

A PROJECT REPORT ON

Effect of SuJok Therapy on Patients with Spine Disorders.

This project is submitted in partial fulfilment for the award of

“Diploma in **SUJOK THERAPY**”

SUBMITTED BY

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ACADEMIC YEAR

2011-2012

PROJECT GUIDE

(SJ Th. Jignesh Gokani)

SUBMITTED TO

Centre for continuing education – Saurashtra University &

RDIIM

(Research & Development Institution of Integrated Medicines)

Declaration

The undersigned, a student of Diploma in SuJok Therapy declare that this project work has been carried out under the Guidance of The Course Co-ordinator SJ Th. Jignesh Gokani.

This project report is entirely an outcome of my own efforts and is not submitted, either in part or in whole, to any other University or Institute for any examination or for the award of any other certificate/diploma/degree.

Date: 31-03-2012

Place: Hyderabad

Signature of the Student

(Name: Ami P Sanghadia)

Course Co-ordinator

Certificate

This is to certify that Mrs. Ami P Sanghadia has submitted the project work on **EFFECT OF SUJOK THERAPY ON SPINE DISORDERS** to fulfil requirement for the award of diploma in SuJok Therapy offered by centre for continuing education – Saurashtra University & research and development institute for integrated medicine – Hyderabad.

Date: 31-03-2012

Place: Hyderabad.

(Dr. Kaladhar Arya)

ABSTRACT

The project on “**EFFECT OF SUJOK THERAPY ON SPINE DISORDERS**” has been undertaken for **Diploma in SuJok Therapy for Saurashtra University, Rajkot, Gujarat** with some specified objectives and certain desired goals. Proposed methodology and plan of action was designed in consultation with my project guide **SJ Th. JIGNESH GOKANI**. The same in brief could be maintained below.

Firstly, it was desired to understand the overall view of patients about the “**EFFECT OF SUJOK THERAPY ON SPINE DISORDERS**” and same was achieved by preparing the questionnaire and getting it duly filled by the patients visiting SuJok Clinics in **Hyderabad** and **Chennai**.

Then it was planned to understand the reviews of the patients about the different types of treatments for different types of problems and it was achieved by analyzing the data collected from the patients.

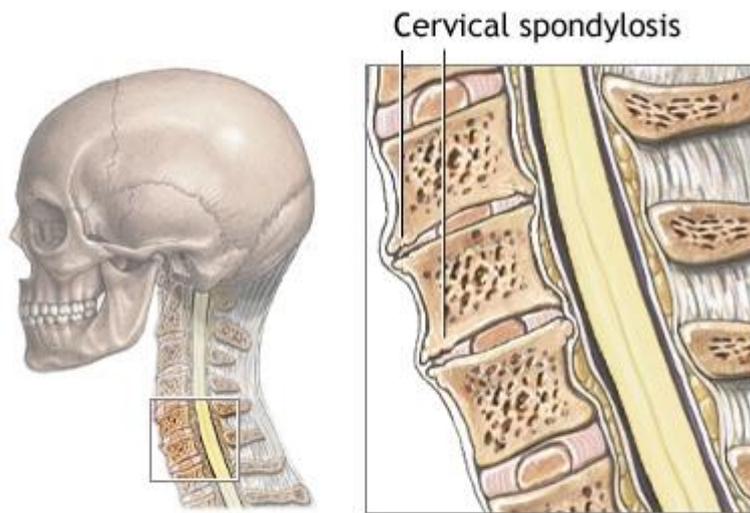
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INTRODUCTION

1] Cervical Spondylosis :-

Cervical spondylosis is a disorder that results from abnormal growth of the bones of the neck and degeneration and mineral deposits in the cushions between the vertebrae. Progressive neck pain is a key indication of cervical spondylosis. It may be the only symptom in many cases. Examination often shows limited ability to bend the head toward the shoulders and limited ability to rotate the head. The goal of treatment is relief of pain and prevention of permanent spinal cord and nerve root injury.



ADAM.

Causes

Cervical spondylosis is caused by chronic wear on the cervical spine. This includes the disks or cushions between the neck vertebrae and the joints between the bones of the cervical spine. There may be abnormal growths or "spurs" on the bones of the spine (vertebrae).

These changes can, over time, press down on (compress) one or more of the nerve roots. In advanced cases, the spinal cord becomes involved. This can affect not just the arms, but the legs as well.

Everyday wear and tear may start these changes. People who are very active at work or in sports may be more likely to have them.

The major risk factor is aging. By age 60, most women and men show signs of cervical spondylosis on x-ray. Other factors that can make a person more likely to develop spondylosis are:

Being overweight and not exercising

Having a job that requires heavy lifting or a lot of bending and twisting

Past neck injury (often several years before)

Past spine surgery

Ruptured or slipped disk

Severe arthritis

Small fractures to the spine from osteoporosis

Symptoms

Symptoms often develop slowly over time, but they may start or get worse suddenly. The pain may be mild, or it can be deep and so severe that you are unable to move.

You may feel the pain over the shoulder blade or it may spread to the upper arm, forearm, or (rarely) fingers.

The pain may get worse:

After standing or sitting

At night

When you sneeze, cough, or laugh

When you bend the neck backwards or walk more than a few yards

You may also have weakness in certain muscles. Sometimes, you may not notice it until your doctor examines you. In other cases, you will notice that you have a hard time lifting your arm, squeezing tightly with one of your hands, or other problems.

Other common symptoms are:

Neck stiffness that gets worse over time

Numbness or abnormal sensations in the shoulders, arms, or (rarely) legs

Headaches, especially in the back of the head

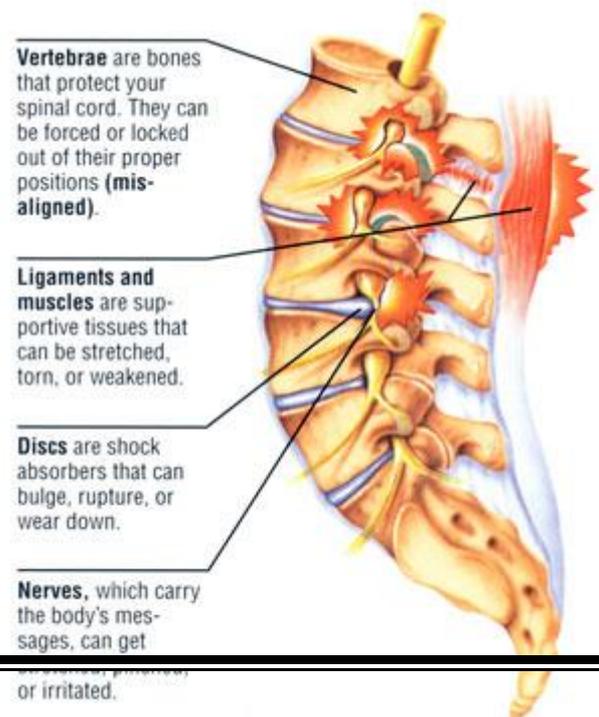
Less common symptoms are:

Loss of balance

Loss of control over the bladder or bowels (if there is pressure on the spinal cord)

2] Lumbago:-

In today's scenario almost 80 percent of adults are affected by back pain at some point in their lives. Almost every family has one or more people suffered with this some time or the other. Lumbago is defined as mild to severe pain or discomfort in the area of the lower back. Weak muscles in the Back & Stomach increase the risk of Backaches . A variety of problems in the muscles, tendons, bones, ligaments, or an underlying organ, such as the kidney, may also cause backaches. The pain can be Acute (sudden and severe) or Chronic if it has lasted more than three months. Lumbago often occurs in younger people whose work involves physical effort though is not uncommon in elder people of retirement age also. Lumbago is a term for muscle pain in the



lower back, near the pelvis & affected region with pain is Lumbo -Sacral region of spine hence it is termed as Lumbago.

There can be many precipitating causes for backache. In the majority of cases, it is impossible to identify the exact cause of backache. Still in 25% of cases, however, it is possible to identify the cause. Often, these patients are suffering from conditions like a Slipped Disc, Osteoporosis (brittle bones), deformation of natural spine curvature (Scoliosis) or more rarely, skeletal damage due to tumours or infection. It is believed that back pain is usually the result of spinal degeneration or injury, especially damage to intervertebral discs, These are structures located between the vertebrae that act as cushions. Each disc consists of a tough, fibrous outer layer surrounding a soft interior, which is what provides the cushioning. With the ordinary wear and tear of living, the discs show signs of aging and may be injured. When a disc begins to degenerate, a strain - even something as small as a sneeze - can cause the disc to rupture, or herniate, allowing the soft interior material to protrude out of the disc and press against the spinal cord. This situation is sometimes erroneously referred to as a "Slipped Disc" or Disc Prolapse . A herniated disk can indeed cause severe intermittent or constant back pain.. Though the main cause of back pain is simple muscle spasm or strain . Although symptoms may come on suddenly and can be acutely painful, this is actually a problem that develops over a long period of time. When muscles contract, Lactic acid and Pyruvic acid are produced as byproducts of muscular activity. It is the presence of lactic acid in the muscles that produces the familiar sensation of muscle fatigue following strenuous activity. If high levels of these acidic byproducts accumulate in the muscles, they cause irritation that can eventually turn into pain and interfere with the normal conduction of electrical impulses in the muscle tissue. This results in a condition called delayed-onset muscle soreness (DOMS). Problems with acidic build-up are often made worse by dehydration. Precipitating Factors :- - Wrong or Poor posture. - Wearing Improper footwear. - Walking habits. - Improper lifting & Bending. - Straining. - Slouching when sitting. - Sleeping on a very soft mattresses. - Calcium deficiency. - Intravertebral disc damage, injury, wear & tear . - Herniation or prolapse or rupture of intervertebral disc. - Bone disease specially Osteoporosis. - Abnormal curvature of the spine or Scoliosis. - Fractures can also rarely cause the backache. - Arthritis. - Rheumatism. - Constipation. - Kidney, bladder, prostate problems and female pelvic disorders. - Female reproductive disorders or problems. Premenstrual Pain. - Pregnancy and labor. (Baby is head down, facing toward mother's pubic bone instead of her backbone), back labor is a frequent occurrence. It can be very intense

back pain due to the pressure of the baby's skull pressing against the tailbone. - Psychological, emotional or stress-related problem.

