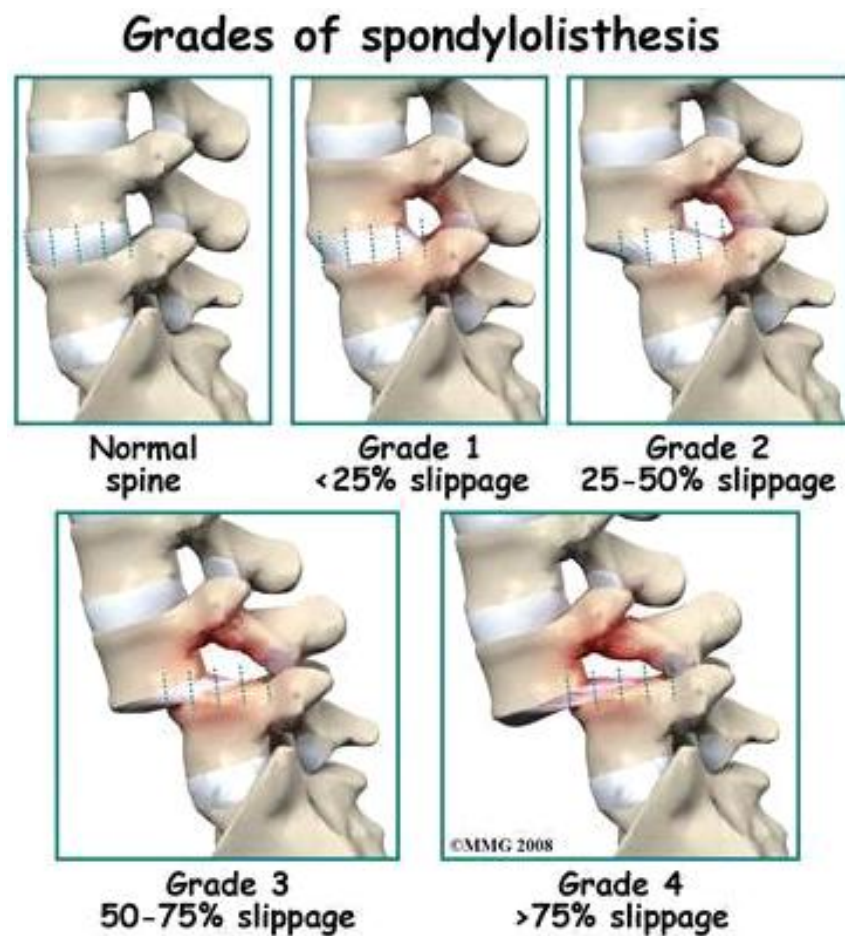
It is graded according to how far the vertebral body moves forward on the one below.

Grade 1 = 1 - 25%

Grade 2 = 26 - 50%

Grade 3 = 51 - 75%

Grade 4 = 76 - 100%



Types of Spondylolisthesis

There are two types of spondylolisthesis.

1- Isthmic (open-arch type), associated with spondylolysis (Psora/ Syphilis)-

In this type, the pars defect divides the vertebra into an anterior part (vertebral body, pedicles, transverse processes, and superior articular facet) and a posterior part (inferior facet, laminae, and spinous process). The anterior part slips forward, leaving the posterior part behind. As a result, the spinal canal elongates in its anteroposterior dimension, so that spinal canal stenosis is uncommon with isthmic spondylolisthesis.

Isthmic Spondylolisthesis

- Spondylolysis:
 - 95% at L5
 - Usually bilateral
- Subluxation graded 1 - 4
- Canal stenosis rare
- Foraminal stenosis common
- Imaging:
 - Elongated canal in AP
 - Horizontal-bilobed foramen

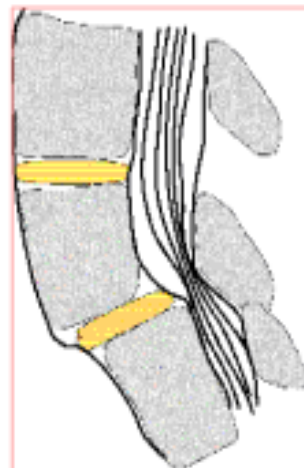


2- Degenerative (closed-arch type) (Syphilis)-

Subluxation at the facet joints allows forward or posterior movement of one vertebra over another. A degenerative spondylolisthesis narrows the spinal canal, and symptoms of spinal stenosis are common. Hypertrophic facet arthrosis is a frequent cause of foraminal narrowing.

