

Shoulder pain? Could be pinched nerves



YOUR HEALTH

DR GITA MATHAI

People are often frightened when they suddenly develop severe pain in one shoulder that radiates down the arm or up into the neck. If it occurs on the left side, many fear it is a heart attack and rush to the nearest hospital. When tests show that the heart is functioning normally, the relieved patient returns home, only to experience a recurrence of the pain later.

This type of pain may be accompanied by pins and needles, tingling, numbness or even muscle weakness and wasting. Certain neck movements may worsen the symptoms. In such cases, the diagnosis is often a "pinched nerve".

Pinched nerves are common, especially after the age of 50. They are usually caused by the gradual, age-related degeneration of the cervical vertebrae in the neck. Younger people can also develop pinched nerves because of a slipped or herniated disc. Sometimes there may be a history of injury, but not always.

The adult head weighs about eight kilos and is balanced on the cervical vertebrae. These vertebrae are separated by discs that act like shock absorbers. Neck muscles and ligaments hold them in place. Nerves supplying the head, shoulders and arms emerge through spaces between these vertebrae.

As we age, the bones and discs can undergo wear and tear. Vitamin D deficiency, which is extremely common even in sunny countries like India, may further weaken bones. Small bony projections called bone spurs may form and press on nearby nerves. The discs themselves may bulge or herniate, narrowing the spaces through which the nerves pass. This can cause pain, tingling, numbness, giddiness or muscle weakness.

Unlike heart pain, which is usually triggered by exertion, pain from a pinched nerve is often positional and may worsen with sudden neck

movements or awkward posture.

To establish the diagnosis, blood tests may be needed to rule out arthritis, Vitamin D deficiency or infection. X-rays can show the alignment of the neck bones, narrowing of spaces or the presence of bone spurs. CT scans provide more detailed images and an MRI may be needed to confirm disc damage or nerve compression.

Fortunately, most pinched nerves improve with time and conservative treatment. Pain may disappear within days or weeks, although it can recur later.

A soft cervical collar worn during waking hours can help support the head, limit excessive neck movement and reduce nerve irritation. However, it should not be worn continuously for more than two to three weeks because prolonged use may weaken the neck muscles.

Neck exercises strengthen the muscles that support the spine and

help prevent further nerve compression. Exercises should be learned under the guidance of a physiotherapist and then continued at least three times a week. If exercises stop, symptoms may return.

Ultrasound therapy and gentle massage may also provide relief.

Ointments containing capsaicin can be applied externally to reduce discomfort. Alternating ice packs and heat application two or three times a day may help decrease swelling and ease pain.

Sunlight exposure produces Vitamin D, provided at least 40-50 per cent of the body is exposed to direct sunlight (not filtered through glass windows or clothing) between 10am and 3pm. As this may not be practical, supplements may be safely taken as prescribed. If necessary, pain-relieving medicines such as non-steroidal anti-inflammatory drugs (NSAIDs) like ibuprofen or naproxen may be prescribed.

Manipulation and traction should not be attempted without expert supervision. Improper treatment can worsen the condition by pushing the vertebrae further out of alignment.

Regular exercise, stretching and maintaining good posture are the keys to keeping the neck healthy and preventing recurrent pain.



ISTOCK.COM/BLUEASTRO