

Traditional Acupuncture Treatment for Whiplash Syndrome

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Abstract: Twenty-five patients with whiplash syndrome following a motor-vehicle accident were treated with traditional acupuncture. The patients were mostly women, and ranged from one week to three years post accident. Most of them had twelve treatments at twice weekly intervals. Improvement was noted in 84% of patients. Observed phenomena included myoclonic shaking, emotional releases, and regression. Improvement was more likely when these phenomena occurred, suggesting that emotional blocks are of major significance in whiplash syndrome. The findings suggest that a neck injury becomes a focal point for unresolved emotional issues which existed prior to the accident. The frustrations inherent in dealing with the aftermath of a car accident lead to exacerbation of pre-existing tension patterns.

Whiplash is a very common injury in Western society. It occurs almost exclusively in motor vehicle accidents (MVA) when people are not prepared for sudden trauma. Often the situation will be one in which the individual is “rear ended” as was the case in most of the people we saw.¹

At the moment of impact the cervical column undergoes a massive over-stretching as the head acts as a pendulum on the end of the spine. There is soft tissue damage, muscle strain, and injury to the joint capsules, in addition to joint dislocation which spontaneously reverts.²

The result of the accident mechanism is to produce pain and stiffness in the neck and shoulder area as well as headaches and nerve root pain extending down one or both arms. Neck stiffness may come on immediately or be delayed for anywhere up to a day or two after the accident, although in most cases it comes on within an hour or two.^{3,4}

On the whole, the treatment of whiplash syndrome by Western medicine is unsatisfactory. Studies show the mean duration of disability following a whiplash injury is anywhere from 18-24 months.^{1,3,4,5,6} Standard treatment regimens include immobilization, physiotherapy, manipulation, massage therapy, and drugs.^{1,3}

1. *Immobilization.* The patient wears a support collar to immobilize the neck for anywhere from four to six weeks. Many patients become dependent on their collars to function and will continue to wear them for many months.
2. *Physiotherapy.* The patient is given a variety of therapeutic techniques including ultrasound, TENS, sort-wave diathermy, hot packs, cold packs, range of motion exercises. Most patients derive some benefit from treatments although the standard complaint is that the effect is temporary, lasting only a day or two.
3. *Manipulation.* Usually performed by a chiropractor, manipulation often produces immediate relief. Unfortunately, in many cases of whiplash the effect is temporary, so that the patient becomes dependent on chiropractic treatments, and continues to have manipulation once or twice weekly for many months. It is possible that repeated manipulations could cause further problems.^{3,7}

4. *Massage Therapy*. Although this method has more recently come into vogue as a relaxation technique, massage therapy is being increasingly used in whiplash injuries. There is little chance of causing any further damage as with manipulation, but many patients find the pain returning within hours of leaving the place of treatment.
5. *Drugs*.
 - a) Anti-inflammatories: These are the mainstay of drug treatment for chronic pain in family practice. They include:

Salicylates:	aspirin, diflusal
Propionic acid derivatives:	ibuprofen, or naproxen
Indole derivatives:	indomethicin, sulindac
Phenylacetic acid derivatives:	diclofenac
Pyrazoles and derivatives:	phenylbutazone
Fenemates:	mefenemic acid & flufenamic acid.
Oxicams:	piroxicam

While they may be helpful, they can produce serious side-effects such as gastritis or even peptic ulcer formation in certain patients, precluding their long-term use. In addition, patients generally object to using anti-inflammatories on a long term basis, suspecting that the cause of the problem is only being masked.