Degenerative Spondylolisthesis

- Occurs in patients over 60
- More common in women
- Most common level is L4-5
- Associated with severe facet joint disease
- Subluxation narrows spinal canal
- Hypertrophic facets encroach on foramina



HOMOEOPATHY AND DEGENERATIVE SPINE AILMENTS

General Analysis of Degenerative Spine Disease

Rubrics

1	BACK - DEGENERATION - Spinal cord
2	BACK - DEGENERATION, spinal cord
3	BACK - SPINAL CORD, complaints of - degeneration
4	NERVOUS SYSTEM - Spinal cord - Degeneration

Repertorization

	pic-ac.	plb-i.	alum.	arg-n.	aur.	bar-m.	carbn-s.	naja	ox-ac.	phys.
	4/5	3/7	3/3	3/3	3/3	3/3	3/3	3/3	3/3	3/3
1	1	-	-	-	-	-	-	-	-	-
2	1	3	1	1	1	1	1	1	1	1
3	1	2	1	1	1	1	1	1	1	1
4	2	2	1	1	1	1	1	1	1	1

General Analysis of Cervical Spine Ailments

Rubrics

1	STOMACH - VOMITING - pressure; from - spine and cervical region; on
2	BACK - CONCUSSION of spine - Cervical region
3	BACK - CURVATURE of spine - Cervical region
4	BACK - INFLAMMATION - Spinal cord - Cervical region
5	BACK - PAIN - Cervical region - Spine
6	BACK - PAIN - Cervical region - Spine - sore
7	BACK - PAIN - Spine - Cervical region
8	BACK - STIFFNESS - Cervical region - accompanied by - Spine; complaints of
9	BACK - CONCUSSION of spine - Cervical region
10	BACK - CURVATURE of spine - Cervical
11	BACK - INJURIES of the spine - Cervical region
12	BACK - PAIN - aching - Cervical region - spine
13	BACK - PAIN - sore, bruised, beaten - Spine, spinal irritation - Cervical region
14	BACK - PAIN - tearing - Cervical region - spine
15	BACK - SHOCKS, electric like along the spine - Cervical region
16	BACK - WEAKNESS (tired feeling, in spine) - Cervical region
17	STOMACH - VOMITING - general - pressure on - spine and cervical region, from
18	BACK - INJURIES of the spine - cervical region
19	BACK - CARRIES, necrosis of spine - cervical region
20	BACK - CURVATURE of spine - general - cervical region
21	BACK - INFLAMMATION - cervical region - spine
22	BACK - INFLAMMATION - cervical region - spine - spinal cord
23	BACK - PAIN - cervical region - spine, vertebrae
24	BACK - PAIN - aching - cervical region - spine
25	BACK - PAIN - burning - cervical region - spine
26	BACK - PAIN - lancinating - cervical region - spine
27	BACK - PAIN - pressing - cervical region - spine
28	BACK - PAIN - sore, bruised, beaten - cervical region - spine
29	BACK - PAIN - tearing - cervical region - spine
30	BACK - PULSATION - cervical region - spine

31	BACK - SENSITIVE spine - cervical region
32	BACK - SENSITIVE spine - cervical region - last cervical vertebra to fifth dorsal vertebra
33	BACK - STIFFNESS - cervical region - left - spine, and
34	BACK - TENSION - cervical region - irritability, with, spinal meningitis
35	STOMACH - VOMITING - General - pressure on - spine and cervical region, from
36	BACK - CARIES, necrosis of - spine - cervical
37	BACK - CURVATURE of spine - Cervical
38	BACK - INJURIES of the spine - Cervical region
39	BACK - PAIN - aching - cervical region - spine
40	BACK - PAIN - burning - cervical region - spine
41	BACK - PAIN - pressing - spine - cervical
42	BACK - PAIN - sore, bruised, beaten - cervical region - spine
43	BACK - PAIN - sore, bruised, beaten - spine, spinal irritation - cervical region
44	BACK - PAIN - tearing - cervical region - spine
45	BACK - STIFFNESS - Cervical region - left - spine, and
46	BACK - TENSION - Cervical region - irritability, with, spinal meningitis
47	BACK - WEAKNESS, tired feeling in spine - Cervical region
48	HEAD - Headache - Location - Spinal and cervical
49	STOMACH - Vomiting, retching - Cause - Pressure on spine and cervical region
50	Neck - CURVATURE, cervical spine

