



A CASE STUDY ON- EFFECT OF WET CUPPING THERAPY AND STRENGTHENING EXERCISES ON CERVICAL SPONDYLOSIS

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ABSTRACT-

Cervical spondylosis is a degenerative condition of the cervical spine that develops naturally as people age. Most adults older than 40 can be diagnosed with cervical spondylosis. Cervical spondylosis or CSM is frequently asymptomatic. Clinical symptoms associated with neck and shoulder pain and discomfort are prioritised, and imaging frequently reveals cervical physiological curvature changes and cervical instability. Pain is the most frequent complaint for which patients, suffering from cervical spondylosis.

Strengthening exercise ROM increase Isometric exercise cupping therapy are the management tools for dealing with cervical spondylosis in this current study. Radiating pain back side, manual muscles testing, increases the ROM. Sternocleidomastoid pre-treatment grade was 3 and following therapy upgraded up to 4. Similar results were obtained for trapezius regarding muscle power improvement. Pain intensity-score was reduced to 2 post treatment which was initially score of 8. According to traditional Chinese medicine, ailments are believed to be unblocked by wet. Cupping since they are caused by stagnation or obstruction of the vital energy source. Therefore, wet cupping in cervical condition with cervical strengthening exercises effective in the management of cervical spondylosis.

KEYWORD- ROM: - Range of motion, PIS- Pain intensity score, SE- Strengthening exercise, ISO- Isometric Exercise, SCM- Sternocleidomastoid.

INTRODUCTION

Degeneration of the intervertebral disc, osteophyte formation, ossification of the posterior Longitudinal. ligament hypertrophy of the ligamentum flavum, and occasionally degeneration results in posterior protrusion of the annulus fibres of the intervertebral disc are all factors [1,2,3]. The symptoms of cervical spondylosis include neck pain, stiffness, and weakness in the arms, hand, and figures. As a result, the patient becomes severely disabled. [4,5] Cervical spondylosis has been diagnosed using a variety of imaging techniques. Compared to MRI or CT scan, X-rays are the simplest, most accessible, and least expensive modality that may be used to assess the cervical spine. Vertebral displacement, loss of lordotic curve, osteophytes, and calcification are all easily assessed by X-rays⁹.

When it comes to the various physiotherapy regimens for cervical spondylosis, such TENS, ultrasound, superficial thermotherapy, etc. They undoubtedly ease the symptoms of cervical spondylosis, but not to the extent that is required for satisfaction. Therefore, a safe and effective method of treatment must be developed immediately for the management of cervical spondylosis. Cervical disc disease cervical spondylosis is not referenced in any classical texts of the medical system; however, the name has been often used to denote joint discomfort. It includes all types of joint pain Including knee pain, sciatica, gout, [6,7]. And Most doctors

have been given a detailed explanation of the pathophysiology based on quantitative and qualitative humour abnormalities.

Consequently, could be classified as cervical spondylosis depending on how much wet cupping was involved [6]. Wet cupping is one in which the humours is affected, resulting in merely. [6,7]. The deep cervical flexors (DCF) and deep cervical extensors (DCE) in particular have a tendency to be impaired in patients with neck pain. All these muscles have high types 1 fibre densities and spindles that are sensitive to pain inhibition. In the activation of multisegmented superficial muscles, deeper neck muscles with a little less control and capacity might result in undesirable segmental motion or thickening.

Therapy should therefore concentrate on improving the functionality or coordination of the deeper cervical muscles. Stretching of the cervical musculature is started in conjunction with strengthening to soften the structure and lessen the trigger point in the. [7,9]] Numerous studies have also demonstrated that exercise, alone or in combination with other therapies, can significantly reduce pain, enhance functional status, and enhance quality of life in people with cervical Spondylosis. [9,10,11]

METHODOLOGY

A 40-year-old female patient with complaints of discomfort in low back and neck pain radiating from neck to the right shoulder. She was admitted to the causality ward of the Rama medical colleges hospital and research in Kanpur. Her Right shoulder has been sore for the last past 7 to 8 months. Patient's daily routine was constrained, and they couldn't do their own tasks; her vital signs were within the usual range on general assessment, and a systemic exam revealed no anomalies. The patient's right shoulder was raised and they had cervical spondylosis on the left side. They also had modest trophic alterations in their right-side deltoids, biceps, and triceps.

The results of the specific tests, such as the neck distraction test and the neck spurling test (foraminal compression), are positive. Variable disc desiccative alterations are shown in the cervical I.V. disc on the MRI, although the height of the I.V. disc is intact above finding was diagnosed cervical spondylosis. Before beginning the procedure, the patient underwent a hemogram. The procedure involves first cleaning the target area (bilateral supraclavicular fossa) with spirit, followed by dry cupping for 10 minutes with two medium-sized cups with a diameter of 5.5 cm; the benefit of dry cupping before beginning wet cupping is that it increases circulation of the area.