- b) *Pain Killers*: Acetaminophen with codeine, dextropropoxyphen and various combinations of these have all been used. The main problem with narcotic pain killers is of course their potential for abuse and addiction in long term users. Long term use is almost certain to occur in whiplash syndrome, and many of these patients find themselves taking large dose of narcotics for extended periods of time. After a few months it is hard to tell whether they still require the medication for pain. Whether they are just addicted, or whether indeed there is any difference.
- c) *Muscle Relaxants*: These are commonly used in conjunction with pain killers over a prolonged period of time. The same problems of addiction can occur with many of the muscle relaxants as with narcotic analgesics. These include: Benzodiazepines: diazepam, chlordiazepoxide, lectopam orphenadrine, and cyclobenzaprine

Patients who do not recover after a few months becomes labeled as neurotic. This syndrome has been called "accident neurosis", and if it persists it merges into the "chronic pain syndrome".⁸ Because the syndrome has been thought to occur inversely in proportion to the intensity of the physical injury, patients' disability becomes increasingly disbelieved by a skeptical medical profession which can only legitimize pain when there is demonstrable structural damage. IN addition, these patients usually have legal suits pending, in which there is clearly a financial advantage to be gained by having severe prolonged disability.^{7,9}

Many of the beliefs which hold accident victims to be malingering have been shown to be false, but this has not stopped many professionals from believing them.^{10, 11}

Acupuncture

Acupuncture has been used as a treatment modality in China for several thousand years.¹² Its effectiveness for many diseases has been shown empirically for many syndromes. By contrast,

most of modern medicine has developed over the past fifty years. It would seem surprising if there wasn't some knowledge and wisdom contained in this ancient system of medicine.

Acupuncture has been used increasingly in the West as a tool for pain relief for a variety of syndromes, and its effectiveness is no longer questioned. Body or ear acupuncture have been used in the treatment of whiplash syndrome with some success.¹³ It is not commonly recognized that this use of acupuncture is only a very small aspect of the scope of this system of medicine. Acupuncture has therefore found itself split into two types: Western and Traditional.

Western Acupuncture. This form of acupuncture has been readily accepted by Western physicians. It is structurally and anatomically based, and requires little supplementary training for a physician to begin utilizing it in the office. When used in the treatment of whiplash syndrome, the technique is not much different from the standard TENS machine used by physiotherapists. Needles are placed locally in the neck and surrounding areas in points of tenderness.¹⁴ These points are often called "myofascial trigger points", and can be directly related to a local muscle or muscle group. Current Western thinking attributes the effect of the needling to stimulation of the motor end-plate in the transverse motor band near the centre of a muscle, thereby releasing muscle spasm.¹⁵ There is also a more general effect of endorphin release which contributes to pain relief.^{16, 17}

On the whole, Western style acupuncture is no more effective in whiplash syndrome than standard physiotherapy. There may be pain relief at the time of treatment, but the effect is temporary.

Traditional Acupuncture. Traditional acupuncture is based on a system of medicine that is rooted in a cultural philosophy quite different from current Western thought. Perhaps this is why it has been so slow to catch on in the West, despite the fact that it has been shown to be very effective in many conditions. The fact that a needle placed in the ear can have effects in a remote area of the body is so alien to analytical thinking that it is not believed, even when seen. Traditional acupuncture is based on a holistic philosophy, and the mode of thinking is correspondingly inductive, rather than deductive.

When the Canadian College for Chinese studies opened in 1985, we began looking for an appropriate syndrome for research that would fulfill the following criteria:

- Provide patients for student exposure.
- Be an area not well served by present medical therapy
- Be an area where a holistic approach might well be effective
- Help some people get better.

Whiplash Syndrome: Holistic Approach

As noted in the accompanying flow chart (Figure 1.), the whiplash syndrome includes aspects that go far beyond the local injury. Following the MVA, there is soft tissue trauma that leads to muscle tension in the neck. Structurally, this tension leads to pressure on the intervertebral discs, which can lead to nerve root pain, which in turn leads to more muscular tension in the neck. The disc may even rupture, resulting in serious structural disease requiring surgery. In addition, two other vicious circles are generated.

1. *Anxiety*. Muscle tension in the neck leads to chronic tension headaches, which often results in inability to work. This leads to financial insecurity which generates large doses of *fear* and *worry*. The net result is to increase muscular tension.
2. *Resentment*. A motor vehicle accident seldom occurs without the intervention of an insurance agent. In British Columbia, the Insurance Corporation of B.C. (ICBC) is a public motor insurance agency that handles most traffic accident claims. The insurance companies always find themselves in a conflict of interest situation. On the one hand they want to find a fair and equitable solution for the accident victim, and on the other hand they have to keep their costs down. Consequently, they often find themselves in conflict with the very people they are trying to help.