Symptoms usually are: - Acute or Chronic pain. Muscle fatigue. Stiffness. Swelling. Spinal subluxation. Pain radiating into legs. Numbness and /or tingling in limbs. - Pain across the lower part of the back that sometimes radiates into the buttocks, the back of the thigh or to the groin. The pain is usually worse on movement. - Limitation in movement of the spine - especially bending forward and leaning back. - Tense spasm of the muscles surrounding the spine and causing a stiff back. - With severe pain and spasm, the back may tilt to one side causing a change in the posture. - The pain is sometimes accompanied by a tingling sensation or numbness in the back or buttocks / hips or leg.



3] Sciatica

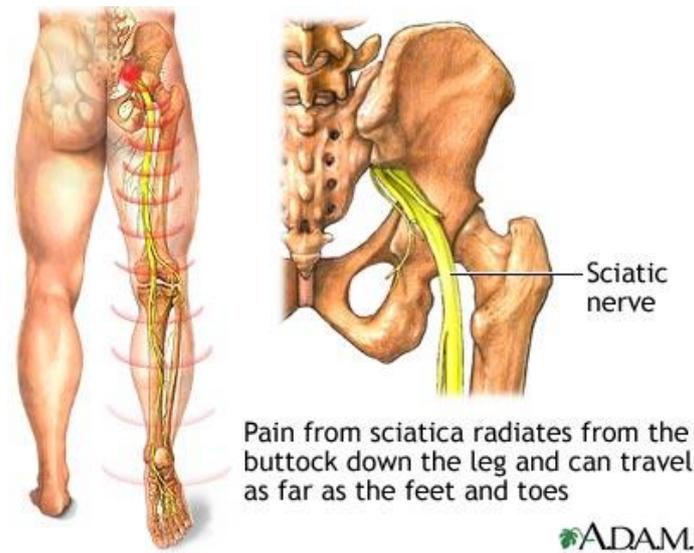
Sciatica is a set of symptoms including pain that may be caused by general compression or irritation of one of five spinal nerve roots that give rise to each sciatic nerve, or by compression or irritation of the left or right or both sciatic nerves. The pain is felt in the lower back, buttock, or various parts of the leg and foot. In addition to pain, which is sometimes severe, there may be numbness, muscular weakness, pins and needles or tingling and difficulty in moving or controlling the leg. Typically, the symptoms are only felt on one side of the body. Pain can be severe in prolonged exposure to cold weather.

Although sciatica is a relatively common form of low back pain and leg pain, the true meaning of the term is often misunderstood. Sciatica is a set of symptoms rather than a diagnosis for what is irritating the root of the nerve, causing the pain. This point is important, because treatment for sciatica or sciatic symptoms often differs, depending upon the underlying cause of the symptoms and pain levels.

Cause

Sciatica is generally caused by the compression of lumbar nerves L4 or L5 or sacral nerves S1, S2, or S3, or by compression of the sciatic nerve itself. When sciatica is caused by compression of a dorsal nerve root (radix) it is considered a lumbar radiculopathy (or radiculitis when accompanied with an inflammatory response). This can occur as a result of a spinal disk bulge or spinal disc herniation (a herniated intervertebral disc), or from roughening, enlarging, or misalignment (*spondylolisthesis*) of the vertebrae, or as a result of degenerated discs that can reduce the diameter of the lateral foramen through which nerve roots exit the spine. The intervertebral discs consist of an annulus fibrosus, which forms a ring surrounding the inner nucleus pulposus. When there is a tear in the annulus fibrosus, the nucleus pulposus (pulp) may extrude through the tear and press against spinal nerves within the spinal cord, cauda equina, or exiting nerve roots, causing inflammation, numbness or excruciating pain. Sciatica due to compression of a nerve root is one of the most common forms of radiculopathy.

Pseudosciatica or non-discogenic sciatica, which causes symptoms similar to spinal nerve root compression, is most often referred pain from damage to facet joints in the lower back and is felt as pain in the lower back and posterior upper legs. Pseudosciatic pain can also be caused by compression of peripheral sections of the nerve, usually from soft tissue tension in the piriformis or related muscles.



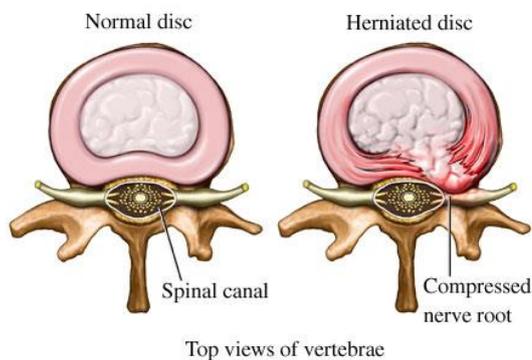
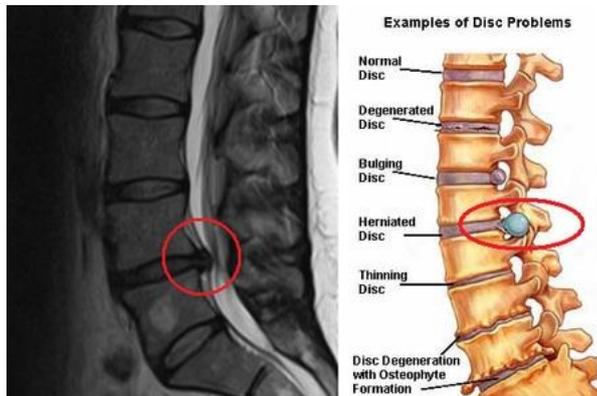
4] Slipped disc

A spinal disc herniation (*prolapsus disci intervertebralis*) is a medical condition affecting the spine due to trauma, lifting injuries, or idiopathic, in which a tear in the outer, fibrous ring (*annulus fibrosus*) of an intervertebral disc (*discus intervertebralis*) allows the soft, central portion (*nucleus pulposus*) to bulge out beyond the damaged outer rings. Tears are almost always postero-lateral in nature owing to the presence of the posterior longitudinal ligament in the spinal canal. This tear in the disc ring may result in the release of inflammatory chemical mediators which may directly cause severe pain, even in the absence of nerve root compression .

Disc herniations are normally a further development of a previously existing disc "protrusion", a condition in which the outermost layers of the *annulus fibrosus* are still intact, but can bulge when the disc is under pressure. In contrast to a herniation, none of the *nucleus pulposus* escapes beyond the outer layers.

Most minor herniations heal within a few weeks. Anti-inflammatory treatments for pain associated with disc herniation, protrusion, bulge, or disc tear are generally effective. Severe herniations may not heal of their own accord and may require surgical intervention.

The condition is widely referred to as a *slipped disc*, but this term is not medically accurate as the spinal discs are fixed in position between the vertebrae and cannot in fact "slip".



Signs and symptoms

Symptoms of a herniated disc can vary depending on the location of the herniation and the types of soft tissue that become involved. They can range from little or no pain if the disc is the only tissue injured, to severe and unrelenting neck or low back pain that will radiate into the regions served by affected nerve roots that are irritated or impinged by the herniated material. Often, herniated discs are not diagnosed immediately, as the patients come with undefined pains in the thighs, knees, or feet. Other symptoms may include sensory changes such as numbness, tingling, muscular weakness, paralysis, paresthesia, and affection of reflexes. If the herniated disc is in the lumbar region the patient may also experience sciatica due to irritation of one of the nerve roots of the sciatic nerve. Unlike a pulsating pain or pain that comes and goes, which can be caused by muscle spasm, pain from a herniated disc is usually continuous or at least is continuous in a specific position of the body.

It is possible to have a herniated disc without any pain or noticeable symptoms, depending on its location. If the extruded nucleus pulposus material doesn't press on soft tissues or nerves, it may not cause any symptoms. A small-sample study examining the cervical spine in symptom-free volunteers has found focal disc protrusions in 50% of participants, which

shows that a considerable part of the population can have focal herniated discs in their cervical region that do not cause noticeable symptoms.

Typically, symptoms are experienced only on one side of the body. If the prolapse is very large and presses on the spinal cord or the cauda equina in the lumbar region, affection of both sides of the body may occur, often with serious consequences. Compression of the cauda equina can cause permanent nerve damage or paralysis. The nerve damage can result in loss of bowel and bladder control as well as sexual dysfunction. See Cauda equina syndrome.

Cause

Disc herniations can result from general wear and tear, such as when performing jobs that require constant sitting. However, herniations often result from jobs that require lifting. Traumatic injury to lumbar discs commonly occurs when lifting while bent at the waist, rather than lifting with the legs while the back is straight. Minor back pain and chronic back tiredness are indicators of general wear and tear that make one susceptible to herniation on the occurrence of a traumatic event, such as bending to pick up a pencil or falling. When the spine is straight, such as in standing or lying down, internal pressure is equalized on all parts of the discs. While sitting or bending to lift, internal pressure on a disc can move from 17 psi (lying down) to over 300 psi (lifting with a rounded back).

Herniation of the contents of the disc into the spinal canal often occurs when the anterior side (stomach side) of the disc is compressed while sitting or bending forward, and the contents (nucleus pulposus) get pressed against the tightly stretched and thinned membrane (annulus fibrosis) on the posterior side (back side) of the disc. The combination of membrane thinning from stretching and increased internal pressure (200 to 300 psi) results in the rupture of the confining membrane. The jelly-like contents of the disc then move into the spinal canal, pressing against the spinal nerves, thus producing intense and usually disabling pain and other symptoms.

There is also a strong genetic component. Mutation in genes coding for proteins involved in the regulation of the extracellular matrix, such as MMP2 and THBS2, has been demonstrated to contribute to lumbar disc herniation.

