

Whiplash – Acute Inflammation Becomes Chronic

By Dennis van Aswegen, DC

Whiplash is a term used to describe an injury to the soft tissues – the muscles, ligaments, and nerves – of the neck. Many people fail to relate their symptoms to a car accident because the symptoms often begin days, months, or even years after the accident.

This patient, referred to me by a local family physician, presented with secondary whiplash symptoms presumably due to an automobile accident several years ago. After the accident, treatment with NSAIDs and physical therapy adequately relieved the acute pain of the patient's whiplash, but she remained constantly aware of discomfort in her neck. As time passed, she continued to take medication for this chronic pain, but her symptoms gradually worsened and eventually became unmanageable.

History

Fifteen years ago, this female patient, now 48 years old, had been involved in an auto accident without wearing her seat belt and suffered whiplash and minor cuts and bruises as a result. After the accident, she complained of severe headache and nausea and was hospitalized for two days. She was given a neck brace to wear for a minimum of 4-6 weeks and medication to address possible inflammation.

She was left with chronic symptoms (pain in her neck, shoulder, and arms; stiffness; headaches; restless-

ness) that varied in frequency, sometimes appearing daily, sometimes with symptom-free intervals of up to a month. Several months ago, however, the pain became more pronounced and the pain-free intervals less frequent. Because the pain prevented her from sleeping, she also suffered from severe fatigue and irritation.

Examination

An initial examination revealed:

- decreased range of motion in the cervical spine
- swelling and inflammation in the cervical and surrounding musculature
- tenderness and pain around the cervical facet joints
- active myofascial trigger points
- cervicogenic headache

Upper cervical evaluation revealed an upper neck injury that had not been addressed by previous practitioners. Jackson's Compression Test and the Valsalva maneuver were positive. An MRI revealed a small hernia between C5 and C6, posteriolateral to right. X-rays showed early-stage degeneration of the facet joints.

Treatment regimen

Treatment required a combination of chiropractic (to restore normal joint mobility and range of motion) and physical therapy (to restore muscle flexibility and movement). In addition, several antihomotoxic medications were administered:

- Spascupreel and Zeel were injected twice weekly into trigger points along the lumbar vertebrae to improve paraspinal muscular spasms and myofascial trigger points.
- Gelsemium-Homaccord and Lymphomyosot were injected twice weekly into the painful area to relieve cervical pain and inflammation and cervicogenic headache.
- Oral Gelsemium-Homaccord was also prescribed (10-15 drops 3-4 times per day).

The patient initially reported an increase in pain (possibly due to a reaction phase) but then reported gradual improvement in the pain and other symptoms from the 2nd to 3rd week. With less pain and irritation, she was able to relax, and her sleep pattern improved. Upon conclusion of treatment, she felt energetic, was no longer experiencing mood swings, and reported excellent concentration at work. Her quality of life has greatly improved, as has her family life. ■

Lumbosacral Pain Syndrome

By *Dennis van Aswegen, DC*

“Treatment for lower back pain is not a single therapy but rather an integration of several therapies.”

The patient, who suffered from longstanding back pain and had consulted numerous specialists, had decided to endure his condition with the help of medication for as long as possible before resorting to surgical intervention. As a result, he became a walking illustration of the well-known statistic: Back pain is second only to the common cold as a cause of lost work time and results in more lost productivity than any other medical condition. His condition was interfering not only with his work but also with his general day-to-day activities and family life and even forced him to give up most of his sporting/outdoor interests.

History

The patient is a 43-year-old male with a long history of lower back pain, which began at a very young age after various childhood mishaps and enthusiastic participation in contact sports. Treatment with NSAIDs was initially effective in combination with physical therapy, but as the years passed, the pain began to move into his legs, although it rarely radiated below the knees. As a result, treatment became less effective, and the symptom-free intervals between bouts of pain/restricted movement became shorter. At a later stage, even slight abnormal biome-

chanical movements triggered painful symptoms. The patient described the pain as burning, sharp, shooting, or “pins and needles.” It intensified with long periods of activity such as walking or cycling. Additional symptoms included pain-related insomnia and a painful sensation when bearing down during bowel movements.

Examination

On initial physical examination, the following orthopedic tests were positive, suggesting an L4/5 disc lesion:

- decreased range of motion in active flexion/extension and rotation
- straight leg raising (especially the right leg, above 70 degrees)
- Bragard’s test
- Valsalva maneuver

X-ray and MRI studies of the lumbar spine revealed:

- disc herniation at the levels of L4 and L5 (more pronounced at the L5 level and on the right, but with minimal pressure on the thecal sac)
- early facet degeneration from L2 to L5, both left and right
- active myofascial trigger points in the lumbar paraspinal and gluteal muscles
- flattening of the lumbar lordosis
- irritation and inflammation of the lumbar facet joints



Treatment regimen

Treatment required a combination of chiropractic and physical therapy. In addition, several antihomotoxic medications were prescribed:

- Spascupreel was injected twice weekly into trigger points along the lumbar vertebrae.
- A mixture of Zeel and Discus compositum was injected twice weekly into the paravertebral muscles to relieve chronic inflammation and degeneration of the facet joints and intervertebral disc.
- Colocynthis-Homaccord (which could also be mixed with Zeel and Discus compositum) was injected twice weekly into sites along the paraspinal muscles to relieve symptoms of sciatica and neuralgia.
- Traumeel tablets were prescribed for general inflammation and pain (1 tablet 3 times per day for six weeks).

The patient reported a 60 percent improvement in both pain and range of motion after four weeks of treatment and an additional ten percent improvement after six weeks. He has been able to resume his day-to-day activities and looks forward to taking up some of his previous sporting and outdoor pursuits again in the near future. ■