The patients then often find themselves in an adversarial position vis-à-vis the insurance company. At this point, if not before, they usually get a lawyer, who charges them large fees in order to get a just settlement. Settlements often take years to become resolved, and in the meantime patients build up large doses of *resentment* and *anger* against the insurance company, lawyers, doctors, judges, and anybody who happens to be around, or who is seen to be part of the system. Needless to say these emotions also serve to increase the muscle tension in the neck and prolong the illness.

We thought that traditional acupuncture might be able to tap into these negative emotions, in addition to its local effects on pain relief, and might therefore have more of a chance of effecting a cure.

Material and Methods

Patients entered the study by direct referral from local general practitioners. On the whole the medical community responded favourably to the idea of the study, and there was no shortage of patients. The criteria for admission to the study were as follows:

1. The patients had been involved in a car accident.
2. The patient had neck pain, headaches, or neck stiffness.

Patients were rejected from the study only if they were pregnant or had obvious major structural lesion in the neck which would require surgery.

Many patients who came into the study had already seen several physicians, only to be told that there was nothing that could be done for them. In the initial pilot study we did not want to restrict access to treatment to any particular group, because we were looking for general trends, and we had little idea what to expect.

Patients were seen initially by Dr. Greenwood, who explained the nature of the study to them, assesses the level of pain and range of motion in the neck. Other areas of pain or disability were noted and also scheduled for treatment. This was seen as important because traditional acupuncture does not restrict itself to treatment of the local problem, but sees the local problem as simply one part of a larger disorder. Medications, visits to consulting physicians, x-rays, and other treatment regimens were noted.

Patients were given up to twelve acupuncture treatments at twice weekly intervals. A few patients returned for further treatments beyond the initial twelve. At each visit the patient was asked for a subjective estimation of their pain level, on a scale of 0-10, so that

0	indicated no pain
1-3	mild pain
4-6	moderate pain
7-9	severe pain
10	worst pain

Range of motion was measured objectively with a goniometer at the start, and again at six weeks after the patient had their treatment program. Follow up measurement of pain and range of motion were done at three months to assess whether any improvement had been sustained.

Patients were treated in the facility at the Canadian College for Chinese Studies. Four patients were treated at the same time with the acupuncturists rotating from patient to patient. The patients were in close enough proximity to one another that they could hear what was going on, and sometimes talked among themselves. An atmosphere of camaraderie was generated which seemed to be beneficial. Some patients were treated privately in Dr. Greenwood's office. These patients did not have the opportunity to see other people being treated.

Each patient was assigned a student from the College who followed the patient throughout the treatment program. Students took a full traditional medical history from the patients and got to know the patients personally. In Chinese medicine, the idea is to see the world through the patient's eyes.

Patients were assessed at each visit using Chinese pulse and tongue diagnosis. Their subjective pain level was noted before and after treatment. Treatment was based on the findings of the pulse and tongue, using traditional Chinese acupuncture points in an attempt to balance the physiology. Local myofascial trigger points in the neck were used where appropriate, subsequent to traditional balancing.

Results

The results of some individual patients are recorded in Table 1, but some comment is appropriate here. The most striking result of the study was the occurrence of energetic phenomena that were not anticipated. These phenomena could be broadly classified into three types:

1. Emotional release, e.g. crying, shouting, screaming
2. Shaking or myoclonic movements
3. Regression to previous life experience.

*Table 1.
Summary of results in 25 patients*

Patient	Age	DOW*	Diagnosis	No. Rx.	Sympt.*	Start Pain Level†	Six Weeks	Three Month	Result
1. V.P.	34	22m.	Heat Mid. Jiao	10	NP mob.	7.5 res.	6 no ch.	5 no ch.	no impr.
2. S.B.	26	6m.	Def. Kid.Yin	6	NP mob.	4 res.	0 full	0 full	cured
3. I.Z.	49	2m.	Def. Kid.Yin	6	NP	5	0.5	0	cured