Location

The majority of spinal disc herniation cases occur in lumbar region (95% in L4-L5 or L5-S1). The second most common site is the cervical region (C5-C6, C6-C7). The thoracic region accounts for only 0.15% to 4.0% of cases.

Herniations usually occur posterolaterally, where the annulus fibrosis is relatively thin and is not reinforced by the posterior or anterior longitudinal ligament. In the cervical spinal cord, a symptomatic posterolateral herniation between two vertebrae will impinge on the nerve which exits the spinal canal between those two vertebrae on that side. So for example, a right posterolateral herniation of the disc between vertebrae C5 and C6 will impinge on the right C6 spinal nerve. The rest of the spinal cord, however, is oriented differently, so a symptomatic posterolateral herniation between two vertebrae will actually impinge on the nerve exiting at the *next* intervertebral foramen down. So for example, a herniation of the disc between the L5 and S1 vertebrae will impinge on the S1 spinal nerve, which exits between the S1 and S2 vertebrae.

Cervical

Cervical disc herniations occur in the neck, most often between the fifth & sixth (C5/6) and the sixth and seventh (C6/7) cervical vertebral bodies. Symptoms can affect the back of the skull, the neck, shoulder girdle, scapula shoulder, arm, and hand. The nerves of the cervical plexus and brachial plexus can be affected.

Thoracic

Thoracic discs are very stable and herniations in this region are quite rare. Herniation of the uppermost thoracic discs can mimic cervical disc herniations, while herniation of the other discs can mimic lumbar herniations.

Lumbar

Lumbar disc herniations occur in the lower back, most often between the fourth and fifth lumbar vertebral bodies or between the fifth and the sacrum. Symptoms can affect the lower back, buttocks, thigh, anal/genital region (via the Perineal nerve), and may radiate into the foot and/or toe. The sciatic nerve is the most commonly affected nerve, causing symptoms of sciatica. The femoral nerve can also be affected and cause the patient to experience a numb,

tingling feeling throughout one or both legs and even feet or even a burning feeling in the hips and legs.

5] Ankylosing spondylitis

Ankylosing spondylitis previously known as Bekhterev's disease, Bekhterev syndrome, and Marie-Strümpell disease is a chronic inflammatory disease of the axial skeleton with variable involvement of peripheral joints and nonarticular structures. **AS** is a form of spondyloarthritis, a chronic, inflammatory arthritis and autoimmune disease. It mainly affects joints in the spine and the sacroiliac joint in the pelvis, and can cause eventual fusion of the spine.

It is a member of the group of the spondyloarthropathies with a strong genetic predisposition. Complete fusion results in a complete rigidity of the spine, a condition known as "bamboo spine".

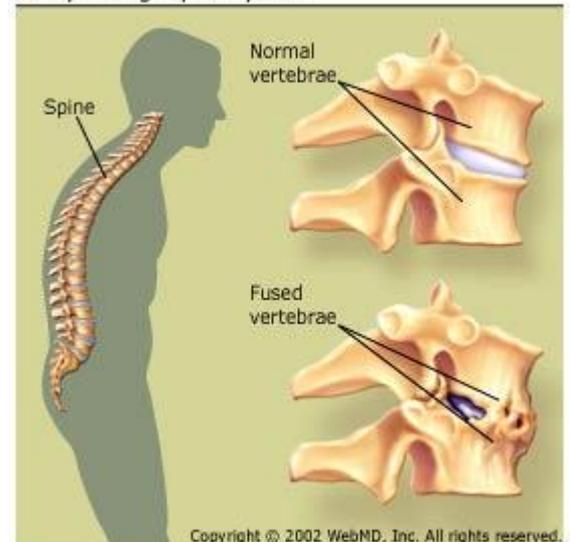
An ankylosing spine in which the vertebrae become fused together.

Signs and symptoms

The typical patient is a young male, aged 20–40; however, the condition also presents in females. The condition is known to be hereditary. Symptoms of the disease first appear, on average, at age 23 years. These first symptoms are typically chronic pain and stiffness in the middle part of the spine or sometimes the entire spine, often with pain referred to one or other buttock or the back of thigh from the sacroiliac joint.

Symptoms appear gradually. Initially they are usually not specific for ankylosing spondylitis. The average onset to diagnosis lag time has been estimated to be approximately 8.5 years to 11.4 years.

Ankylosing Spondylitis



Men are affected more than women by a ratio of about 3:1, with the disease usually taking a more severe course in men than women

In 40% of cases, ankylosing [spondylitis](#) is associated with an inflammation of the eye ,causing redness, eye pain, [vision loss](#), [floaters](#) and [photophobia](#). This is thought to be due to the association these two conditions have with inheritance of [HLA-B27](#). Other common symptoms are generalized [fatigue](#) and sometimes nausea. Less commonly, [aortitis](#), [apical lung fibrosis](#) and [ectasia](#) of the sacral nerve root sheaths may occur.

When the condition presents before the age of 18, it is relatively likely to cause pain and swelling of large limb joints, particularly the knee. In prepubescent cases, pain and swelling may also manifest in the ankles and feet, where [calcaneal spurs](#) may also develop.

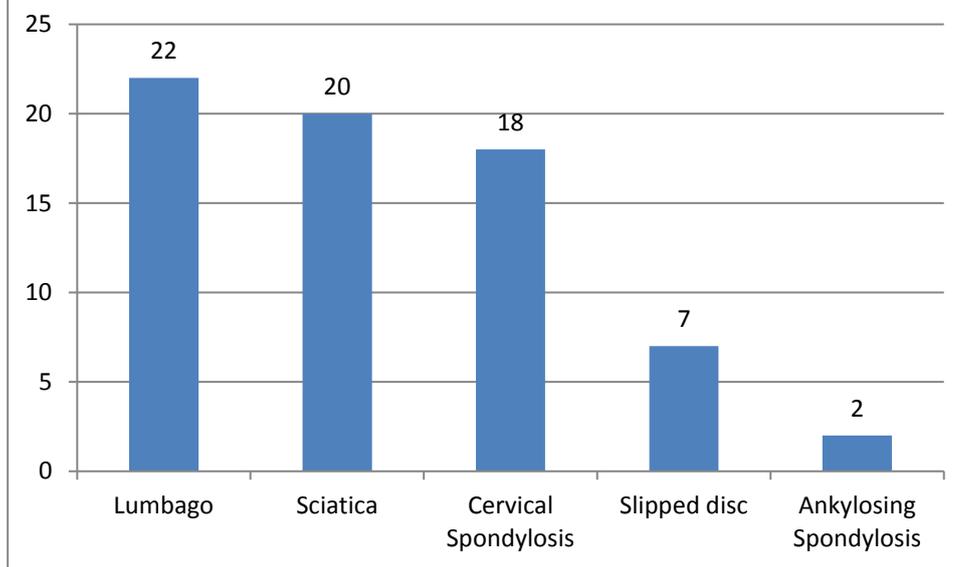
Pain is often severe at rest, but improves with physical activity. However, many experience inflammation and pain to varying degrees regardless of rest and movement. Ankylosing spondylitis is one of a cluster of conditions known as [seronegative spondyloarthropathies](#), in which rheumatoid factor tests are negative and the characteristic pathological lesion is an inflammation of the [enthesis](#) (the insertion of tensile connective tissue into bone).

Q.1 What are/were the diseases you were suffering from and since how long?

Ans. As per the data collected from 51 Patients:

S.No	Type of disease	No. of patients	Duration of Disease			
			Within 1 Year	1-5 years	5-10 years	10-20 years
1.	Lumbago	22	12	3	3	4
2.	Sciatica	20	8	7	3	2
3	Cervical Spondylosis	18	7	6	4	4
4.	Slipped disc	7	2	2	2	1

5.	Ankylosing Spondylosis	2			2	
		Total -	29	18	14	7



Graphical Representation of the above table

The observation from the above data, it can be noted from the chart which we have taken from sampling of 51 patients.

The data reveals that:

- 22 Patients suffered with lumbago.
 - ❖ 12 Patients had been suffering from within a year .
 - ❖ 4 Patients had been suffering from between 10 to 20 years.
 - ❖ 3 Patients had been suffering from between 1 to 5 years.
 - ❖ 3 Patients had been suffering from between 5 to 10 years.
- 20 Patients suffered with Sciatica.
 - ❖ 8 Patients had been suffering from within a year.
 - ❖ 7 Patients had been suffering from between 1 to 5 years.
 - ❖ 3 Patients had been suffering from between 5 to 10 years.
 - ❖ 2 Patients had been suffering from between 10 to 20 years.

- 18 Patients suffered with Cervical Spondylosis.
 - ❖ 7 Patients had been suffering from within a year.
 - ❖ 6 Patients had been suffering from between 1 to 5 years.
 - ❖ 4 Patients had been suffering from between 5 to 10 years.
 - ❖ 1 Patient had been suffering from between 10 to 20 years.

- 7 patients suffered with slipped disc.
 - ❖ 2 Patients had been suffering from between 1 month to 1 year.
 - ❖ 2 Patients had been suffering from between 1 to 5 years.
 - ❖ 2 Patients had been suffering from between 5 to 10 years.
 - ❖ 1 Patient had been suffering from between 10 to 20 years.