Repertorization

	cimic.	lach.	phos.	par.	cocc.	gels.	nat-s.	sulph.	arn.	aesc.
	14/21	11/23	10/13	8/19	8/18	8/16	8/16	7/16	7/15	7/14
1	1	-	-	-	-	-	-	-	-	-
2	-	-	-	-	-	-	-	-	-	-
3	-	-	1	-	-	-	-	-	-	-
4	-	-	-	1	-	-	-	-	-	-
5	-	2	-	-	-	-	-	-	-	-
6	-	-	-	-	-	-	-	-	-	-
7	2	2	-	3	2	2	2	3	2	2
8	-	-	-	-	-	-	-	-	-	-
9	-	-	-	-	-	-	-	-	-	-
10	-	-	1	-	-	-	-	-	-	-
11	-	-	-	-	-	-	-	-	-	-
12	-	-	-	-	-	-	-	-	-	-
13	2	2	-	3	2	2	2	3	2	2
14	-	2	-	-	-	-	-	-	-	-
15	-	-	-	-	-	-	-	-	-	-
16	1	2	1	2	3	2	-	-	-	2
17	1	-	-	-	-	-	-	-	-	-
18	-	-	-	-	-	-	-	-	4	-
19	-	-	3	-	-	-	-	-	-	-
20	-	-	1	-	-	-	-	-	-	-
21	-	-	1	-	-	-	-	1	-	-
22	-	-	-	-	-	-	-	-	-	-
23	1	1	-	1	1	1	1	1	1	1
24	-	-	-	-	-	-	-	-	-	-
25	-	-	-	-	-	-	-	-	-	-
26	-	-	-	-	-	-	-	-	-	-
27	-	-	-	-	-	-	-	-	-	-
28	3	3	-	4	3	3	3	4	3	3

29	-	3	-	-	-	-	-	-	-	-
30	-	-	-	-	-	-	-	-	-	-
31	1	-	-	-	-	-	-	-	-	-
32	-	-	-	-	-	-	-	-	-	-
33	-	-	-	-	-	-	-	-	-	-
34	-	-	-	-	-	-	3	-	-	-
35	1	-	-	-	-	-	-	-	-	-
36	-	-	2	-	-	-	-	-	-	-
37	-	-	1	-	-	-	-	-	-	-
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45	-	-	-	-	-	-	-	-	-	-
46	-	-	-	-	-	-	2	-	-	-
47	1	2	1	2	3	2	-	1	1	2
48	2	-	-	-	2	2	1	-	-	-
49	1	-	-	-	-	-	-	-	-	-
50	-	-	1	-	-	-	-	-	-	-

General Analysis of Thoracic Spine Ailments

Rubrics

1	BACK - PAIN - cervical region - spine, vertebrae - seventh - articulation to thoracal first
2	BACK - PAIN - sore, bruised, beaten - cervical region - spine - articulation to thoracal first
3	Back - ACHING, pain - thoracic - spine
4	Back - BORING, pain - thoracic - spine
5	Back - BURNING, pain - thoracic - spine
6	Back - COLDNESS, chill - spine - thoracic
7	Back - CURVATURE, of spine - thoracic
8	Back - CUTTING, pain - thoracic - spine
9	Back - PAIN, thoracic, middle of - spine, thoracic
10	Back - PRESSING, pain - spine - thoracic
11	Back - PULSATING, sensation - thoracic - spine
12	Back - SHARP, pain, spine - thoracic
13	Back - SHOCKS, electric like, spine, along - thoracic
14	Back - SORE, pain, thoracic, middle of - spine
15	Back - SPINAL, curvature - thoracic
16	Back - TEARING, pain - spine - thoracic region
17	Back - WEAK, back, spine, tired feeling in - thoracic, middle of
18	Children - CURVATURE, of spine - thoracic