4. N.P.	77	5m.	Damp Heat LV & GB C4-7 Spond.	12	mob. NP	res. 4	full 0	full 0	cured
5 P.Y.	34	3m	Qi & Blood Stag. Def. Kid. Jing	12	mob. NP RAP	res. 9	full 0	full 2	marked impr.
6. P.T.	24	3m	Heat Mid. Jiao	5	mob. NP	res. 3			d.n.c.
7. J.G.	61	6m.	Stag. Qi Mid. Jiao Cervical Spond.	12	mob. NP	res. 6	impr. 0	sust. 3	marked impr.
8. S.S.	22	13m.	Damp Spleen C 4-5 Spond.	17	mob. NP UBP	res. 4 8	full 0 4	full 0 3	marked impr.
9. G.S.	59	13m.	Heat upper Jiao Def. Kid. Yin	12	mob. NP RAP LBP RKP	res. 5 9 8 9	impr. 0 2 8 0	sust. 0 7 10 5	marked impr.
10. R.S.	46	1w.	Damp Spleen Def. Qi.	12	mob. NP LBP	res. 8 6	impr. 4 5	sust. 5 4	some impr.
11. L.B.	36	3m.	Heat upper Jiao	12	mob. NP LBP	res. 3 5	impr. 1 1	sust. 2 2	some impr.
12. R.G.	26	3m.	Def. Kid. Yin	10	mob. NP LBP	res. 4 6	impr. 0 0	relap. 4-0 6-0	marked impr.
13. J.M.	28	2m.	Rising Liver Fire	12	mob. NP LBP	res. 5 7	impr. 0 0	sust. 1 0	marked impr.
14. CNS	48	34m.	Yang excess C 5-7 Spond.	14	mob. NP SP LHP	res. 10 7 6	impr. 4 6 6	sust. 4 3 4	some impr.
15. E.G.	32	11m.	Def. Kid. Yin	12	mob. NP	full 2	full 0	full 0	cured
16. M.T.	51	2m.	Def. Jing	6	mob. NP SP LBP	res. 2 2 2	full 0 1 0	full 0 2 0	cured
17. DHG	30	4m.	Stag. Qi LV & GB	12	mob. NP	res. 7	impr. 0	full 0	cured
18. P.C.	27	27m.	Stag. Qi LV & GB	12	mob. NP LBP LP	res. 6 7 5	impr. 5 5 6	full 5 5 n/c	no impr.
19. C.M.	29	5m.	Kid. not grasp Qi	12	mob. NP LAP	res. 6 2	full 2 3	full 0 0	cured
20. H.T.	50	15y.	Liver Qi Disturbed Shen	12	mob. NP	res. 8	impr. 4	relap. 6	some impr.
21. P.L.	26	11m.	Def. Kid. Qi	2	mob. NP	res. 4			d.n.c.
22. B.D.	25	6m.	Def. Kid. Yin	12	mob. NP	res. 3	full 2	full 2	marked impr.
23. E.W.	47	23m.	Blood Stag. Def. Kid. Yin	12	mob. NP LSP	res. 8 10	full 5 10	full 3 7	marked impr.

					RSP	8	1	2	
					mob.	res.	impr.	sust.	
24. G.I.	59	12m.	Def. Jing	12	LBP	8	6	4	marked
					LLP	5	4	4	impr.
25. C.C.	29	1m.	Kid. not grasp Qi	12	NP	4	0	0	cured
					UPB	5	4	1	
					mob.	res.	impr.	full	

*** Key to Abbreviations in Table 1.**

DOW	Duration of whiplash	some impr	some improvement	LAP	left arm pain
No. Rx	Number of treatments	sust	sustained	RLP	right arm pain
sympt.	symptoms	d.n.c.	did not complete	LLP	left leg pain
res.	restricted	marked impr.	marked improvement	RKP	right knee pain
mob.	mobility	NP	neck pain	RSP	right shoulder pain
Spond	Spondylosis	LBP	low back pain	LSP	left shoulder pain
impr	improved	UPB	upper back pain	LHP	left hand pain
relap	relapsed	RAP	right arm pain	n/c	no change
† Patient's own subjective estimation of their pain level					
0 indicates no pain					
1-3 mild pain					
4-6 moderate pain					
7-9 severe pain					
10 worst pain					

1. Emotional Release

Traditional acupuncture can assist people in releasing so-called “blocked emotions”. That whiplash patients have a build up of blocked emotions is well known.¹⁸ Some mechanisms for the build up have been suggested in the accompanying flow chart (See Figure 1.).

