Role of Mesotherapy in Chronic Cervical Pain due to Cervical Spondylosis

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بِسْمِ اللَّهِ الرّحمَنِ الرّحيمِ

الْبَتَى الْمِهِرِيَ عَلِيَّ فَعَلِي قَالِحِيُّ اللَّهِ الْمِهِرِيَ عَلَيْكُ وَعَلَى وَالْحِيُّ اللَّهِ اللَّهُ

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List of Abbreviations

Full term Abbrev. **AIDS** : Acquired immunodeficiency syndrome ALL : Anterior longitudinal ligament ANA : Antinuclear Antibody AP : Anterior posterior **ATP** : Adenosine triphosphate **CBC** : Complete blood count CNS : Central nervous system COX-1 : Cyclooxygenase-1 COX-2 : Cyclooxygenase-2 **CSF** : Cerebrospinal fluid **CSM** : Cervical spondylosis myelopathy **CT** : Computed tomography **CVLI** : Chronic venous lymphatic insufficiency CX : Cervical **DMPP** : Descending Modulatory pain pathways **ESR** : Erythrocyte Sedimentation Rate : Functional Magnetic resonance imaging **FMRI GABA** : Gamma-aminobutyric acid HF : High-frequency

IM : Intramuscular

LF : Low-frequency

LIT : Intradermal therapy

MEP : Motor evoked potentials

MM : Millimetres

MP : Methylpredinose

MPQ : McGill Pain QuestionnaireMRC : Medical Research Council

List of Abbreviations (Cont ..)

Abbrev. Full term

MRI : Magnetic resonance imaging

NAIDs : Non-steroidal anti-inflammatory drugs NDHN : Nociceptive dorsal horn neurones

NDI : Neck Disability Index

OFP : Edematous fibrosclerotic pannicule pathy

PAG : Periaqueductal gray

PET : Positron emission tomographyPNS : Peripheral nervous system

RA : Rheumatoid arthritis RF : Rheumatoid factor

RhFSH: Recombinant human follicle-stimulating hormone

ROM : Range of motion

RVM : Rostral ventromedial medulla

SCI : Spinal cord injurysCt : Salmon calcitonin

SEP : Somatosensory evoked potentials

SI : Signal intensity

TBI : Traumatic brain injury

TENS: Transcutaneous electrical nerve stimulation

VAS : Visual analog scale

WHO : World Health OrganizationYAG : Yttrium aluminum garnet

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Introduction

The International Association for the Study of Pain (IASP) has described pain as "an unpleasant sensory and emotional experience". Because pain is a subjective experience, clinicians and researchers rely on what the person reports about his/her own pain (*Merskey and Bogduk*, 2004).

The IASP in its classification of chronic pain defines *cervical spinal pain* as pain perceived anywhere in the posterior region of the cervical spine, from the superior nuchal line to the first thoracic spinous process (*Vaegter et al.*, 2013).

Cervical pain is a common medical condition. Neck pain can come from a number of disorders and diseases and can involve any of the tissues in the neck. Examples of common conditions causing neck pain are degenerative disc disease, neck strain, neck injury such as in whiplash, a herniated disc, or a pinched nerve. Neck pain can come from common infections, such as virus infection of the throat, leading to lymph node (gland) swelling (*Jones and Ernst*, 2012).

Symptoms of neck pain including pain at the back of the neck which may Spread to the upper back, shoulders, or arms, be worse with movement, Make the neck stiff or tender and cause headache, Nerve-related symptoms caused by pressure on the spinal nerve roots or spinal cord include numbness, tingling, or weakness in arm or hand, burning feeling when touch the skin of the arm or hand, leg numbness or weakness, and loss of the ability to control urination (bladder control) or bowel movements. These can be occur when there is pressure or injury to the spinal cord (*Graham et al.*, 2008).

The cause of neck pain could be determined from patient's history and physical examination, but sometimes tests such as X-rays, MRI scans and CT scans are required to find the exact cause, assess the spine and show disc problems (*Tran et al.*, 2013).

Italian Society of Mesotherapy (SIM) *define* Mesotherapy as a minimally invasive technique that consists of intradermal therapy (LIT) pharmaceuticals or other bioactive substances given in small quantities through dermal multi-punctures, where the injection site corresponds to the area of the pathological condition (*Maggiori*, 2004).

Mesotherapy consists of a series of "microinjections" of drug/active substance into the dermis using short needles where the needle is positioned at an appropriate angle depending on the thickness of the skin. Using a single needle, 4mm (27 gauge) or 13mm (30 or 32 gauge), positioned at 30–45 degree with respect to the skin surface was suggested. In general, 0.10–0.20mL of cocktail of drugs (NAIDS,

Lidocaine, muscle relaxant or other drugs) are injected at the injection points. If large areas are to be treated, the drug can be diluted (*Mammucari et al.*, 2011).

If used correctly, mesotherapy is effective in the treatment of painful musculoskeletal conditions, chronic venous lymphatic insufficiency (CVLI), oedematous fibrosclerotic panniculopathy (OFP, more commonly known as *cellulite*), intradermal vaccination (*Mammucari et al.*, 2011).

The proposed mechanism of action of mesotherapy is that solutions injected intracutaneously remain in the area longer than they would by deeper injection because they are slower to be cleared by general circulation. Further, it is felt that these solutions injected superficially but it continually penetrate into the deeper tissues (*Belhocine and Oussedik*, 2000).

The contraindications to mesotherapy include known hypersensitivity to any of the components, less than 18 years of age, pregnancy, lactation, patients on anticoagulants, cardiac drugs as hydralazine, calcium channel blocker and beta blocker, conditions like liver and kidney disorders, AIDS, seizure disorders, lupus and fibromyaligia (*Rohrich*, 2005).

Aim of the Study

To evaluate the effectiveness of mesotherapy as a technique of local administration of drugs for pain relief in cases of chronic cervical pain due to cervical spondylosis versus the effect of oral NSAIDs.