Repertorization

	sil.	phos.	calc.	thuj.	lyc.	zinc.	ail.	plb.	agar.	bell.
	7/15	5/10	5/9	5/6	4/8	4/5	4/4	4/4	3/7	3/6
1	-	-	-	-	-	-	-	-	-	-
2	-	-	-	-	-	-	-	-	-	-
3	-	1	1	-	-	-	1	-	-	-

4	-	1	-	-	2	-	-	-	-	-
5	2	-	-	-	-	-	-	-	-	-
6	-	-	-	-	-	-	-	-	-	-
7	2	-	2	1	2	-	-	1	-	-
8	-	-	-	1	-	-	-	-	-	-
9	3	2	2	2	-	1	1	-	-	-
10	-	-	-	-	-	1	1	-	-	3
11	-	3	-	-	-	-	-	-	-	-
12	-	-	-	-	-	-	-	-	3	-
13	-	-	-	-	-	-	-	-	-	1
14	2	3	-	-	-	2	1	1	2	2
15	2	-	2	1	2	-	-	1	-	-
16	2	-	-	-	-	1	-	-	-	-
17	-	-	-	-	-	-	-	-	2	-
18	2	-	2	1	2	-	-	1	-	-

General Analysis of Lumbar Spine Ailments

Rubrics

1	BACK - CARIES of spine - Lumbar vertebrae
2	BACK - CONSTRICTION or band - Spine - Lumbar canal
3	BACK - CURVATURE of spine - Lumbar region
4	BACK - PAIN - Lumbar region - extending to - Spine in zigzags to scapular region; along
5	BACK - PAIN - Lumbar region - extending to - Spine to between scapulae; up the
6	BACK - PAIN - Lumbar region - Spine
7	BACK - PAIN - Spine - extending to - Lumbar region to region of bladder; down
8	BACK - PAIN - Spine - Lumbar region
9	BACK - CARIES of spine. . - lumbar vertebrae
10	BACK - INJURIES of the spine - Lumbar region remains sensitive to jar of walking
11	BACK - PAIN - Lumbar region - spine
12	BACK - PAIN - burning - Lumbar region - extending - up the spine to between scapulae
13	BACK - PAIN - digging - Lumbar region - spine
14	BACK - PAIN - sore, bruised, beaten - Spine, spinal irritation - Lumbar region
15	BACK - PAIN - stitching, shooting - Lumbar region - extending - along spine in zigzags to scapular region
16	BACK - WEAKNESS (tired feeling, in spine) - Lumbar region
17	Neck and back - Dropped out of lumbar region, vertebrae had, and spine were tied together with a string
18	Neck and back - String - lumbar vertebrae had dropped out and spine were tied together with a
19	Neck and back - Tied - together with a string, lumbar vertebrae had dropped out and spine were
20	BACK - INJURIES of the spine - lumbar region remains sensitive to jar of walking
21	BACK - CARIES, necrosis of spine - lumbar region
22	BACK - COLDNESS, chill - lumbar region - extending to - spine, along
23	BACK - CURVATURE of spine - general - lumbar region
24	BACK - CURVATURE of spine - general - lordosis, lumbar region
25	BACK - PAIN - lumbar region, lumbago - extending to - spine
26	BACK - PAIN - lumbar region, lumbago - spine
27	BACK - PAIN - aching - lumbar region - spine
28	BACK - PAIN - broken, as if - lumbar region - spine
29	BACK - PAIN - burning - lumbar region - extending - spine to between scapulae, up