Emotions are often judged as being positive or negative. Joy, happiness, excitement, and compassion are examples of positive emotions, while anger, fear, resentments, anxiety, and guilt are regarded as being negative. In our society it is often inappropriate to express negative emotions so they become repressed, resulting in muscle tightening or dis-ease in some part of the body. This phenomenon is seen as an “energy block” in Chinese medicine, and the occurrence has no accepted counterpart in our Western approach to illness. Without such a conceptual framework, Western medicine is frustrated by its inability to deal with illnesses characterized in this way.

Energy blocks will manifest in any weakened area of the body, so that the whiplash injury becomes an ideal focal point in which blocks can settle. When needles are inserted in certain key points in the body, patients may become overwhelmed by an intensity of feeling which forces them to express that feeling.

In our study, patients often felt unable to control emotional releases. It was as if the needles would somehow by-pass the usual conscious or unconscious control mechanisms that keep people from expressing their inner feelings. To express inner negative emotions is for most people very scary and threatening, and requires a secure, safe and trusting environment. This

kind of environment may not be available in the physician's office, and yet our experience told us that this was a key factor in any healing process.

Patients could consciously control the expression of feeling if the level of trust was not high, and in this there was of course much individual variation. Some patients were willing to let go during their first treatment, while other refused to let go at all. On the whole, those that let down their defences tended to do better than those who did not.

Various emotional phenomena were seen including crying, laughing, shouting and swearing, representing the full range of human emotions from love to hate.

2. Myoclonic Shaking

The second phenomenon we encountered was myoclonic jerking or shaking movements. These most commonly included movements of the upper extremities and neck, but also extended to include all areas of the body in some cases.

Movements always occurred in areas where there was some pain. The pain was of course usually related to the accident, but this was not always so. Many patients had pain in several parts of the body. In almost all cases the painful areas had no demonstrable structural deformity that fitted any standard diagnosis. It is no surprise that these patients have occasionally been regarded as hysterical by the medical profession.

The occurrence of shaking was seen as a good sign and indicated that there was a good chance of recovery. Patients often described a sense of relief after a treatment in which shaking occurred. Pain levels were markedly reduced after a shaking episode. While in most cases the shaking would stop as soon as the needles were removed, some patients would continue to shake for several hours after leaving the clinic. This phenomenon was occasionally quite frightening for the patients, and required that we offer a lot of reassurance and forewarning.

The energetic discharge, once stimulated by acupuncture, became something the patient could occasionally reproduce on their own at home through relaxation and diaphragmatic breathing. Where this was occurring it was encouraged, as it gave patients a technique by which they could be in control of their own treatment.

The conventional physician when confronted with such a phenomenon might initiate investigations to rule out epilepsy, and furthermore might be tempted to suppress the energetic discharge with drugs. In view of the association between energetic discharges and recovery, it seems to us that this approach is completely wrong.

Most patients showed a tendency to re-accumulate energetic blocks between treatments, and to re-accumulate the blocks subsequent to discharge from the program. In most cases, a single treatment would re-establish balance, and so this problem is probably not a major concern. It would be a surprise in fact, given that blocks accumulated in the first place, that they did not show a tendency to re-accumulate. Patients not only need to discharge their blocks, but they also need to learn to be different in their emotional expression, in order to prevent recurrence. This is clearly a learning process that may take some time to accomplish.

3. Regression

The major surprise in this study was the occurrence of regression. Some patients discovered during treatment that their experience was related not only to the accident, but also to previous events in their lives, sometimes many years before.

Regression to the whiplash injury was fairly common. The occurrence of myoclonic shaking would often remind the patient of their accident experience, in one form or another. Some patients actually relived their accident during treatment, to the point of seeing the oncoming vehicle in front of their eyes, re-experiencing the head movements, and feeling the disbelief and momentary horror.

