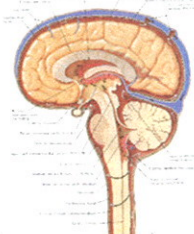


# Craniosacral therapy in a series of patients with whiplash injuries and cervical distortion



C Schopper, B von Wenzl, B Schopper, R Agosti  
Headache Center, Dept. Neurology, University Hospital Zurich  
Zurich, Switzerland

Psychiatric University Hospital, Zurich, Switzerland  
[reto.agosti@nos.usz.ch](mailto:reto.agosti@nos.usz.ch) [christian.schopper@puk.zh.ch](mailto:christian.schopper@puk.zh.ch)



## Background:

Treatment of whiplash injury and cervical distortion (WI/CD) is a therapeutic challenge despite good compliance and state of the art therapeutic interventions. In addition there are basically no predictors of good or bad outcome. We introduced CranioSacral Therapy® (CST) as a potentially useful therapeutic concept. CranioSacral Therapy (CST) was developed by W. G. Sutherland and J. Upledger. It combines clear structured physical treatment with self relaxation.

After an acute WI injury (acute acceleration injury) or a CD a relatively large group of patients will develop chronic symptoms including pains, autonomic dysfunction, cognitive problems often leading to occupational and social impairment. Particular problems in dealing with this syndrome arise from the almost exclusively subjective nature of these symptoms. This is aggravated in a society with a legal system that is largely fixed on objective evidence.

Additionally, disastrous for these patients is the relative absence of efficacious treatments and confusional information about efficacy of treatment. A more radical view is that of Diener who showed data that patients with no treatment had a better outcome those in a therapy group. Here we report details about our pilot group of 9 patients with mostly acute and chronic WI/CD. We further tried to identify positive and negative predictors of a good outcome.



The Sutherland temporal hand position



The dura mater swing

## Methods and patients:

9 consecutive patients from our tertiary Headache Center at the Department of Neurology at the University Hospital Zurich and other referral sources were treated with various sessions of CST by two CST certified therapists (BvW, BS). Initially a detailed state of the art CST status (activity of the CS rhythm) obtained to start and plan treatment and as possible predictor of the treatment response. Results of outcome were compared in three subgroups: 1. treatment of acute WI/CD (4 patients), 2. treatment of chronic WI/CD (3 patients), 3. treatment in patients with suspected high secondary gain, preexisting psychological difficulties and medication resistant headaches (2 patients). Data were qualitatively analyzed using subjective outcome data as reported by the patients.

## Results: (Table 1)

In the first two groups (7 patients) we observed a very good outcome in all cases. This was observed in reduction of pain levels, disappearance of accessory symptoms (e.g. dizziness, cognitive impairments, autonomic dysfunction and emotional lability). This resulted in gain or restoration of quality of life. These improvements were maintained up to 12 months (average 6 months). The third group (2 patients) showed no response. The first two groups presented with positive developing CST status over the course of the treatment whereas the third group did not change.

Table 1

Pt #	Sub group	Sex	age	dX	Mechanism	# Tx	Working Capacity at therapy onset	Working Capacity After therapy	Pain Outcome / outcome accessory symptoms	outcome Quality of life
1	2	F	54	CD	fall from horse	36*	25 %	100 % (after 7 sessions)	minimal	mostly restored
2	1	F	29	CD	fall from horse	10	50% unable to follow academic work	100 % no restrictions	none / complete remission of autonomic and cognitive symptoms	restored
3	1	F	56	WI	car crash	9	100 % with effort	100 % effort less	none / complete remission of dizziness	restored
4	1	F	22	CD	snowboard crash	5	strongly impaired as a student	no impairment	none	restored
5	2	F	24	CD	trampoline crash	7	strongly impaired as a student	no impairment	none / complete remission of neckpain and emotional lability	restored
6	1	F	19	CD	motorcycle crash	7	strongly impaired as a student	no impairment (able to pass final college exam)	minimal	restored
7	2	F	35	WI	3 car crashes	12	100% with strong effort	100% effort less	minimal	restored
8	3	M	31	WI	car crash	8	0 %	50 %	no change	not restored
9	3	F	48	WI	car crash	12	0 %	0%	no change, but during treatment sessions good relaxation	not restored

\* Weekly CST sessions were continued due to comorbidity (herniated cervical disk)

## Conclusions:

Our retrospective pilot series shows a good response to CST in 7 of our 9 cases despite the well known difficulties in the treatment of WI/CD. In our small and selected patient sample we saw many strikingly improved patients, even after many months to years of treatment resistance. Based on these results we will continue to treat further pts. and start a predictive study.

As predictors of a bad outcome we suspect presence of secondary gain, preexisting psychological difficulties and medication resistant headaches based on only two pts. Also in these two pts. the CST status did not change throughout several sessions and CST was subsequently discontinued.

Unfortunately we were confronted with strong hesitations regarding reimbursement from the health insurance companies and it is our hope that with a larger series of successfully treated pts their reimbursement practice will change.

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