The cup is then gently removed, and 13 to 15 superficial incisions are made using the same cup. applied on that part with this procedure of wet cupping are also doing cervical isometric exercise, MFR, strengthening exercise manual cervical traction with the 3 set. The area was cleaned and dressed in part, finally. The study procedure was 30 days because the entire 5 sittings were performed on the 0th, 7th, 12th, and 28th twice daily for 15 days. Isometric exercise performed, the neck impairment index (Vernon and Mirror cervical Questionnaire) was used to evaluate the patient at baseline, after wet cupping was finished at 20 days, and after 35 days of wet cupping.



Figure 1 .Therapist Performing Cervical Compression Test



Figure 2. Therapist Performing Spurling Test (2)



Figure 3 .Therapist Giving Distraction Test to the Cervical of Patient

OUTCOME MEASURES

Compartment	Muscle	Pre grade	Post grade
Anterior muscles of the neck	sternocleidomastoid	3	4
Posterior muscles of the neck	Trapezius	4	5
Lateral (vertebral) muscles of the neck	Scalene muscles	3	5

Table 1. Manual Muscle Testing

Parameters	Before treatment	After treatment
Neck pain	8	2
Stiffness	9	3
Pain In Shoulder	5	0
VAS	90	10

Table 2. Observation parameter

<u>PAIN</u>	
<u>Pre-Treatment</u>	<u>Post-Treatment</u>
8	2

Table 3 Visual Analogue Scale

RESULT

Pain intensity: Pain score was 8 (the pain is very severe at the moment) before treatment which improve to 1 at 30 days. And the pain score was 0 (no pain at the moment) at 35 days after the completion of study protocol.

On Personal care: Before therapy, the patient's score was 8, which decreased to 1 after 30 days and then to 0 after 35. As a result, they are now able to carry out their everyday tasks without experiencing any pain.

On Lifting: When it comes to lifting, the score was 8 prior to therapy, but it drops to 3 after 14 days and 1 after 30.

On Reading: Not applicable

Headache: The score was 1 prior to therapy, but it drops to 0 after 15 days and stays at 0 after 30 days, meaning there are no longer any headaches.

Concentration: The score was 2 prior to treatment, decreasing to 1 after 15 days and to 0 after 30 days.

Work: The score was 5 prior to therapy, improving to 2 on day 15 and 1 on day 30.

Driving: Not relevant.

Sleeping: The score was 3 prior to therapy, improving to 2 on day 15 and 0 on day 30.

Recreation: The score was 3 prior to therapy, improving to 2 on day 15 and 1 on day 30.

Average score at the beginning of the study was 57.77%, but it decreased to 28.88% after 15 days and 8.88% after 30 days, showing that symptoms had significantly improved.

DISCUSSION

In a one systemic cervical that is effect of exercise on that research on cervical that research suggested that Exercise, alone or exercise plus other treatment may be helpful to patients with CR. However, exercise option should be carefully considered for each patient with cervical spondylosis in accordance with their different situations. Large-scale studies using proper methodology are recommended. Second article of the cervical spondylosis management of wet cupping suggested that Cervical spondylitis puts sufferers at severe financial risk and makes a significant contribution to the global decline. For chronic neck discomfort and low back pain, the prognosis is frequently dismal. Approximately 66 percent of people experience neck pain at some point in their lifetime. Neck discomfort was the second most common justification for adopting complementary and integrative medicine in 2022, only behind low back pain.

How cupping therapy functions or how does it operate Despite the fact that there are numerous competing ideas, it is still a research area. For instance, Hong et al. explain that local negative pressure strains the nerves and muscles, increases blood flow, and triggers auto haemolysis.

According to traditional Chinese medicine, ailments are believed to be unblocked by wet cupping since they are caused by stagnation or obstruction of the vital energy source.

The findings of this study suggest that Hijama wet cupping may be helpful for cervical spondylosis, but they cannot be generalised, thus more research is advised on a large number of patients to establish the benefit of wet cupping, as well as long-term follow-up.

LIMITATION:

In cervical spondylosis is sample size is very less are study duration is also less Pain in cervical region can be exacerbated by neck movement, and objective changes occurs only then spondylosis is complicated. CR has a peak incidence of 1.79 per 1000 person-years, and treatment includes surgical and nonsurgical approaches. Conservative measures, such as manual therapy, exercise, traction, cervical collar, and nonsteroidal ant inflammatory drugs, can relieve pain and improve neurologic function.

FURTHER STUDY: -

Increase sample size and sample duration are apply advance physiotherapy management in further study in condition of cervical spondylosis.

CONCLUSION

Case report reveals the applying wet cupping in cervical study condition with cervical strengthening exercise effective in the management of cervical spondylosis. This study concluded the physiotherapy treatment provide beneficial cervical spondylosis cases. This study adds to the evidence about the cupping therapy.

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