Other patients realized that their experience was related to earlier life events, as well as the whiplash. It was as if the accident produces a weakness where all their negative experiences could focus, not just those from the accident. In one case, a patient re-experienced a rape situation which occurred when she was fourteen. After this regression she had no or neck pain and her chronic depression disappeared.

The Concept of High and Low energy States

Energetic phenomena did not occur in all patients. When they did occur, it was associated with a good prognosis. Our impression was that the phenomena occurred in people who on the whole had high energy. In terms of Chinese medicine, these were people who had an excess of Qi. This excess energy was in a sense blocked from free movement, leading to painful muscle contraction and pain. Again, in terms of Chinese medicine, this condition is referred to as “Stagnant Qi”, which is a state of excess.

In those people whose energy was low, movement or shaking did not occur. These patients were easy to spot because they were pale and slow moving, and chronically fatigued. In terms of Chinese medicine, they had a deficiency of Qi. On the whole these patients had a poorer prognosis, at least as far as acupuncture was concerned. It is perfectly possible that they would respond to moxibustion or herbal therapy. In fact the indications are from our study that this is indeed the case, as patients who did not do well with needles were found subsequently to improve with Chinese herbs. These herbs were chosen to stimulate low energy states.

The energy deficient state is well recognized in Chinese medicine, and is classified as Yin, while the higher energy state is classified as Yang. Hence our initial impressions during the study highlighted the most fundamental classification in Chinese medicine – that of Yin and Yang.

Case Studies

The following case histories illustrate some of the interesting phenomena we observed. We have not included all the case histories for the sake of brevity. The rest are summarised in Table 1.

Patient P.Y. (No. 5) – A 34-year-old female, motor vehicle accident (MVA) 7 September 1986: duration of whiplash (DOW) three months. X-rays C-spine negative; previous treatment physiotherapy. Chinese diagnosis: Stagnant Qi and Blood, Deficient Kidneys. Therapy: 16 treatments from 4 December, 1986 to 19 March, 1987.

Comment: Patient was very receptive to acupuncture. When the first needle was inserted at K-3 (Taixi), shaking movements began which involved all four extremities. In addition, she began wailing and crying, which transformed into laughter during the 5th treatment. At the moment of transformation, rotatory head movements occurred which had not previously been possible. In subsequent treatments, movements of the head occurred which appeared to recreate the whiplash experience. As these movements were expressed, she described visually re-experiencing the accident, and after this, all neck pain had disappeared.

After she was pain free in the neck, this patient became aware of thoracic and lumbar back pain, which required further treatment. It was apparent that the neck problem was so overwhelming that the back pain was not noticeable at the start.

After six weeks most of her pain had subsided, but she subsequently had a relapse of left neck-shoulder-arm pain. At this point she had C.T. scanning of her neck, but no structural lesion was found. She returned later for four more acupuncture treatments, during which myoclonic movements developed in her legs, arms and neck. The movements seemed to stop at the buttocks as she held her spine fairly rigidly.

This patient had had a hysterectomy for severe dysmenorrhea at the age of thirty, indicating that the imbalance with which she presented had been present for years prior to the car accident. We felt that further treatments would be beneficial and would likely reveal previous emotional experiences.

At three month follow up her neck improvement was sustained, but she continued to have trouble in her right arm and lower back. (See Table 2)

Table 2.			
Patient P.Y. (No. 5)			
Pain and mobility assessment			
Pain assessment			
	Start	6 weeks	3 months
Neck	9	0	2
Right arm	-	2	5
Mobility Assessment (in degrees)			
Flexion	20	35	35
Extension	30	65	40
Rotation R	45	75	40
Rotation L	55	75	65

Patient J.M. (No. 13) – A 28-year-old female: two separate MVAs, the first in November 1986, the second January 1987; previous MVA in 1980; duration of whiplash (DOW) two months; no x-rays, previous treatment – physiotherapy; medications – amitriptyline. Chinese Diagnosis: Rising Liver Fire. Therapy: 12 treatments from 24 March to 30 April 1987.

