

New Approach for Hidden Reasons Behind Cervical Disc Pathology during Late Decades

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Abstract

The study aimed to demonstrate some hidden reasons behind the rising challenge of cervical disc pathology during late decades.

Spine disorders such as disc prolapse or disc herniation is not an etiological diagnosis; it is a sequence of a causative pathology. Surgical treatment is therefore not definitive as concerns the degenerative etiologic pathology leading to these disorders; and hence it requires a high likelihood of success and acceptable invasive safety. Most theories about how the spine degenerates remain just theories. Spinal surgery is an invariably invasive maneuver in a critical area of the body which entails a degree of risk. Degenerative changes of the spine can be potentially reversible; spontaneous regression of disc prolapse has been reported in literature. Therefore; every possible chance should be given freely for any conservative measure that can improve patient's symptoms, quality of life and work ability. Accumulation of fluids around the spine due to *Helicobacter pylori*-related colonic error could lead to muscle spasm, narrowing of vertebrae and even disc protrusion with radicular symptoms.

60 middle-aged patients with neck pain (NP) and frank *H. pylori* dyspepsia were included and scheduled into 3 groups; muscle spasm (MS), MS with narrowed vertebrae and disc protrusion group. Existence of colonic *H. pylori* strains was confirmed by *H. pylori* fecal antigen test. The potent senna purge was employed for eradication of colonic *H. pylori* strains, followed by cupping therapy 5 days later.

NP and MS improved completely in all patients without recurrence or residual symptoms in the first group. The second group showed relief of MS and vertebral narrowing in 90% of patients. The third group showed relief of pain in 80% of patients and regression of disc protrusion in 70% of them.

Combined colon-clear and cupping therapy is promising in cervical spine disc disorders and is worthy of further accurate re-determination and wider practical application particularly in recent conditions of illness.

Keywords: *Helicobacter pylori*; Pathology; Cervical disc; Spine disorders

Introduction

Spine disorders such as disc prolapse or disc herniation is not an etiological diagnosis; it is a sequence of a causative pathology. Surgical treatment is therefore not definitive as concerns the degenerative etiology leading to the spine or disc lesion; and hence it requires a high likelihood of success and acceptable invasive safety [1].

The integrity of the spine biomechanics is ensured through a competent mechanism of stability factors. Muscles and ligaments attachments to spinal and transverse processes and the articular facet joints lie among these integral factors [2]. The spine is subjected to degenerative changes; the reason these changes do arise is often unclear except to attribute them to the wear and tear sequels of the spine. Most theories about how the spine degenerates remain just theories. Regardless that these theories are often well thought out and reasonable, it is exceedingly difficult to prove them. Some people exhibit marked changes and they are symptomless, while others suffer severe symptoms because of minor degenerative changes [3,4].

Decompression of a stressed spinal nerve root is a routine neurosurgical procedure [1,5]. The appropriate patient selection is always cardinal in achieving good out-coming results. Controversy exists concerning the patients best suited for a treatment modality and moreover, no long-term outcome studies are available [6] Spinal surgery is an invariably invasive maneuver in a critical area of the body which entails a degree of risk; even of minor incidence, is sufficient to render many patients hesitate several times before signing their consent

for surgery [7]. The several reports about the indefinite results of spinal surgery, the wide range of choice between many surgical techniques, the possibility of operative neurological injury or the need for revision of surgery are sufficient reasons to constitute considerable confusion to the patient [8] These findings speak out that every possible chance should be given freely for any conservative measure that can improve patient's symptoms, quality of life and work ability.

Degenerative changes of the spine can be potentially reversible; spontaneous regression of disc prolapse has been reported in literature [4]. In adolescence, degenerative changes of the spine are surprisingly common but do not contribute to symptoms. It has been lately observed that there is rising figures of spine disorders among young and middle-aged population that do not respond to symptomatic medications regardless surgical intervention is required or has got no indication [9]. This observation has been mostly attributed and readily proved to be related to accumulation of fluids around the spine due to the high

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incidence of *Helicobacter pylori*-related colonic error among most populations [10,11].

Aim

Demonstration of a new approach for some hidden reasons behind the rising challenge of cervical disc pathology during late decades.

Design and Setting

Prospective study done in Balghsoon Clinics in Jeddah, Saudi Arabia between October 2012 and May 2014.

