

Inaugural Address

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The spine is the back bone of the human species, that holds his head high up in the air to think and to feel, supporting pair of hands, released for exercise of will and choice. Ambition to stand up is good provided the responsibility to keep it up with due care is also accepted. Many problems of the spine arise because the latter is generally ignored. The assumption of the erect posture by man has resulted in the simple single primary curve of the spine with the concavity forwards, giving place to four curves - the cervical and lumbar secondary curves with a convexity forwards superadded to the two primary thoracic and sacral curves. The brunt of abuse is borne mostly by these secondary curves.

It is a great pity that inspite of the great strides man has made in his life on earth, the spine, his instrument of rise, has been dealt with scant respect. However, the phenomenal development in physical sciences and their contribution to better diagnosis and management have revolutionised our approach to spinal problems.

The cervical spine is uniquely placed structurally and functionally to deserve special attention. This symposium on cervical spine is timely and merits consideration from all angles. First of all it is a multi factorial segment culled upon to support and balance a moving head above against gravity and an actively swinging pair of upper limbs below. The symptoms that manifest are correspondingly varied and the approach should be guided by the significance of the signals. For example the symptoms of cervical spondylosis may relate to the muscles, the vessels, the nerves or the cord. A barber has mastered the technique of giving relief to fatigued muscle that was holding up a burdened head. It is most essential to interpret appropriately the symptoms thrown up by the vascular and neural elements. The third major factor that deserves attention is the disparity between the perceptions obtained through imaging techniques and those picked up by clinical examination. A global perspective of the problem is essential before any action for intervention is decided upon. Then, there are the border problems of the C - V Junction above and thoracic inlet below. A shrewd observer will be able to note a sense of insecurity and threat in a person with a cranio-vertebral problem.

Interventions into the cervical spinal canal, whether from the front or the back, should be appropriately chosen, after considering carefully the factors relating to stability, mobility and decompression.

One of the most important aspects of advice, often neglected, is the guideline to be given for maintenance of a healthy neck. Advising a person not to use a pillow without finding out whether he sleeps on the back or the side has often resulted in chronic avoidable suffering. Lying on the side when we have forgotten the pillow is a torture which perhaps all of us have experienced at one time or the other. Often, the bulges on the backs of seats in aircrafts or luxury coaches, press on the back of head rather than the back of the neck. Appropriate advice should be given to the persons or organisations. One of the most important aspects to remember is the role of disturbed mind in the causation of spinal symptoms.

Finally I wish to state that with a sound approach, use of diagnostic aids and skilled interventional techniques, the problems of cervical spines today can be alleviated to a great extent.

I have great pleasure in inaugurating the symposium and I wish you success