

OM SAIRAM**FOUR WALL PHOBIA**

It is killing one self to be lonely. I never liked to be a solitary reaper. Ever since I learnt the word of a solitary reaper in high school days, I tried my best and avoided to be one. It always haunted me from my childhood. Fortunately, I had the good, bad or indifferent groups of people either friends or family members to escape from the deep hole of loneliness. Of late the idea of four wall phobia has been haunting me day and night like anything and everything in my life. The more I think about the four wall phobia, more frightening it is becoming. In a given day, the best part of it is being spent in solitude. If I close my eyes it is all darkness and when I open my eyes I see the walls and only the walls around. If, still I wanted to avoid the walls literally the alternatives only the floor and the ceiling.

TO DEFEND THE MOST INDEFINABLE

The foregoing discussion is purely my own thinking and my own ideas to stimulate the thought process. It is not aimed at either to defend or offend any person or their ideas. Long, long ago I saw an English picture which was about a criminal lawyer trying to defend the most notorious bands of criminals till the logical end, knowing full well that he was going to lose the case and his clients would be inspired and there was no way to escape or evade the punishment that was the duty of the defense lawyer in any case. Probably the above title suits the case in study.

Coming to the point of discussion, at the outset let me congratulate the team of doctors involved in the management of the said case and also for the interesting, academic impartial open hearted method of discussion. Without going around the bush, there is no way to defend a situation intervention to a deserving patient, irrespective of the time of arrival of the patient to the hospital. Emergency is an emergency! There is no way to convert any emergency to an elective procedure without losing valuable time resulting in ultimate risk, complications and added morbidity if not mortality

SAI RAM**SAVE YOUR SPINE**

Backache has become a common problem backache problem has been increasing very few people escape backache an American study report said that four one of five Americans suffer with backache at some time or others in their life time.

Journal of neurosurgery editorial article said that 'lamer dice surgery was the commonest in **USA** done by the neurosurgeons'

If one neurosurgeon did one thousand lumber dice removal and retired if could earn him enough money for the rest of his life. Just, charging one thousand rupees per month.

In India backache is being treated by energy body and any body

The best treatment offered and commonly advised was a free advice 'Uchitha Salaha'

Many people are interested in 'Managing' the backache life.

- Massage
- Manipulation
- Tattooing
- Branding
- Yoga
- Physiotherapy
- UV/sonic

- Hot bags
- Traction
- Local injection
- Epidural block
- Lumbo sacral best or corset
- Medical management
 - Drugs allopath
 - Ayurvedic
 - Homeopathy

Acupuncture

Patients are confused about the correct choice of the mode of treatment

They approach the nearest and cheapest

Now days the treatment is generally decided in to

Affluent or offoradase

Poor and in offoradase

Reimtrursiaon

Paying

Educated

Uneducated

Rural

Urban

Costly

Free (cheap)

Who should treat the 'backache?'

- Non-medical personnel
- RMP doctors
- Local qualified doctors
- General physician
- Gynecologist
- General surgeon
- Orthopedic surgeon
- Urologist
- Neurosurgeon

Who should investigate/ and what investigate

- X Rays
- Myelogram
- CT myelogram

-MRI

Lumbar spondylon's

Lumbar spondylysis

Low backache

Seafarer

Dice desecration. Dice prolapsed

Lumbar canal steroids

- Common misconceptions

- No present suits every surgery

- Surgery will make the patient impotent /invalidator life

- Patient wants immediate and total rachis

- Patient does not want to change his life style

- Some facts everyone should know

- Dice degeneration/disk prolapsed/ lumbar spandious/
sciatica are all with different names for **LBA**

- Spandyulous is not a disease parse

- Spandyulous oceans become of wear and tear

-spandyulous oceans due to weight bearing striation the spinal
by granty

- Common sites of the spandylous modern lumbar, canonical, ready dorsal and never in the scrum and coyest

- C5-C6, C6-C7, C4-C5, C3-C4 are the sites of prolapsed in that order, rarely C2-3 and never at C1-2 as there is no intervertebral dice between C1-2

- L4-5, L5 S1 in male and females respectively because of the charger in the pelvis

-L3-4 L2-3 and L1-2 are less and less common sites far disk degeneration and prolapsed

- Dorsal spine disk degeneration and prolapsed are rare compound to the lumber and cercal resin. Disk prolapsed is unknown in the bacral and coceyseal spines or dice material.