Patients and Methods

A group of patients with recent onset of neck pain (NP) associated with frank history of *H. pylori* dyspepsia were randomly included in the study. The study included 60 patients divided into three groups; 20 patients with muscle spasm (MS), 20 patients with MS and narrowing of vertebrae and 20 patients with disc protrusion in one or two levels. All patients were average to well-built and their age ranged between 27 and 49 years. *H. pylori* existence was confirmed by a specific test (*H. pylori* fecal antigen test) [10] Colon-clear with a potent natural colon-clear purgative (senna leaves extract) was done for all patients followed by cupping therapy 5 days later [11,12].

Results

NP and MS improved completely in all patients of the first without recurrence or residual symptoms. The second subgroup showed relief of MS and vertebral narrowing in 18 patients (90%), while two patients (10%) remained with residual symptoms. The third subgroup showed relief of pain in 16 patients (80%) and regression of disc protrusion in 14 of them (70%), while 4 patients (20%) remained with residual symptoms and 2 patients of them (10%) showed recurrence.

Ethical Considerations

An informed signed consent was taken from all patients; they were made aware about safety of the natural therapies employed for them. Patients were free to quit the study whenever they like.

Discussion

Due to the indefinite out-coming results and potential risk of spinal surgery; an alternative therapeutic modality that can offer reasonable symptomatic and functional outcomes should be prior to invasive surgery and should deserve the chance of an adequate medical trial. The findings of this study demonstrate that every possible chance should be given freely for any conservative measure that can improve patient's symptoms, quality of life and work ability.

In adolescence, degenerative changes of the spine are surprisingly common but do not contribute to symptoms. It has been lately observed that there are rising figures of spine disorders among young and middle-aged population that do not respond to symptomatic medications regardless surgical intervention is required or has got no indication [9]. This observation has been attributed and proved by some investigators to accumulation of fluids around the spine owing to the high prevalence of *H. pylori*-related colonic fluid re-absorptive error among many populations [10,11].

H. pylori could migrate or get forced to migrate to the colon, [10] it will continue producing profuse amounts of ammonia, unopposed or buffered by any acidity, which could lead to multiple colonic and a high rectal spasm. A colonic re-absorptive error is established with

excessive fluid and salt retention in the body [11]. These fluids could accumulate around the spine leading to softening of tissues in the area. Wet tissues are easily prone to injury due to trauma of load, stress or sprain resulting into sprung of tissues or bruising and accumulation of inflammatory mediators which are irritants that could induce muscle spasm and radiculopathy.

The ligament structure attached to the spine is a competent system that guards stability of the spine during moves and activity [2]. Softening of these ligaments by the accumulated fluids would interfere with its integral function; a reflex protective muscle spasm would set up which could be so solid and agonizing to the extent of causing narrowing of vertebrae, flattening of disc cartilage and even disc protrusion with radicular symptoms. Eradication of this fluid mechanical error would definitely help to correct an etiologic pathology and improve symptoms which were expected to remain resistant to medications so long the underlying pathology is not eliminated.

Cupping blood-let out therapy drives blood-out from within the tissues but not from the circulation as proved by the observational finding that the procedure of cupping reaches a point where blood-let out stops whatever the suction is. Cupping therapy improves circulation to the area through withdrawal of blood trapped within the tissues and through liberation of histamine from skin scratches. Suction in cupping therapy works specifically on the blood trapped within the tissues together with inflammatory mediators which are believed to be functionally obliged to that blood. Skin scratching and the action of repeated suction delivers nitric oxide to the area which is an intelligent micro-vascular dilator [12,13]. These factors can work altogether to successfully overcome a resistant symptomatic underlying etiologic pathology. It is worthy to mention that there is no available scientific reference for the obligatory relation between the trapped blood of cupping and the inflammatory mediators except the physiological behavior of the blood itself; its non-clotting behavior within the tissues however it stays inside the body (like citrated blood in a donation bag) and its strong clotting faster than any other blood when it is let out [13].

The concept of retention of accumulated fluids around the spine from the colon in the pathogenesis of wide range of spine disorders during the past few years is not just hypothetical as upon the basis of this concept most of the patients in this study were almost cured by simple colon-clear and natural eradication of *H. pylori*.

Conclusion

Combined colon-clear and cupping therapy is promising in cervical spine disc disorders and is worthy of further accurate determination and wider practical application particularly in recent conditions of illness. The interstitial space where the biological processes exist is the intelligent yard where cupping exerts its biological talents.

In the light of recent findings and statistics, revision of the current guidelines for the management of *H. pylori* and newly discovered spine disorders particularly among young-aged patients may be needed.

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