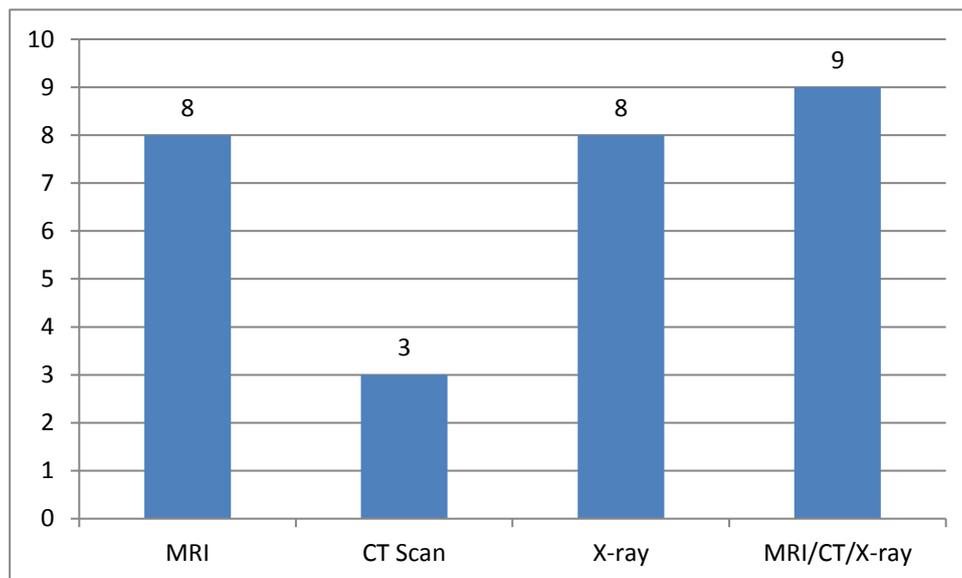
- 2 Patients suffered with ankylosing spondylosis.

A few patients suffered with more than one disease at a time.

Q.2 Did you get an MRI,CT.Scan or X- ray done for it ? If so, what was the diagnosis?

Ans. As per data collected from 51 patients:

S. No.	No. of Patients	No	Yes	Mode of Diagnosis			
				MRI	CT Scan	X-ray	MRI/CT/X-ray
1.	51	23	28	8	3	8	9
				Total = 28			



Graphical Representation of the above table

The observation from the above data. It can be noted from the chart which we have taken from sampling of 51 patients.

The data reveals that:

- 28 Patients underwent further diagnosis.
 - ❖ 8 Patients underwent MRI report. Among them :-
 - 4 Patients were diagnosed with slipped disc and disc bulge.
 - 3 Patients were diagnosed with cervical spondylosis.
 - 3 Patients were diagnosed with degenerative lumbar spine/compression.
 - 1 Patient was diagnosed with nerve compression.

 - ❖ 8 Patients underwent X-ray. Among them :-
 - 3 Patients were diagnosed with Cervical Spondylosis.

- 2 Patients were diagnosed with degenerative lumbar spine/ compression.
- 1 Patient was diagnosed with disc bulge.
- ❖ 3 Patients underwent CT scan report. Among them :-
 - 1 Patient was diagnosed with slipped disc/disc bulge
 - 1 Patient was diagnosed with cervical spondylosis.
 - 1 Patient had no abnormality.
- ❖ 9 Patients did not specify which type of test they underwent but answered the outcome of the report.
 - 3 Patients had no abnormality.
 - 2 Patients were diagnosed with degenerative lumbar spine/compression.
 - 1 Patient had nerve compression.

The variation in number is because few patients did not mention clearly the mode of diagnosis they underwent but they mentioned their report.

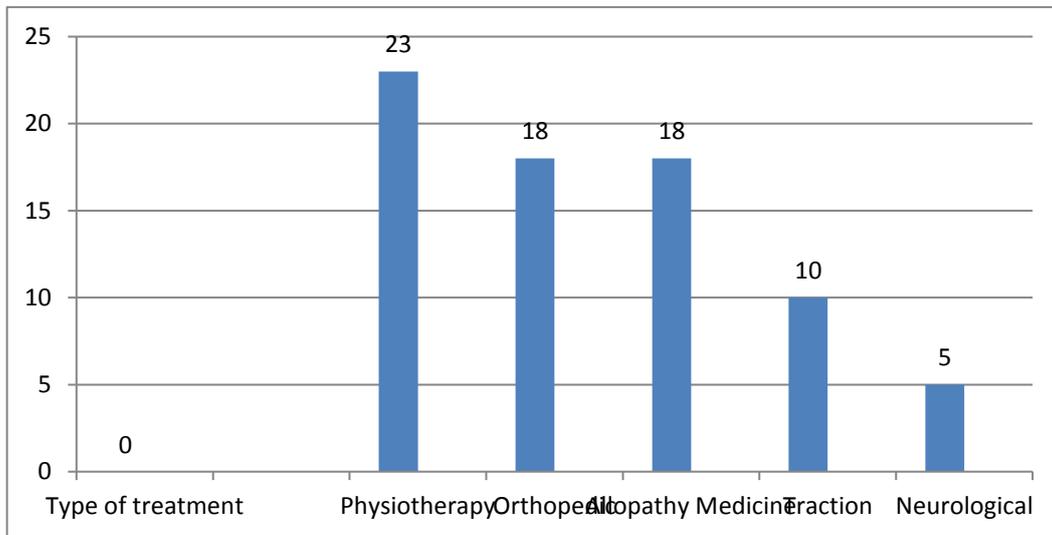
23 Patients did not undergo any diagnosis.

Q.3 Did you undertake neurological, orthopaedic, physiotherapy, traction or allopath medicines to overcome your ailment? What was the outcome of it?

Ans. As per data collected from 51 patients:

S. No.	Type of treatment	No. of patients	Effectiveness of treatment			
			Temporary/ some relief	Not effective/ no relief	Felt good	Other effect
1.	Physiotherapy	23	11	10	1	1
2.	Orthopaedic	18	10	7	1	

3.	Allopath Medicine	18	8	7	3	
4.	Traction	10	6	3		1
5.	Neurological	5	2	2		1
	Total -		37	29	5	3



Graphical Representation of the above table

The observation from the above data, it can be noted from the chart which we have taken from sampling of 51 patients.

The data reveals that:

- 23 Patients have taken physiotherapy.
 - ❖ 11 Patients had temporary/some relief.
 - ❖ 10 Patients had no relief/no effect.
 - ❖ 1 Patient felt good.
 - ❖ 1 Patient had body ache.
- 18 Patients have taken orthopedic treatment.
 - ❖ 10 Patients had temporary/some relief.

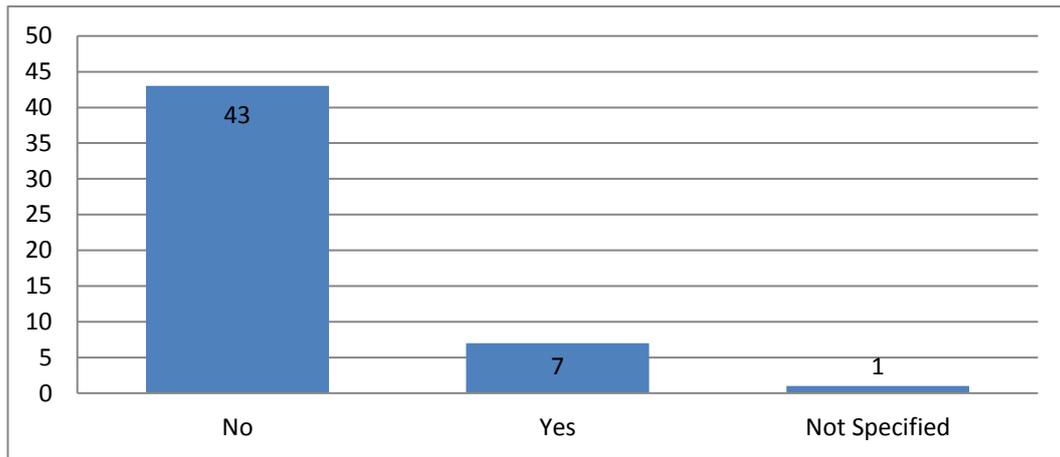
- ❖ 7 Patients had no relief/no effect.
- ❖ 1 Patient felt good.
- 18 Patients have taken allopath medicines.
 - ❖ 8 Patients had temporary/some relief.
 - ❖ 7 Patients had no relief/no effect.
 - ❖ 3 Patients felt good.
- 10 Patients have taken traction.
 - ❖ 6 Patients had temporary/some relief.
 - ❖ 3 Patients had no relief/no effect.
 - ❖ 1 Patient had body ache.
- 5 Patients have taken neurological treatment.
 - ❖ 2 Patients had temporary/some relief.
 - ❖ 2 Patients had no relief/no effect.
 - ❖ 1 Patient had hot / drowsy feeling.
- 1 Patient has not clearly specified the mode of treatment he chose, still he has

A few of the patients have tried a combination of more the one treatment.

Q.4 Did any disease or discomfort evolve as a consequence of that treatment.

Ans. As per data collected from 51 patients:

Sno.	Yes/No	No. patients
1.	No	43
2.	Yes	7
3.	Not Specified	1



Graphical representation of the above table.

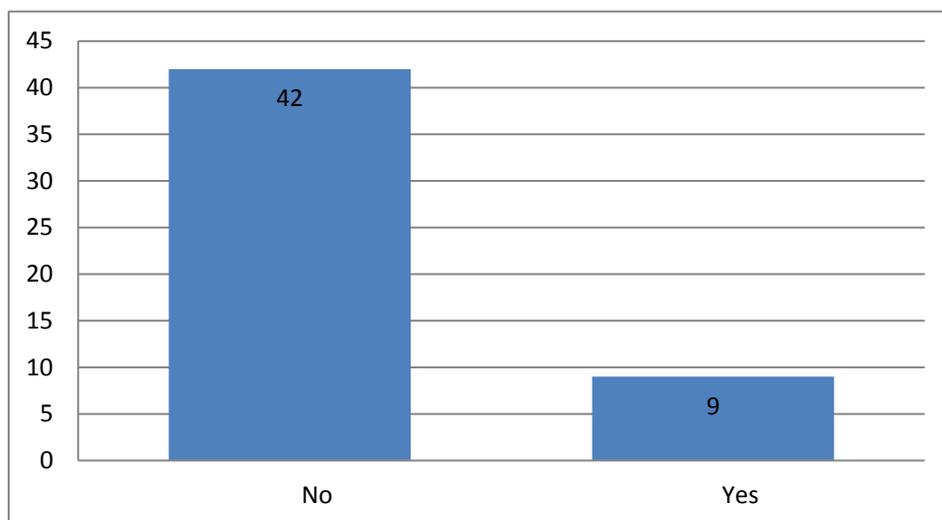
The observation from the above data, it can be noted from the chart which we have taken from sampling of 51 patients. The data reveals that:

- 43 Patients experienced no disease or discomfort.
- 7 Patients experienced discomfort.
 - ❖ 2 Patients had body ache.
 - ❖ 2 Patients felt hot and drowsy.
 - ❖ 1 Patient developed indigestion
 - ❖ 1 Patient suffered with jaundice.
 - ❖ 1 Patient developed acidity.
- 1 Patient has not specified about the consequence of orthopedic treatment.

