Acupuncture for a patient with whiplash-type injury

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ABSTRACT
A 69 year-old woman presented in the surgery because of a whiplash-type injury. Because of progressive headache and dizziness since the accident, and because she had developed rhinitis and intermittent flashes of the left visual field, she was admitted to the neurological department on suspicion of subdural haematoma and possible fracture of the skull. Neurological examination and a CT scan were normal and she was discharged. Because of persisting headaches, and dizziness, her own general practitioner decided to use acupuncture treatment. Acupuncture was given at points GB20 GB21 and SI16 bilaterally and directly over the site in the forehead, where she fell. After 6 weeks treatment, the dizziness disappeared, and after two additional treatments the rhinitis and headache disappeared. At follow-up 6 months after cessation of treatment, the patient had only intermittent dizziness, with no headaches, visual disturbances or rhinitis.

OUTCOME
After the first acupuncture treatment the patient thought that there was a marginal improvement assessed on a visual analogue scale, but from the second treatment onwards, there was continuous improvement of all three symptoms, as shown in figure 1. On 18 March 2008, 6 weeks after the start of treatment, the dizziness had disappeared. After two additional treatments the rhinitis and headache disappeared, and no further treatments were given. Treatment was stopped on 1 April 2008.

DISCUSSION
The diagnosis for this patient’s problem is not entirely clear. There is no clear definition of whiplash injury, and the term ‘whiplash associated disorder (WAD)’ is sometimes used to indicate a range of symptoms following neck injury. This patient experienced direct trauma to the head and might be classified as having postconcussion syndrome—another clinical label without a clear definition giving details of dizziness, headache and rhinitis.

At each visit, the patient was asked to assess the severity of her rhinitis, headache and dizziness on visual analogue scales, where 0 indicates no symptoms and 10 indicates the worst possible symptoms.

Figure 1 Visual analogue scales scores for rhinitis, headache and dizziness after each acupuncture treatment.
However, the diagnostic label is rather an academic question, and from a practical point of view the question is not important. It is interesting that the patient had rhinitis symptoms, which are not included in any of the definition of WAD or postconcussion syndrome. However, we report what we observed even though we are unable to suggest an explanation.

The authors of a Cochrane review suggested that the expression WAD should be used, and this may be an appropriate term for this case report. The meta-analysis included 23 studies and a total of 2344 patients. However, owing to poor methodological quality, and insufficient homogeneity in the studies, it was impossible to allow pooling of results, and no conclusion could be drawn.

WAD is generally associated with severe trauma, such as traffic accidents, but may also occur after minor trauma. The condition often recovers spontaneously, and it is estimated that 80% of patients are asymptomatic after 6 months. However, in 10% of patients, protracted symptoms occur that can last for several years. Treatment of WAD is often difficult, but short-term relief may be obtained with analgesics and exercise. However, this treatment is often unsatisfactory, and then other treatment approaches may be tried, including acupuncture. It is known that acupuncture can have an impact on headache and neck pain. The literature regarding acupuncture for WAD is scanty. In two studies by Fattori et al., the effect of acupuncture was assessed in patients with balance disorders after a whiplash injury. After treatment of acupuncture points BL10 and GB20, a significant improvement was noticed compared with the control group, who received non-steroidal anti-inflammatory drugs only. In a study by Rabl et al., the effect of acupuncture was assessed in 153 patients after a head injury, among them whiplash injuries. The authors concluded that acupuncture had a significant effect on pain and on movement impairment.

The most prominent symptoms in the patient’s history were progressive headache, visual disturbances and dizziness. It is known that acupuncture can be beneficial for headache, often of myogenic origin. For a possible effect of acupuncture on dizziness, we have some evidence for an effect, possibly mainly in those cases that are of myogenic origin. For an effect of acupuncture on rhinitis we have no convincing evidence from the literature, and no explanation of the symptoms in this case.

The patient had progressive symptoms for about 6 months and so it is unlikely that she recovered spontaneously. She noticed a clear improvement after two treatments with acupuncture, and after a total of seven treatments, all her symptoms had disappeared. Thus it seems reasonable, from the time course of this response, to assume that the effect was a direct result of acupuncture and not a spontaneous process. However, one cannot exclude the possibility that there was some placebo effect. The patient asked the doctor for acupuncture, and is therefore likely to have had some positive expectations. Placebo reactions are well known throughout all forms of medicine, including acupuncture. However, the patient’s response is not typical of a placebo response, from our personal experience, as we would expect a major effect on symptoms after the first treatment. This patient only started to improve after the second treatment, and actually had a continuous improvement spread over the course of seven treatments, which corresponds to a normal treatment course. We therefore argue that the contribution of the placebo effect in this case was minor.

**SUMMARY**

Whiplash-type injury is generally associated with severe trauma, but this case history shows that it may be caused even by minor trauma. It appears that acupuncture can sometimes be a useful tool in the treatment of whiplash-type injury.

**REFERENCES**

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