

Disease Pattern In India **Sciatica in Upper Limb**

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Very often I find that every case of neck pain is diagnosed as cervical spondylosis. Most of these pains are due to bad posture of head and neck.

Since the X-rays of cervical spine would show spondylosis in most of the normal persons after the age of thirty or forty, the question arises that who should be diagnosed as having pain due to the 'same'.

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Only those patients who complain of a 'root pain' due to compression can be definitely diagnosed as cervical spondylosis and sent for neck traction physiotherapy.

This root pain is very much common to sciatica pain in the legs. It is very sharp and is felt in the root area. Thus, I can compare it to sciatica pain in the lower limbs. Like a straight leg raising sign to bring about the pain, in the neck the pain can be brought on by turning the head.

Eliminating asthma deaths: have we stalled?

The widespread availability of inhaled corticosteroids has contributed substantially to falling mortality rates in affluent countries with affordable medication programmes and with increased availability of these drugs, but as suggested by the authors, comorbidity, continued cigarette smoking, psychosocial dysfunction, and poor health literacy are likely to be important factors in any residual high mortality rates.

As in the UK national review of asthma deaths, many of these people would be regarded clinically as having poorly controlled mild-to-moderate asthma and hence their deaths should be preventable.

Furthermore, we need to understand the change in age distribution of deaths-both who is dying and why.

These red flags should make case-finding for patients with a high risk of life-threatening asthma quite straightforward.

It is important to note that in most high-income countries, asthma deaths in young people are extremely rare, and most deaths are now occurring in people aged over 50 years. Asthma mortality is no longer the simple story of young people with under-recognised, under-treated asthma, with no regular preventive treatment and poor options for self-management. In the USA, an overview of asthma mortality showed that compared with younger adults, older adults had more frequent admissions to hospital in the past year, higher rates of near-fatal asthma-related events, more comorbidities, and worse lung function.

Clinicians might also have thought that reducing asthma mortality would inevitably occur through addressing the apparent root cause-poor asthma control.

Christine Jenkins, The Lancet, 2017, Vol 390, 915-916