Q.5. Were you advised to undergo surgery?

Ans. As per data collected from 51 patients.

Sno.	Yes/No	No. of patients
1.	No	42
2.	Yes	9



Graphical representation of the above table

It can be noted from the chart which we have taken from sampling of 51 patients.

- 42 Patients were not advised to undergo surgery.
- 9 Patients were advised to undergo surgery.
 - ❖ 6 Patients were suffering from Sciatica.
 - ❖ 5 Patients were suffering from slipped disc.
 - ❖ 3 Patients were suffering from lumbago.
 - ❖ 2 Patients were suffering from cervical spondylosis.
 - ❖ 1 Patient was suffering from ankylosing spondylosis.

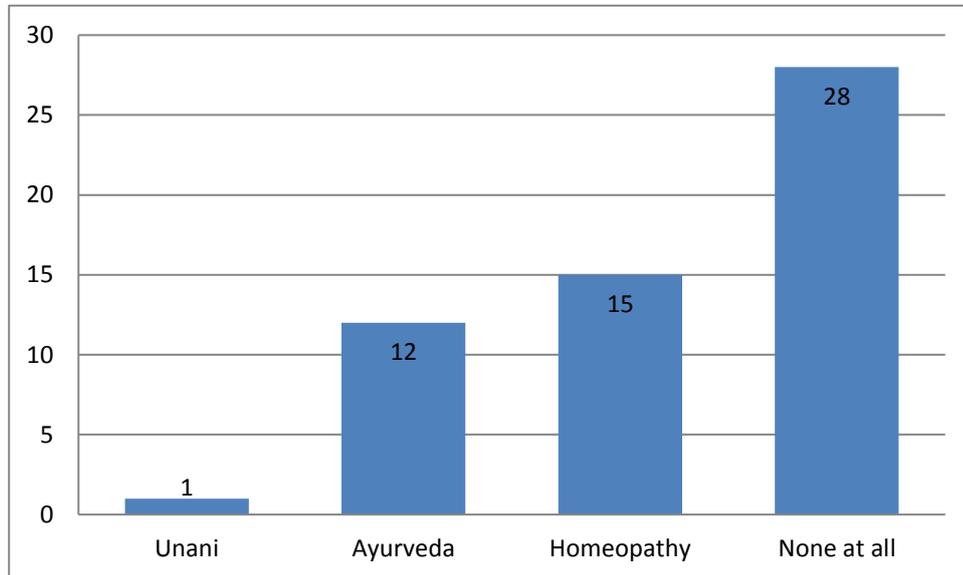
The variation in number is because few patients were suffering from more than 1 disease.

Q.6 Did you try any other traditional medicines before getting into SuJok?

Ans. As per the data collected from 51 patients:

S. No.	Type of traditional medicine	No. of patients
1	Unani	1
2	Ayurveda	12

3	Homeopathy	15
4	None at all	28



Graphical representation of the above data

It can be noted from the chart which we have taken from sampling of 51 patients.

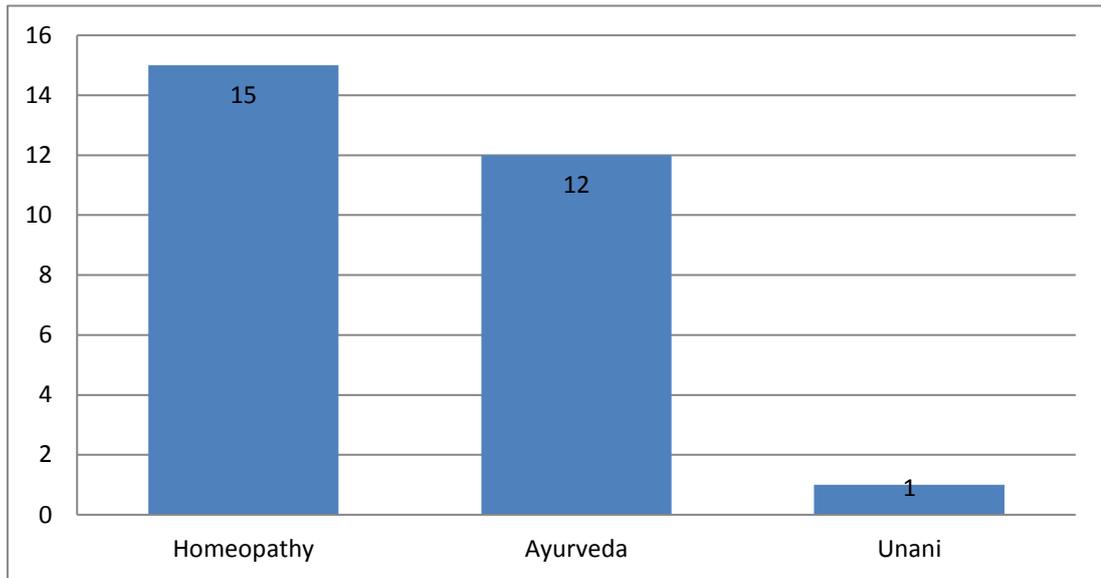
- 15 Patients had tried homeopathy.
- 12 Patients had tried ayurveda
- 1 Patient had tried unani
- 28 Patients did not try any other traditional medicine.

A few of the patients had tried more than 1 mode of traditional therapy.

Q.7 What was its outcome?

Ans. As per data collected from 51 patients:

S.No.	Type of therapy	No. Of Patients	Temporary relief	Not satisfactory	Slow	Felt better-okay	Not effective
1	Homeopathy	15	10	2		1	2
2	Ayurveda	12	4	3	1	1	3
3	Unani	1		1			



Graphical representation of the above data

The observation from the above data, it can be noted from the chart which we have taken from sampling of 51 patients. The data reveals:

- 15 Patients tried homeopathy treatment.
 - ❖ 10 Patients had temporary relief.
 - ❖ 2 Patients were not satisfied.
 - ❖ 2 Patients felt it was not effective.
 - ❖ 1 Patient felt little better/ok.

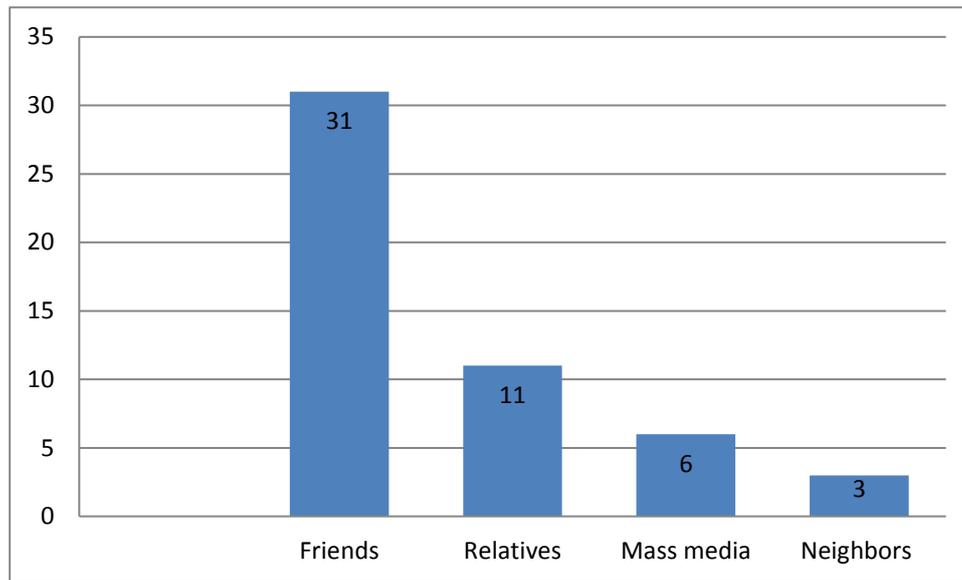
- 12 Patients tried ayurvedic treatment.
 - ❖ 4 Patients had temporary relief.
 - ❖ 3 Patients were not satisfied.
 - ❖ 3 Patients felt that the treatment was not effective.
 - ❖ 1 Patient felt better.
 - ❖ 1 Patient found the treatment slow.

- 1 Patient tried Unani treatment but was not satisfied with the outcome.

Q.8 How did you come to know about SuJok treatment.

Ans. As per data collected from 51 patients:

S.No	Mode of information	No. of patients
1	Friends	31
2	Relatives	11
3	Mass media	6
3	Neighbours	3



Graphical representation of the above table.

It can be noted from the chart which we have taken from sampling of 51 patients.