Comment: Patient was overweight, measuring 5ft.3in. in height and weighing 200lb. She had put on 20 lb. since her accident. She was very nervous and almost went home after seeing the first needle. However, with some gentle persuasion, she consented to have two needles inserted at LI-4 (Hegu) and LV-3 (Taichong). She began to shake immediately in her right arm and up to her right shoulder. These movements were repeated in very much the same way during all her

treatments. However, she gradually became aware that she had much more deep-seated emotional disturbance and expressed a desire to work on this.

In later sessions she began to relive and experience of her uncle raping her when she was fourteen, and in fact her right wrist was broken at the time. During these session she became very upset, and her right arm became excruciatingly painful, in addition to the fact that it was shaking. As she went through this experience her neck and back pain markedly diminished to the point of being almost pain free.

There was also a most striking change in the mood of this patient from depression to aliveness. She was able to discontinue the use of anti-depressants fairly early in her treatment (Table 3).

Table 3.			
Patient J.M. (No.13)			
Pain and mobility assessment			
Pain assessment			
	Start	6 weeks	3 months
Neck	5	0	1
Lower back	7	0	0
Mobility Assessment (in degrees)			
Flexion	18	20	20
Extension	32	58	55
Rotation R	41	62	60
Rotation L	46	56	60

Patient D.H-G. (No. 17) – A 30-year-old female; MVA January 13, 1987; DOW four months; x-rays C-spine and L-knee negative; previous treatment – physiotherapy. Chinese diagnosis: Stagnation Qi Liver and Gall Bladder. Therapy: 10 treatments from 25 May to 13 July, 1987.

Comment: Patient was rather nervous at the start and was a little dismayed to find herself shaking in the first session. Ever since her accident, she complained of coldness in her left arm associated with a warm feeling on the left side of her face plus tingling in her lip. Treatment was aimed at reducing the excess and moving the stagnation. In early sessions she began to tremble and shake, particularly in the lower extremities and hips. Following each treatment she felt very much better, often leaving the clinic with little or no pain, but found that the stiffness would return within a few hours. The tingling in her lip was accentuated during the treatment, but usually subsided by the end of the session. She found this quite uncomfortable and somewhat scary.

During the seventh session she felt energy moving up the Triple Warmer (San Jiao) meridian from SJ-5 (Weiguan). It localized in SJ-17 (Yifeng) and SJ-23 (Sizhukong). When a needle was inserted at SJ-23 she began to produce large amounts of tears, although she said it did not feel like crying. At the end of that particular treatment, she felt totally relaxed and drained, as if something fundamental had shifted. Her stiff neck and arm pain disappeared completely, and did not recur. Her left arm warmed up, but the feeling in her face remained. At six weeks she was virtually pain free.

Follow up at three months found her still pain free with full range of neck motion. She still had warmth on the left side of her neck and complained of some occasional numbness or tingling

in her left arm from time to time. This patient liked to be in control of her life and emotions at all times; she found the experience of being out of control during treatment to be quite disconcerting, despite the improvement that was obtained. She voiced concern that she was now prone to irritability and occasional emotional outbursts. She wanted to re-assert control as soon as possible so that she could feel 'she knew where she was going with her life' again.

We felt this tendency would increase her chances of relapse in the future as it was precisely the 'letting go; of control which led to her recovery. (See Table 4)

Table 4.			
Patient D. H-G (No.17)			
Pain and mobility assessment			
Pain assessment			
	Start	6 weeks	3 months
Neck	7	0	0
Mobility Assessment (in degrees)			
Flexion	15	40	40
Extension	55	65	65
Rotation R	50	70	75
Rotation L	50	75	75

Patient C.C. (No. 25) – A 29-year-old female; MVA December 12, 1987; DOW one month; x-rays C-spine negative; previous therapy – physiotherapy. Chinese diagnosis: Kidneys not grasping Qi; L-R imbalance. Therapy: 12 treatments from 13 January to 4 March 1988; three more treatments in April 1988.

Comment: Patient came to treatment with a markedly stiff neck. IN the month since her accident she had retrogressed despite frequent physiotherapy. She was working part time with great difficulty.