	the
30	BACK - PAIN - burning - lumbar region - spine, fifth vertebra
31	BACK - PAIN - burning - iron, as from hot - lumbar region - spine, through
32	BACK - PAIN - cutting - lumbar region - spine
33	BACK - PAIN - drawing - lumbar region - spine
34	BACK - PAIN - dull - lumbar region - spine, upper vertebrae
35	BACK - PAIN - gnawing - lumbar region - spine
36	BACK - PAIN - jerking - lumbar region - spine
37	BACK - PAIN - labor-like - lumbar region - spine, extending to hypogastrium
38	BACK - PAIN - pinching - lumbar region - spine, sitting bent
39	BACK - PAIN - pressing - lumbar region - spine, fourth vertebra
40	BACK - PAIN - pressing - fist, as from a, spine of lumbar or lumbosacral region
41	BACK - PAIN - sore, bruised, beaten - lumbar region - spine
42	BACK - PAIN - stitching, shooting - lumbar region - extending - spine, along, in zig-zags to scapular region
43	BACK - PAIN - stitching, shooting - lumbar region - spine
44	BACK - PAIN - tearing - lumbar region - spine
45	BACK - PRESSURE - lumbar region - spine
46	BACK - SENSITIVE spine - lumbar region
47	BACK - SHOCKS, electric like - lumbar region - extending - upwards along spine to scapular region, in zigzags
48	BACK - SWELLING - general - lumbar region - spine
49	BACK - ULCERS - lumbar region, spine
50	EXTREMITIES - PAIN - lower limbs - nerves - sciatic - beginning in - spine, especially in lumbar region with great stiffness
51	BACK - CARRIES, necrosis of - spine - lumbar
52	BACK - CURVATURE of spine - Lumbar region
53	BACK - INJURIES of the spine - Lumbar region remains sensitive to jar of walking
54	BACK - PAIN - General - lumbar region, lumbago - extending to - spine
55	BACK - PAIN - General - lumbar region, lumbago - spine
56	BACK - PAIN - aching - lumbar region - spine
57	BACK - PAIN - burning - lumbar region - extending - spine to between Scapulae, up the
58	BACK - PAIN - drawing - lumbar region - spine
59	BACK - PAIN - pressing - spine - fist, as from a, lumbar or lumbosacral region
60	BACK - PAIN - sore, bruised, beaten - spine, spinal irritation - lumbar region
61	BACK - PAIN - stitching, shooting - lumbar region - extending - spine, along, in zig-zags to scapular region
62	BACK - PAIN - stitching, shooting - lumbar region - spine
63	BACK - PAIN - tearing - spine - lumbar, lumbosacral region, lower part
64	BACK - SHOCKS, electric like - Lumbar region - extending - upwards along spine to scapular region, in zigzags
65	BACK - WEAKNESS, tired feeling in spine - Lumbar region
66	EXTREMITY PAIN - LOWER LIMBS - sciatica - beginning in - spine, especially in lumbar region with great stiffness
67	Back - BURNING, pain - lumbar - extending, to - up the spine to between scapula
68	Back - DECAY, back, of - vertebrae - lumbar spine, vertebrae
69	Back - HEAT, sensation, in - lumbar - flushes, in spine
70	Back - INJURIES, back - spine, injuries, to - lumbar region remains sensitive to jar of walking
71	Back - PAIN, lumbar, pain - spine, lumbar
72	Back - SHARP, pain, lumbar - extending, to - along spine in zig-zags to scapular region
73	Back - SHOCKS, electric like, spine, along - lumbar, region

48	-	-	-	1	-	-	-	-	-	-
49	-	-	-	4	-	-	-	-	-	-
50	-	-	-	-	-	-	-	-	-	-
51	-	-	-	2	-	-	-	-	-	-
52	-	-	-	-	1	-	-	-	-	-
53	2	-	-	-	-	-	-	-	-	-
54	-	-	-	-	-	-	-	-	-	-
55	1	1	2	-	-	1	1	-	-	-
56	-	-	-	-	-	-	-	-	-	-
57	1	1	-	1	-	-	-	1	-	-
58	-	-	-	-	-	-	-	-	-	-
59	-	-	-	-	-	-	-	-	-	-
60	3	2	2	-	2	1	1	-	2	1
61	-	-	-	-	-	-	-	-	-	-
62	-	1	-	-	-	-	-	-	-	-
63	-	-	1	-	-	-	-	1	-	-
64	-	-	-	-	-	-	-	-	-	-
65	1	2	1	2	2	2	2	3	1	3
66	-	-	-	-	-	-	-	-	-	-
67	1	1	-	1	-	-	-	1	-	-
68	-	-	-	2	-	-	-	-	-	-
69	-	-	-	-	-	-	-	-	-	-
70	2	-	-	-	-	-	-	-	-	-
71	1	-	2	-	-	-	1	-	-	-
72	-	-	-	-	-	-	-	-	-	-
73	-	-	-	-	-	-	-	-	-	-
74	3	2	2	-	2	1	1	-	2	1
75	1	2	1	2	2	2	2	3	1	3