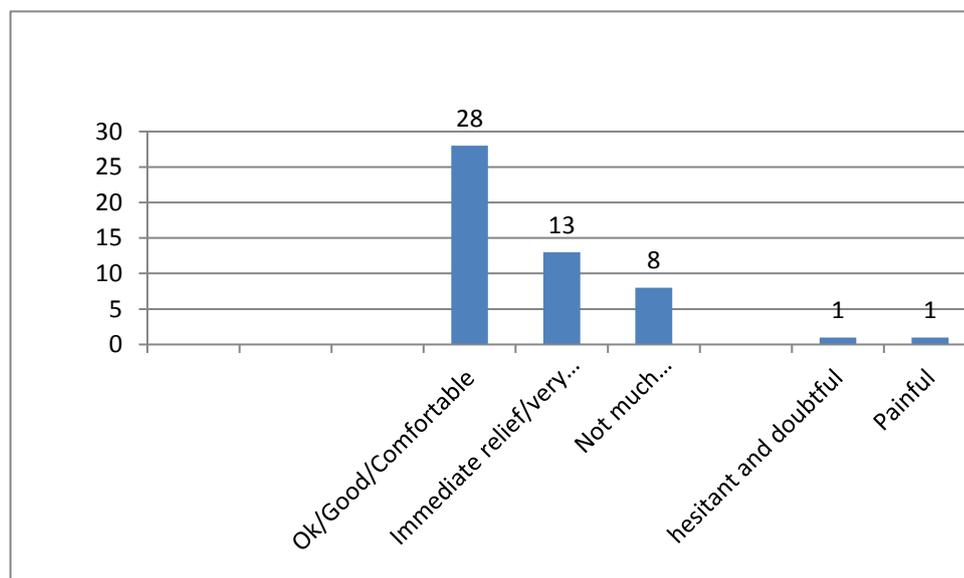
- 31 Patients came to know about SuJok treatment through friends.
- 11 Patients came to know about SuJok treatment through relatives.
- 6 Patients came to know about SuJok treatment through mass media.
 - ❖ 4 Patients came to know through an article in paper/pamphlet.
 - ❖ 1 Patient came to know through camp.
 - ❖ 1 Patient came to know through TV.
- 3 Patients came to know through neighbors.

Q.9 What was your experience of the initial phase of treatment?

Ans. As per data collected from 51 patients of SuJok:

S. no.	Result of initial treatment	No. of patients	Type of disease				
			cervical spondylosis	Sciatica	Lumbago	Slipped disc	Ankylosing Spondylosis
1	Ok/Good	28	11	10	8	4	2

	/Comfortable						
2	Immediate relief /very good	13	5	5	4	1	
3	Not much improvement /very little relief	8	1	4	6	2	
4	hesitant and doubtful	1					
5	Painful	1					
	Total -	17	19	18	7	2	



Graphical representation of the above table.

The observation from the above data, it can be noted from the chart which we have taken from sampling of 51 patients. The data reveals:

The result of initial treatment was :

- 28 Patients felt good/ok/comfortable.
- ❖ 11 Patients were suffering with cervical spondylosis.
 - 1 Patient was suffering since 4 years and was advised to undergo surgery.

- ❖ 10 Patients were suffering from sciatica.
 - 3 Patients were suffering since 4 years and were advised to undergo surgery.
 - 1 Patient who was suffering since 3 years had very good relief in the initial phase itself. He was advised to undergo surgery.
- ❖ 8 Patients were suffering from lumbago.
 - 1 Patient suffering from 6 months found hope in the treatment. He was advised to undergo surgery.
- ❖ 4 Patients were suffering from slipped disc.
 - 1 Patient suffering since 4 years had good improvement. He was advised to undergo surgery.
 - 1 Patient suffering since 15 years had gradual improvement. He was advised to undergo surgery.
- ❖ 2 Patients were suffering from ankylosing spondylosis.

- 13 Patients had immediate relief. They felt very good.
 - ❖ 5 Patients were suffering with cervical spondylosis.
 - ❖ 5 Patients were suffering with sciatica.
 - ❖ 4 Patients were suffering with lumbago.
 - ❖ 1 Patients were suffering with Slipped Disc.

- 8 Patients had very little relief, i.e. not much improvement.
 - ❖ 6 Patients were suffering with Lumbago.
 - ❖ 4 Patients were suffering with Sciatica.
 - ❖ 2 Patients were suffering with Slipped Disc.
 - ❖ 1 Patient was suffering with cervical spondylosis.

- 1 Patient was hesitant and doubtful about the treatment.

➤ 1 Patient felt pain.

A few of the patients were suffering with more than one problem so numbers in subdivision are different with head numbers.

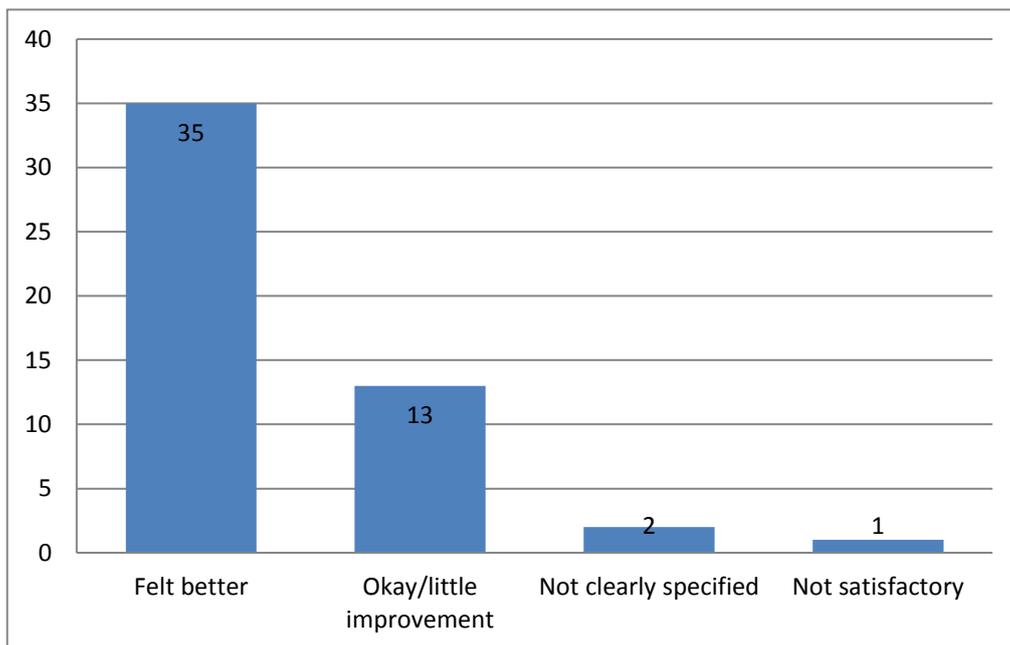
Q.10 What is/was your condition:

- A. In the middle of the treatment?
- B. At the end of the treatment?
- C. At present?

Ans. A] As per collected data from 51 patients In the middle of the treatment

S.no	Result in the middle of the treatment	No. of patients	Type of disease				
			Cervical spondylosis	Sciatica	Lumbago	Slipped disc	Ankylosing spondylosis

1	Felt better	35	12	12	17	7	2
2	Okay/little improvement	13	3	6	5		
3	Not clearly specified	2	2				
4	Not satisfactory	1	1				
		Total -	18	18	22	7	2



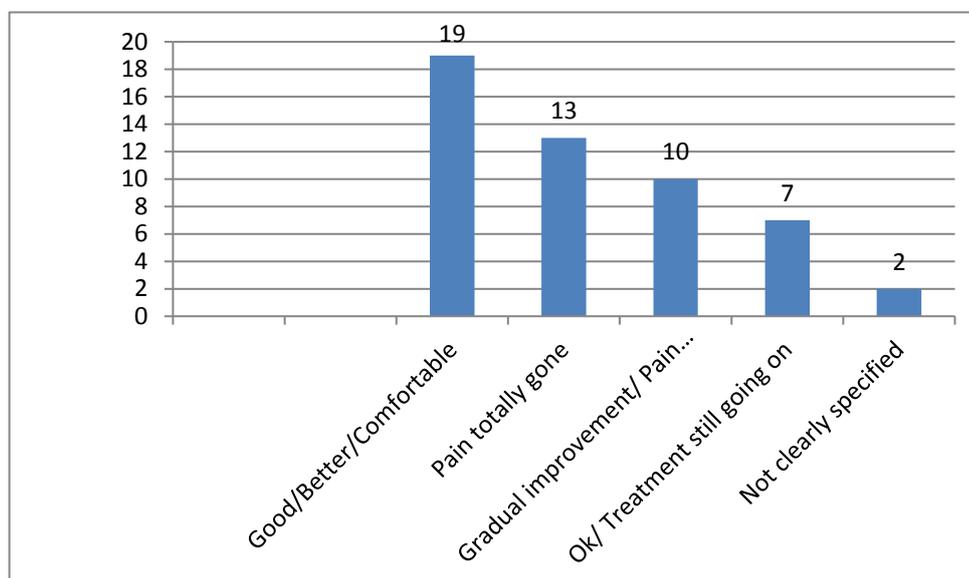
Graphical representation of the above table

The observation from the above data, it can be noted from the chart which we have taken from sampling of 51 patients. The data reveals:

The result **in the Middle of the treatment** was:

- **35 Patients felt better**
 - ❖ 12 Patients were suffering with cervical spondylosis
 - ❖ 12 Patients were suffering with sciatica

1	Good/Better/ Comfortable	19	4	1	8	2	
2	Pain totally gone	13	2	7	7	2	
3	Gradual improvement/ Pain reduced	10	10	10	7	3	
4	Ok/ Treatment still going on	7	2	6	1	1	2
5	Not clearly specified	2	2				
		Total -	20	24	23	8	2



