

Fit-keeping Lecture for March 8th Women's Day

for UK Accountants Groups

(Wednesday 9:46-10:45 am)

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First of all, I would like to congratulate you all on a happy International Women's Day. At the invitation of Accountant Ms Yanping Wu, today I would like to share with you the basic information and prevention methods of spine and cervical spondylosis as follows:

1. Spine

The number of vertebrae in a newborn child is 32-33. The adult spine consists of 26 vertebrae (including 7 cervical vertebrae, 12 thoracic vertebrae, 5 lumbar vertebrae, 1 sacrum (composed of fusion of 5 sacral vertebrae), 1 coccyx Block (consisting of fusion of 3-4 tail vertebrae)) connected by ligaments, joints and intervertebral discs. The upper end of the spine supports the skull, connects the hip bones below, attaches the ribs in the middle, and serves as the back wall of the thorax, abdomen, and pelvis. The

spine has the functions of supporting the trunk, protecting the internal organs, protecting the spinal cord and performing movements. A longitudinal spinal canal is formed inside the spine from top to bottom, and there is a spinal cord inside (Note: The spine is not equal to the spine or vertebrae, the spine is composed of multiple vertebrae).

The average spine length is 70-75cm for men and 66-70cm for women[1]; the average value of (spine length/height)×100 is 43.3 for men and 44.2 for women.

2. Cervical spondylosis

Cervical spondylosis, also known as cervical syndrome, is a general term for cervical osteoarthritis, hypertrophic spondylitis, cervical nerve root syndrome, and cervical disc herniation. It is a disease based on degenerative pathological changes. Mainly due to long-term cervical strain, bone hyperplasia, or intervertebral disc herniation, ligament thickening, cervical spinal cord, nerve root or vertebral artery are compressed, and a series of clinical syndromes of dysfunction appear. Manifested as vertebral instability and loosening; nucleus pulposus herniation or prolapse; bone spur formation; ligament hypertrophy and secondary spinal canal stenosis, etc., which stimulate or compress adjacent nerve roots,

spinal cord, vertebral artery and cervical sympathetic nerves, etc. causes a range of symptoms and signs.

Cervical spondylosis can be divided into: cervical spondylosis, nerve root cervical spondylosis, cervical spondylotic myelopathy, vertebral artery cervical spondylosis, sympathetic cervical spondylosis, and esophageal compression cervical spondylosis.

Although there are many classifications, they are classified according to symptoms. In reality, multiple symptoms can exist at the same time.

Cervical spondylosis (basic cervical spondylosis)

Cervical spondylosis generally presents with obvious symptoms of head, shoulder and neck pain and discomfort.

This type of cervical spondylosis generally finds changes in the mechanical structure of the neck or soft tissue changes around the neck through imaging examinations, including common changes in cervical curvature and changes in vertebral body shape (common wedge-shaped deformation, vertebral body hyperplasia, or compression)), peripheral soft tissue hyperplasia (typical representative: termed 'rich people's cyst'), some patients will experience neck joint instability, uneven intervertebral space, etc.

Here is another point, if you experience repeated discomfort in the shoulder and neck, or frequent stiff necks, this is basically a symptom of cervical spondylosis.

Cervical spondylosis is the most basic and lightest type of cervical spondylosis, and other types of cervical spondylosis can basically be said to be advanced (non-pathological) types of this type.

Cervical spondylotic radiculopathy

Sensory, motor, and reflex disturbances that occur when nerve roots are stimulated or compressed. The most typical symptom is numbness and pain in sensation, and this numbness and pain is not fixed, and the range of occurrence is mainly related to the area innervated by the compressed nerve. This type of cervical spondylosis can cause motor dysfunction, and one of its typical symptoms is frozen shoulder, so friends with frozen shoulder need to pay attention to checking for cervical spine problems.

Spinal type

Patients with cervical spondylotic myelopathy are often caused by damage to the cervical spinal cord. The cervical vertebrae of patients have obvious disc herniation or bone hyperplasia, or some growths cause the spinal canal to narrow and compress the spinal

cord. Common diseases include spinal cord tumors and peripheral neuritis of the spinal cord.

The consequences of this type of cervical spondylosis are more serious, ranging from damage to the motor sensory system to paralysis. So dear friends, you must take cervical spondylosis seriously, and don't care about neck pain.

Vertebral type

The symptoms of patients with cervical spondylosis of the vertebral artery type are relatively extreme. Mild cases are generally headache, dizziness, and easy fatigue, and severe cases may have sudden collapse. This general examination is positive when the neck rotation test is performed on physical examination. Imaging studies Doppler ultrasound of the upper head will show the problem of the vertebral artery

Sympathetic type

The common symptoms of patients with sympathetic cervical spondylosis are numbness of limbs, dizziness, rapid heartbeat, and vomiting and nausea. Case. However, the causes of this type of cervical spondylosis are many and complicated. Some anxiety patients have exactly the same symptoms, or some sympathetic

nerves are stimulated (frequent shoulder and neck discomfort/rich bags, etc.), and it is not necessarily caused by cervical spine problems. Therefore, clinical The treatment methods are somewhat stretched, and only the corresponding symptoms can be treated.