General Analysis of Sacral Spine Ailments

Rubrics

1	BACK - PAIN - Spine - Sacral region
2	BACK - PAIN - Spine - Upper part - extending to - Sacrum
3	BACK - SENSITIVE - Sacral region - Spine
4	BACK - TENSION - Sacrum - Spine
5	BACK - PAIN - lancinating - Spine, upper part - extending to sacrum
6	BACK - PAIN - sore, bruised, beaten - Spine, spinal irritation - Sacral region
7	BACK - SHOCKS, electric like along the spine - Sacrum, in
8	BACK - WEAKNESS (tired feeling, in spine) - Sacrum
9	BACK - PAIN - spine - extending - sacrum, to
10	BACK - PAIN - sacral region - spine
11	BACK - PAIN - aching - sacrum - spine
12	BACK - PAIN - lancinating - spine, extending to sacrum
13	BACK - PAIN - sore, bruised, beaten - sacral region - spine
14	BACK - SENSITIVE spine - sacral region
15	EXTREMITIES - PAIN - lower limbs - nerves - sciatic - sensitivity of spine, accompanied by, radiates from sacrum to right sciatic nerve
16	BACK - PAIN - aching - sacrum - spine, along
17	BACK - PAIN - lancinating - spine - extending to sacrum
18	BACK - PAIN - sore, bruised, beaten - spine, spinal irritation - sacral region
19	BACK - WEAKNESS, tired feeling in spine - Sacral region
20	BACK - WEAKNESS, tired feeling in spine - Sacrum

21	EXTREMITY PAIN - LOWER LIMBS - sciatica - sensitivity of spine, accompanied by, radiates from sacrum to right sciatic nerve
22	NERVOUS SYSTEM - Spinal cord - Hyperesthesia - Sacral
23	Back - SORE, pain, lumbar - spine - lumbo-sacral region
24	Pelvis - SORE, pain, pelvis - sacrum, - spine
25	Pelvis - THRUSTS, sacrum - thrusts, spine

Repertorization

	lob.	sep.	sil.	berb.	colch.	am-c.	ang.	gins.	kali-bi.	nat-ar.
	9/15	8/16	8/14	6/12	6/12	6/6	6/6	6/6	6/6	6/6
1	2	2	2	2	2	1	1	-	1	1
2	-	-	-	-	-	-	-	1	-	-
3	1	-	-	-	-	-	-	-	-	-
4	-	-	-	-	-	-	-	-	-	-
5	-	-	-	-	-	-	-	1	-	-
6	2	2	2	2	2	1	1	-	1	-
7	-	-	-	-	-	-	-	-	-	-
8	-	2	1	-	-	-	-	-	-	-
9	-	-	-	-	-	-	-	1	-	-
10	1	1	1	1	1	1	1	-	1	1
11	-	-	-	-	-	-	-	-	-	-
12	-	-	-	-	-	-	-	1	-	-
13	3	3	3	3	3	1	1	-	1	1
14	1	-	-	-	-	-	-	-	-	-
15	-	-	-	-	-	-	-	-	-	-
16	-	-	-	-	-	-	-	-	-	-
17	-	-	-	-	-	-	-	1	-	-
18	2	2	2	2	2	1	1	-	1	1
19	-	-	-	-	-	-	-	-	-	-
20	-	2	1	-	-	-	-	1	-	1
21	-	-	-	-	-	-	-	-	-	-
22	1	-	-	-	-	-	-	-	-	-
23	-	-	-	-	-	-	-	-	-	-
24	2	2	2	2	2	1	1	-	1	1
25	-	-	-	-	-	-	-	-	-	-

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Lumbar Disk Disease

Harrison's Online > Chapter 15. Back and Neck Pain > Causes of Back Pain



Lumbar Spine

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Lumbar Disk Syndrome

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Radar 10



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