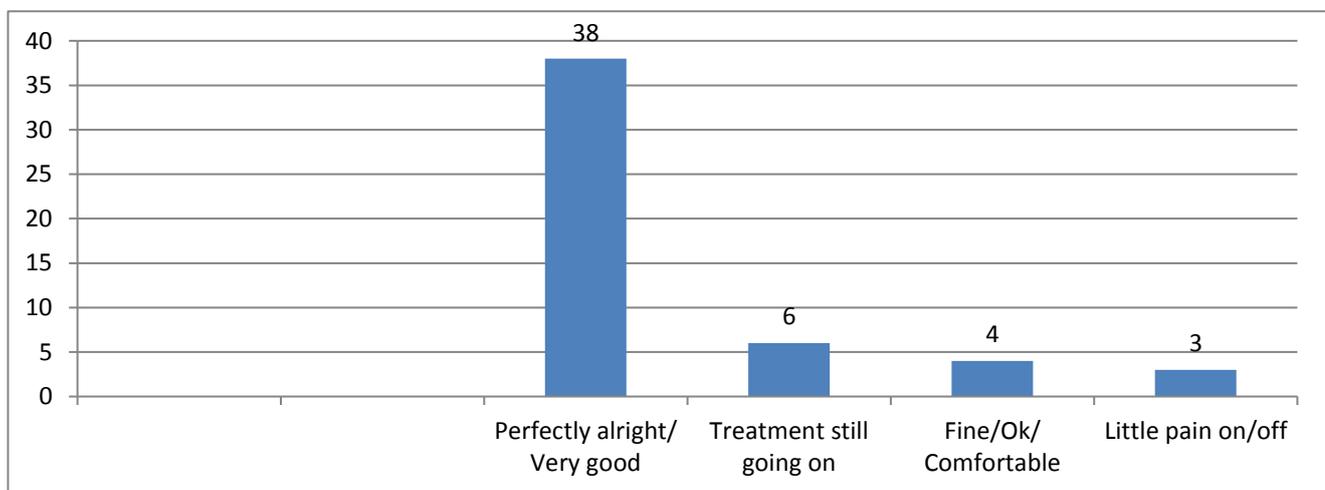
Graphical representation of the above table

The observation from the above data, it can be noted from the chart which we have taken from sampling of 51 patients. The data reveals:

The result **at the End of the treatment** was:

- **19 patients felt better**
 - ❖ 8 Patients were suffering with lumbago
 - 3 lumbago patients were advised to undergo surgery .
 - 1 Patient was suffering since 6 months.
 - 1 Patient was suffering since 10 years.

			spondylosis			disc	Spondylosis
1	Perfectly alright/ Very good	38	5	10	8	4	
2	Treatment still going on	6	2	2	2		2
3	Fine/Ok/ Comfortable	4	6	7	10	3	
4	Little pain on/off	3	2	1	2		
		Total -	15	20	22	7	2



Graphical representation of the above table

The observation from the above data, it can be noted from the chart which we have taken from sampling of 51 patients. The data reveals:

Condition of the **51 patients** as a result of SuJok treatment as of now is :

- **38 patients were perfectly alright. They feel very good.**
 - ❖ 10 Patients were suffering with sciatica
 - 3 Patients were advised to undergo surgery.
 - ❖ 8 Patients were suffering with lumbago
 - ❖ 5 Patients were suffering with cervical spondylosis

- 2 Patients suffering since 3 to 4 years were advised to undergo surgery. Had complete relief.
 - ❖ 4 Patients were suffering with slipped disc.
 - 3 Patients suffering from 3 to 10 years were advised to undergo surgery.
- **4 Patients are fine, comfortable and ok**
 - ❖ 10 Patients were suffering with lumbago
 - **2 Patients suffering since 6 months to 10 years were advised to undergo surgery.**
 - ❖ 7 Patients were suffering with sciatica
 - **2 Patients suffering since 4 years and 20 years were advised to undergo surgery.**
 - ❖ 6 Patients were suffering with cervical spondylosis
 - ❖ 3 Patients were suffering with slipped disc
 - **2 Patients suffering since 10 years and 15 years were advised to undergo surgery**
- **3 patients experience pain on/off**
 - ❖ 2 Patients were suffering with cervical spondylosis
 - ❖ 2 Patients were suffering with lumbago
 - ❖ 1 Patients was suffering with sciatica
- **6 patients are still taking treatment. They are comfortable**
 - ❖ 2 Patients were suffering with cervical spondylosis
 - ❖ 2 Patients were suffering with sciatica
 - ❖ 2 Patients were suffering with lumbago
 - 1 Patient still undergoing treatment.
 - ❖ 2 Patients were suffering with ankylosing spondylosis
 - 1 Patient still undergoing treatment.

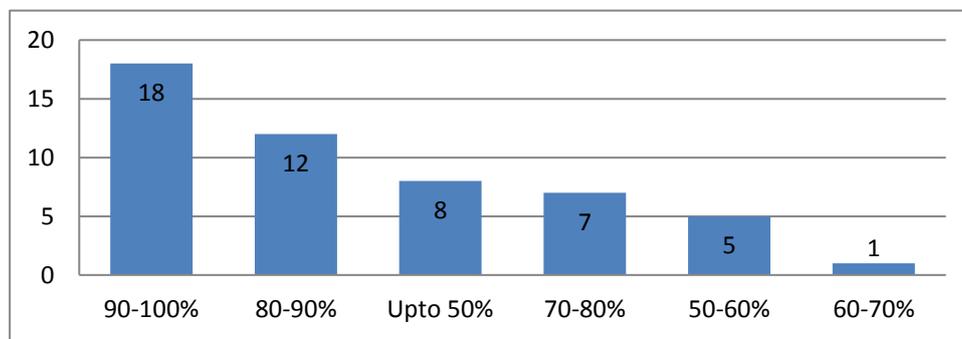
The variation in the results is because few patients were suffering with more than one disease.

Q11. What percentage of relief have you achieved with SuJok treatment?

Ans 11. As per data collected from 51 patients:

S.No.	% of relief	No. of Patients
-------	-------------	-----------------

1.	90-100%	18
2.	80-90%	12
3.	Up to 50%	8
4.	70-80%	7
5	50-60%	5
6.	60-70%	1



Graphical representation of the above table

It can be noted from the chart which we have taken from sampling of 51 patients.

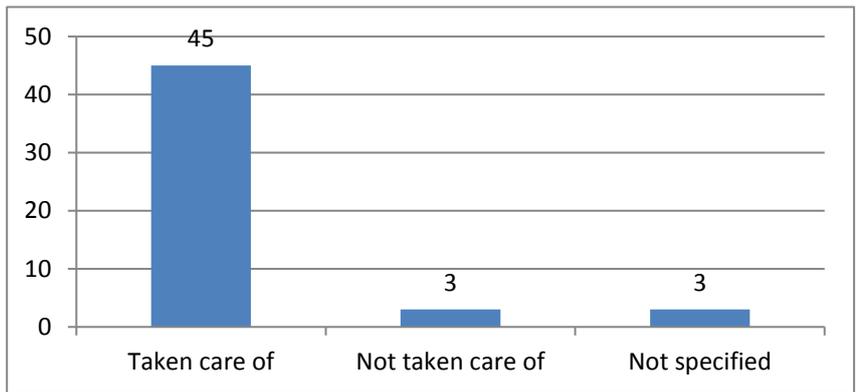
- **18 Patients have 90-100% relief**
- **12 Patients have 80-90% relief**
- **8 Patients have up to 50% relief**
- **7 Patients have 70-80% relief**
- **5 Patients have 50-60% relief**
- **1 Patient has 60-70% relief**

Q12) Are all your complaints taken care of by SuJok treatment?

Ans. The data collected from 51 patients reveals:

S. no.	Problems	No. of Patients
--------	----------	-----------------

1.	Taken care of	45
2.	Not taken care of	3
3.	Not specified	3



Graphical representation of the above table

The observation from the above data, it can be noted from the chart which we have taken from sampling of 51 patients. The data reveals:

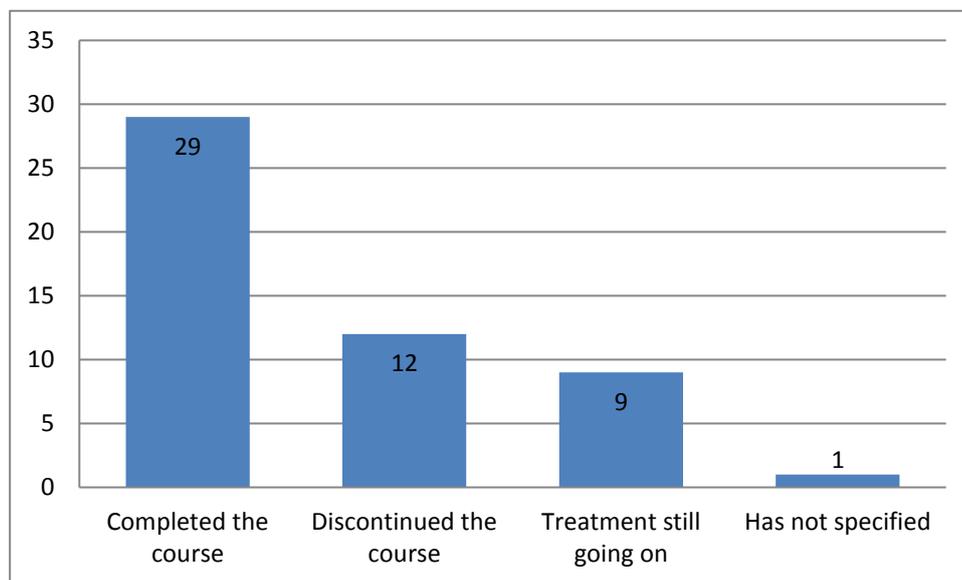
- **45 Patients all problems** are taken care of.
- **3 Patients say that not all their problems** are taken care of yet.
- **3 Patients have not clearly mentioned** about it.

Q13. Have you completed the course of treatment on advice of the SuJok therapist or have discontinued it on your own? Give reasons.

Ans. The data collected from 51 patients reveals:

Sno.	Course of treatment	No. of Patients
------	---------------------	-----------------

1.	Completed the course	29
2.	Discontinued the course	12
3.	Treatment still going on	9
4.	Has not specified	1
	Total	51



- **29 Patients have completed their course of treatment** on the advice of the SuJok therapist
- **12 Patients have discontinued the treatment** for various reasons.
- **9 Patients are still continuing** with the treatment
- **1 Patient has not specified** about it

Q14) What is your opinion about SuJok therapy?