The above are the common types of cervical spondylosis, but there are few individual symptoms in clinical practice, and most of them are mixed types of cervical spondylosis, such as vertebral artery type and spinal cord type, which are often accompanied by cervical Type cervical spondylosis appears. Therefore, the symptoms of each person will be different at least, so it needs to be analyzed specifically for each person.

Diagnosis

Healthcare providers may first do a physical exam, including:

Check the range of motion of the neck

Your reflexes and muscle strength are checked to see if your spinal nerves or spinal cord are compressed.

Watch you walk to see if spinal compression is affecting your gait

Film degree exam

The detailed information provided by imaging studies can guide diagnosis and treatment. For example:

* X-ray of the neck. An x-ray of the neck can show changes in the spine that could indicate cervical spondylosis, such as bone spurs. A neck x-ray can also rule out rare or more serious causes of neck pain and stiffness, such as tumors, cancer, infection, or fractures.

* MRI. MRI uses radio waves and strong magnetic fields to produce detailed images that can help pinpoint pinched nerves.

* CT myelography. In this type of CT scan, a doctor injects dye into the spinal canal to give a more detailed picture. This examination makes it easier to observe the details of the spinal cord, spinal canal, and nerve roots.

Neurological examination

You may need several tests to see if nerve signals are being sent to your muscles properly. Neurological examination includes:

* EMG. This test measures the electrical activity of the nerves as they transmit information to the muscles when the muscles are contracted and when they are at rest.

* Nerve conduction research. The doctor places electrodes on the skin over the nerve to be studied. A small electric shock is delivered through the nerve to measure the strength and speed of the nerve signal.

Treatments

Treatment for cervical spondylosis depends on its severity. The goals of treatment are to relieve pain, help you maintain your daily activities as much as possible, and prevent permanent damage to the spinal cord and nerves.

Acupuncture, effective. Acupuncture points: Fengchi, Jingbailao, Shenzhu, Waiguan, Hegu, etc.

Chinese herbal medicine: 70-75% effective, the name of herbal formula : Neck-relieving Herbal Powder , it takes 2-4 weeks ,orally use.

If have cervical spondylopathy , please come to our clinic for treatments (255 Gray's inn road, WC1X 8QT).

Western medicines, the effect is average, the side effect is more serious.

NSAIDs. NSAIDs, such as ibuprofen (Advil, Motrin IB, and others) and naproxen sodium (Aleve), are usually available without a prescription. You may need a prescription NSAID to relieve pain and inflammation from cervical spondylosis.

Corticosteroids. Short-term oral prednisone may help reduce pain. If you have severe pain, steroid injections may help.

Muscle relaxants. Certain medicines, such as cyclobenzaprine (Amrix, Fexmid), can help relieve neck muscle spasms.

antiepileptic drugs. Certain antiseizure medicines can relieve pain from damaged nerves.

Antidepressants. Certain antidepressant medications may help relieve neck pain from cervical spondylosis.

Spine exercises

Do a spine exercises daily "five postures" to protect the spine:

Here I will tell you 5 postures that are easily overlooked in daily life, but are very important for spine health!

One: Sitting posture; try to fill the seat with your buttocks, lean your back naturally on the back of the chair, don't bend over; don't lean your head forward, and try to keep your eyes level with the screen when watching the computer; the height of the chair is about the length of the calf, if the chair If your legs are too long, put an ottoman under your feet.

Two: Standing posture; do not lean your head forward, let your shoulders droop naturally, keep your waist, back, and pelvis in a straight line; the center of gravity is evenly distributed on the soles of your feet and heels, tighten your abdominal muscles, and bend your knees slightly.

Three: Avoid bending over and not bending your knees when picking up or moving objects; when picking up or moving things,

especially heavy objects, squat down and carry them instead of bending over directly when picking up or moving objects, try to keep your back straight.

Four: Carry heavy objects with both hands; the body does not tilt, and the left and right shoulders are carried to distribute the weight; when it is too heavy, it can be carried with others.

Five: Sleeping posture; most people spend about 1/3 of their day sleeping, and the correct sleeping posture is also very important to the health of the body. Let me tell you how to sleep to be healthier:

Correct sleeping position

1. The mattress is moderately soft and hard: You can try two sleeping positions: flat sleeping and side sleeping, and use your hands to test the fishtails of the relevant curves such as the back of the neck, waist, and the back of the knees. If you can reach in relatively easily, it means that the softness is moderate. If there is a gap, it means it is hard. If there is no gap and it is difficult to reach in, it means it is soft.

2. When sleeping flat, the shoulder should not exceed the pillow, the height of the pillow should be moderate, and the pillow should not be half-sleeping;

3. When sleeping on the side, in order to maintain the natural curve of the cervical spine, it can be raised moderately;

4. When sleeping on the side or flat, pillows should be placed under the knees to relieve the pressure on the spine; when sleeping on the back, pillows should be placed under the knees to reduce the pressure on the waist.

If you have long-term shoulder, neck, and low back pain, you must seek medical attention in time to find out the cause. If there is a problem with the cervical spine and lumbar spine, you must pay attention to the 5 daily postures mentioned above while undergoing regular treatment. Only by developing good habits can you get rid of pain as soon as possible!

Dear friends, due to time constraints, today's popular fit-keeping lecture is over. If you have any situation, you can chat with me privately.

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