- Disk prolapsed does not ocean in children and teenage people as the wear and tear has not taken place

FAILED BACK SYNDROME OR EXTREMES-II

1. Mrs.Radha - lumbas liniments
2. Andhra bank – employees wife
3. Mr.Subba Rao NCC/AMC/VSP – L. spine
4. Zine patient – conical corpus
5. Residual quadriparesis – C. Spine
6. Water works department – APEX->NIMS-L. spine
7. Mr.Rama Rao SBI – lumbar lonely
8. Mrs.Vijaya Lakshmi – lumbar lurveets
9. Vamsi Krishna : Yashoda->CARE->rapport
10. Mr.Behara B.HAL – Orissa C. Lanincety
11. Mrs.Radha – conical disk Dr.Rama/Ram CMC/Bhaskara
Rao
12. T.V. reports of Arogyas Sri cases – Warangal
13. T.V.R.K's case at CARE Nampally – report boy
14. T V R K S case - CSF leak ->menigis
15. Q.Dharma Rao's case KGH – CSF leak – deals
16. Mr.Koteswara Rao: Adamalla
17. Bombay Mrs.Jyothi's relative – Yashoda Hospital working-
lanimety
18. Tailor – Gajuwaka – KGH – C. Spine. Operated
19. Mr. Narasayya – Kurnool – Q W.Sita Ram – twice
- 20.

CONSERVATIVE-I

I. J

HNO-327/B/CLASS

NEW MALLA PALLY

PH- 9908849085

II. P.Vamsi Reddy

Bharbagudem

Jeelugu mills (MD)

AP 534456

PH: 08821 – 251129

Mobile: 9618272979

E-Mail: p vamsi reddy@gmail.com

III. Mr.Satyanarayana Raju – Tanjenia under treatment

IV. Prof.T.Koteswara Rao – AV. Tennis play

V. Prof. Rokkam Sudarsana Rao - AV. Tennis play

VI. Q. Padmanabha Reddy – chemistry dept

VII. Sri Maha Vishnu : Amalapuram

VIII. Wife Mr.Swamy : Vijayawada

IX. Ramana Recurrent HMP

X. Chaitanya College Girl – foot drop

CONSERVATIVE TREATMENT – PAID I A

- XI. Mr. Suryakantham – Gopal patel
- XII. Mrs. Padmavathi – C. spine Qnedri
- XIII. Mrs. RTC employee – Mr.Swarapoo's
- XIV. Mrs. Uma Devi – Vijayawada
- XV. Mrs.Padmavathi – NIMS – suicidal
- XVI. T.P.Gudem patient - B/O operated case
- XVII. Foot drop atiul from Gudem mother of Vizag
- XVIII. Venkateswara Rao - P.O Case adamalle L. spine
- XIX. SBI bank Mangur - Vizag -> Rajahmundry
- XX. I Pulla Rao - AC canonical dise.
- XXI. Mrs. Suryakantham - multiple dises
- XXII. Mr. Satya Narayana - multiple dises
- XXIII. Mrs. Vijayalaxmi - S.Kota
- XXIV. Mr. Vijayalaxmi's - husband S.Kota
- XXV. Lorry driver – s Kota c bar Solomon tall & healthy modules
- XXVI. Mrs. Dharmavathi
- XXVII. Software Engineer – Singapore C/O Mr.Rama Narayana IT dept
- XXVIII. Dr.parimi - C. spine
- XXIX. Mrs.Armaj – C. spine
- XXX. Mr.T.Sri Ramamurthi – C.spine
- XXXI. Dr.Laxmi Saleem L. spine

TB.SPINE-II A

1. Appalakonda – B. spine c cold assent
2. TV Rao AV – T.P. spine
3. Rama Rao Teacher – S.Rayavaran – C. spine
4. Radio Ramarains son – L. spine TB
5. Q.Laxmi Saleem relative – Gajuwaka

SPINE

1. conical in pay – C5-6 #
2. pigger C6-7 sublunary
3. Swamy C6-7 sublunary e bar Quaduri parsis

SPONUDULOLIS THESIS

1. Q.Saleem mother
2. Q.Laxmi Saleem
3. Q.K V his mother