Ans. The data collected from 51 patients show that:

- **Excellent therapy, very good and satisfying** was the feedback of **28 patients.**

- **Therapy without medicine and without side effect** was the feedback by **12 patients.**
- **Amazing, miraculous & wonderful therapy** was the feedback by **9 patients.**
- **Most effective treatment** was the feedback by **6 patients.**
- **A good option to chemical drugs** was the feedback by **4 patients.**
- **Very simple & effective treatment** was the feedback by **4 patients.**
- **Immediate relief giving therapy** was the feedback by **4 patients.**
- **A very cost effective treatment** was the feedback by **3 patients.**
- **A very comfortable and safe treatment** was the feedback by **3 patients.**

The variation in the number is because few of the patients have described their opinion in more than one form.

CONCLUSION:-

This project was chosen because we find so many people around us suffering with some or the other spine related disorder. I wanted to find a solution, particularly for the patients suffering from Cervical Spondylosis, Slipped Disc, Sciatica, Lumbago pain and Ankylosing

Spondylosis. Many times, surgeries are recommended. My personal interest was to find out if there was any alternative to that. For this, I have interviewed 51 patients among whom 23 are Males and 28 are Females.

I found they were suffering with Cervical Spondylosis, Slipped Disc, Sciatica, Lumbago pain and Ankylosing Spondylosis was common. Maximum number 22 patients (43%) suffered with lumbago. A few were suffering since within a year and a few as long as 20 years. Maximum numbers 29 patients (57%) were suffering since within a year.

I observed that they underwent MRI, CT scan or X-ray to find cause of problems from the data collected 28 patients did scanning. Maximum number 8 patients (16%) got MRI done.

I learnt that they took various treatments like Physiotherapy, Orthopaedic, Traction, Neurological and Allopathic medicine to overcome their ailment. I found from the data 23 patients (45%) took physiotherapy.

Patients observations about the treatment they took was some had temporary relief, some had no relief and some felt good. Maximum number 37 patients (73%) had temporary/some relief.

Patients observed the effect of treatment they underwent from the data - 43 patients (84%) did not had any discomfort or disease evolved. 7 Patients (14%) had discomfort- Of them 2 had body ache and 2 felt heat in body and drowsy.

I wanted to know whether any of them were advised to undergo surgery. From the data collected, I came to know that, 9 patients (18%) were suggested for the same. Maximum numbers 6 patients (12%) were suffering from Sciatica.

I also learnt that they tried traditional medicine before getting into SuJok; they tried Unani, Ayurveda and Homeopathy. Maximum number 15 patients (30%) had taken homeopathy treatment.

Patients replied for efficacy of traditional medicine on spine disorders. few patients had temporary relief; few felt it was not satisfactory. Some found the treatment was slow and

not effective. Very few patients felt ok. Maximum number 14 patients (28%) had temporary relief.

Patients learnt about SuJok therapy From Friends, Relatives, Neighbours and Mass Media like camp, TV, article in newspaper etc. Maximum number 31 patients (61%) came to know through friends.

Patient's experiences during the initial phase of SuJok treatment was they felt good and comfortable. Few had immediate relief. For a few there was not much improvement. Maximum numbers 28 patients (55%) felt good and comfortable and were suffering from Sciatica.

I learnt about their condition in the middle of treatment few felt a little improvement, but maximum number 35 patients (67%) felt better, among them 17 patients (33%) were suffering from lumbago problem.

I found at the end of the treatment few patients pain reduced considerably. For a few pain was totally gone and a few were still undergoing treatment. The maximum number 19 patients (37%) felt good and comfortable, among them 8 (16%) were suffering from Lumbago.

About conditions of patients as of now, who have undergone a SuJok treatment, few were fine and ok. For a few pains would come on and off. A few were still undergoing the treatment. And maximum number 38 patients (75%) felt perfectly alright. Of the patients who felt very good 22 (43%) suffered with Lumbago.

Patients observed percentage of relief with SuJok treatment; they had relief between 20 to 100%. Maximum number 18 patients (35%) had a relief of 90 to 100%.

I wanted to know whether all their problems were taken care of by SuJok or not. On analysis it was found that 45 patients' (88%) problems were taken care of but only 3 patients' (6%) problems were not taken care of fully.

Most of the Patients completed the course of treatment on advice of SuJok therapist few discontinued on their own. From the data available few patients treatment still going on, a

few had discontinued for various reasons. Maximum number 29 patients (57%) had completed the course of treatment on advice of SuJok therapist.

Lastly, I learnt opinion of the patients about the SuJok Therapy. Few felt the treatment was safe and comfortable, a few felt it was very cost effective and a few felt it as an immediate relief giving therapy. Simple and effective treatment and a good option to chemical drugs was the opinion of other few. Few felt it was most effective, amazing, miraculous and wonderful therapy without medicine and without side effect. Maximum number 28 patients (55%) felt SuJok was a very good and excellent therapy. They were very satisfied with the treatment.

RESEARCH METHODOLOGY:

For the research purpose a Questionnaire of 14 questions was made with a view to get patients opinion (visiting SuJok Clinics) about their different type of problems, the different treatments like Allopathy, Homeopathy and Alternative Therapies like SuJok taken by them and their effects, their conditions during the duration of the treatment and condition of them at the end of the treatments.

DATA COLLECTION METHOD:

The data for this project was collected through a Questionnaire of 14 questions which is duly attached in the Annexure.

QUESTIONAIR FOR DATA COLLECTION AND RESEARCH PURPOSE

Q.1 What are/were the diseases you were suffering from and since how long?

Q.2 Did you get an MRI,CT.Scan or X- ray done for it ? If so, what was the diagnosis?

Q.3 Did you undertake neurological, orthopaedic, physiotherapy, traction or allopath medicines to overcome your ailment?

What was the outcome of it?

Q.4 Did any disease or discomfort evolve as a consequence of that treatment.

Q.5. Were you advised to undergo surgery?

Q.6 Did you try any other traditional medicines before getting into SuJok?

Q.7 What was its outcome?

Q.8 How did you come to know about SuJok treatment.

Q.9 What was your experience of the initial phase of treatment?

Q.10 What is/was your condition:

A. In the middle of the treatment?

B. At the end of the treatment?

C. At present?

Q11. What percentage of relief have you achieved with SuJok treatment?

Q12) Are all your complaints taken care of by SuJok treatment?

Q13. Have you completed the course of treatment on advice of the SuJok therapist or have discontinued it on your own? Give reasons.

Q14) What is your opinion about SuJok therapy?

LIST OF PATIENTS WHO WERE INTERVIEWED

S. No	Name	Age	Gender	Contact No.	Email Id
1	Bhavesh Soni	28	M	9441485853	112bhaves@gmail.com
2	Janki Sheth	24	F	8008799978	janki.madrik@gmail.com
3	R.Shiva Kumar	39	M	9000234251	maniksalon@gmail.com

4	Hemlata.N.Shah	69	F	04027840240	
5	Ria.T.Shah	17	F	04042046869	
6	Dr.Habeeb ur Rahman	31	M	9841139160	habeeb.et@gmail.com
7	Amit Doshi	49	M	9042560933	
8	Hasmukh Doshi	59	M	04025543162	sapna_venus@hotmail.com
9	Sapna Bajaj	38	F	9963442944	
10	Veena.V.Shanbagh	48	F	9014707313	
11	Iaz Lunnisa	30	F	9912098040	
12	Madhusudan Shastri	66	M	9247906209	
13	D.S Venkatesh	52	M	9704533745	
14	Amita Gupta	55	F	9704123061	arpitadce@gmail.com
15	kishore patel	38	M	9391010680	kishorepatel1973@gmail.com
16	Sumithra	37	F	99893977	
17	J.George selvakumar	55	M	9941139660	jjaarraai@yahoo.com
18	Tara Jain	52	F	9885200538	
19	D.Surya Parekh	73	M	9849250837	
20	Jaya Yama	47	F	9399945299	
21	Nayna.J.Shah	40	F	9381435662	
22	B.Muthu Kumar	39	M	9283779602	
23	K.Srinivas	41	M	9848110992	kandukuri.srinivas@yahoo.com
24	Kanak lata Bothra	51	F	9392232071	venkatadri.divvala@gmail.com
25	Dr. Preetam	31	M	9840044707	
26	P.R.Shah	69	M	9383213987	
27	Beena.B.Parekh	53	F	9600044953	
28	Divvala Sujatha	50	F	9290044298	
29	Meena	43	F	9392749587	
30	Mushtaq	39	M	9000234028	mushtaq9@gmail.com
31	Kokila Panchal	58	F	9640598915	
32	K.Rajita	42	F	9441654169	kottarazitha@yahoo.com
33	Prabhakar. S	40	M	9247827613	wwsuppliers@gmail.com
34	Rajiv Banke	38	M	9701501824	rajeev.banke@itc.in
35	Leslie Gomez	59	M	9985104265	
36	Ushaben Bagaria	60	F	044-24356050	
37	Yaddiah	45	M	9705773093	
38	Ruchee Jajoo	33	F	9963899725	rucheejajoo@gmail.com
39	Raksha.A.Pujara	62	F	044-26404519	

40	Jayshree Panchal	46	F	044-25322627	
41	Dhanlaxmi. P	65	F	9043538273	
42	R.Malarvizhi	35	F	9884391198	
43	Sheetal Kanodia	36	F	9246190162	
44	Maria.P. Pereira	35	F	9492931708	maria.pereira@gmail.com
45	Ravindra Bhandari	31	M	9849000040	generalbatteries@hotmail.com
46	Lalita.R.Shah	68	F	9346758221	
47	Bk.Arundati	36	F	9396884297	bkivv.org
48	Riya Thakar	39	F	9346462064	riyathakker23@yahoo.com
49	Vishal Jain	26	M	9849070701	online.jain@gmail.com
50	Madrik Sheth	26	M	9949899978	madriksheth@gmail.com
51	Trilok Agarwal	37	M	9246542024	triloksin@yahoo.com