She participated in the acupuncture enthusiastically, breathing deeply with the needle insertions and going into good relaxation. Treatment was aimed at correcting the L-R imbalance by opening the channels, moving the Qi and strengthening the Kidneys. She experienced a large amount of emotional release during her first session with a needle at BL-23 (Shenshu). Subsequent session produced further releases accompanied by myoclonic activity involving mainly the legs and shoulders. Shaking occasionally extended down the arms to the wrists but there seemed to be a block to energy reaching the hands which remained rather cold to the touch. During one session she developed asthmatic wheezing. That was a symptom which she had previously and which was reactivated by the acupuncture. We felt there was an element of constrained Qi not reaching the extremities. This was reflected in the pulse in the left arm which was very deep and frail.

Over the six weeks her pain improved remarkably and she regained full mobility. She felt able to return to full time work. She expressed a desire to close her claim with ICBC and to get on with her life We felt this was a good result as she appeared to be at risk for developing chronic pain had she not entered the program.

This patient subsequently returned for three more treatments in April 1988 because she was experiencing some stress related to the separation agreement with her ex-husband. He had taken full custody of their only daughter and was making it difficult for our patient to have access to her. She had a marked recurrence of neck stiffness but recognized it was related to what was going on in her life.

During the second of these treatments she developed shaking which extended down to her hands which promptly warmed up. Over the ensuing week she developed a fever and productive cough suggesting that a clearing was taking place in the lungs. The hands remained warm and the neck stiffness disappeared. (Table 5)

Table 5.			
Patient C.C. (No. 25)			
Pain and mobility assessment			
Pain assessment			
	Start	6 weeks	3 months
Neck	4	0	0
Upper back	5	2	1
Mobility Assessment (in degrees)			
Flexion	20	30	30
Extension	35	50	50
Rotation R	40	55	65
Rotation L	30	55	65

Discussion

In this paper, 25 patients with whiplash injury were treated with traditional Chinese acupuncture to see if there existed any advantage over standard medical therapy. It is well known that standard medical treatment has a poor record in whiplash injuries. During the study some remarkable phenomena were seen including emotional releases, myoclonic shaking, and regression to former life experiences. Table 6 summarizes the results of the 25 patients in the study.

Table 6.	
Summary of Results	
Males/Females	2/23
Duration of whiplash	1 week to 12 years
Total relief of symptoms	8
Marked improvement	9
Some improvement	4
No improvement	2
Did not complete	2

The occurrence of energetic phenomena in the study cannot be explained in any standard anatomic or structural way. It seems that Western medicine lacks an appropriate conceptual framework to deal with whiplash syndrome and many similar disorders. These disorders can largely be seen as “functional”. The standard approach of psychiatric referral is often inappropriate and may even lead to accumulation of more energetic blocks.

The study exposed the difficulty encountered when trying to impose Western research standards to Chinese medicine. Therapy is tailored to the individual pathology of each patient. To use a standard series of points on all whiplash patients is to invite failure. In this study it was obvious that the patient with a deficient energy state has to be managed in an entirely different way from those with a high energy state. The implication here is that every patient has to be approached individually. The art of Chinese medicine is not just in Yin and Yang; it is in all the variations within that concept. Clearly a successful treatment program for patients will involve acupuncture, herbs, and moxibustion, with appropriate clinicians to guide therapy. Where one approach might fail, another could work, and the individual physician involved could be all-important.

Medicine has, on the whole, treated whiplash patients with the arrogance that stems from ignorance. The patients have been disbelieved, accused of malingering or being hysterical, and generally shunned—all because we do not know what is the cause of their disability. Our standard approach tells us that if there is no demonstrable lesion, then the patient must be malingering or looking for some secondary gain through illness.

The tragedy of all this is that on some level it is true. The illness is functional; its root cause is in the mind and the emotions, and its cure must come through those channels. The mistake we have made is to judge functional pain as unreal, simply because it has no structurally demonstrable basis. In doing this we have actually created the disease – thus, unwittingly prolonging the problem.

As always in life, sometimes the solution is so simple we cannot see it for the confusion. To stop and listen with a loving trusting and non-judgemental frame of mind can provide answers when all the technology the world can offer has failed. Traditional Chinese acupuncture is a safe, simple, and relatively inexpensive approach to a common and frustrating disease

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