

TRAUMA: AN INTEGRATIVE MODEL FOR DIAGNOSIS AND TREATMENT

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Presented by:

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TRAUMA : AN INTEGRATIVE MODEL FOR DIAGNOSIS AND TREATMENT

Caillet defines trauma as a: “wound or injury with implication of a force applied externally or internally causing a tissue reaction. Pain is the resultant which has varying degrees of intensity and effective interpretation with numerous avenues of transmission.” This lecture introduces a variety of treatment principles and modalities for patients who have suffered trauma in their past and are unable to move forward in their recovery. This presentation will not address the management of serious acute trauma that requires emergency interventions or acute hospital care. Rather, we will discuss approaches that can be utilized after the patient is medically stable but is “stuck” and unhappy with their current state of recovery. We often encounter these patients who have been told: “You’ll have to learn to live with it” (for the remainder of their lives). Be it chronic pain, loss of function, loss of motion, depression, or other sequelae to trauma: these patients could benefit from a variety of interventions that are not typically offered by traditional mainstream medicine. As acupuncturists we are quite familiar with these truths and most of us have already helped numerous patients with needles, moxa, and/or herbs. This session is meant to add to that growing list of possible complementary and alternative approaches for healing past trauma.

THE “LIST”

Osteopathic Manipulative Medicine: Cranial Osteopathy, Visceral Manipulation, Strain-Counterstrain, Myofascial Release, Functional Release, Muscle Energy Technique, High Velocity Thrust, Facilitated Position Release, Balanced Ligamentous Tension, Percussion Hammer

Special Attention to: Breathing(3 Diaphragms), Visceral Mobility and Motility disorders, Sacrum-Coccyx(Holds fear/insecurity), Dural strains, Cranial/TMJ dysfunctions (often unexamined), Greenman’s “Dirty Half-dozen” (non-neutral facet joint restrictions, symphysis pubis shears, sacral posterior torsion or nutation, hip bone shear, short-leg/pelvic tilt syndrome, and muscle imbalance of the trunk and extremities), Nerve Restrictions, “Energy Sinks” (Robert Fulford’s Concept that is treated with the Percussion Vibrator)

Chiropractic: Applied Kinesiology (Injury Recall Technique, Emotional Neurovascular Holding Points), Sacro-Occipital Technique (Suture Releases), Neuro-Emotional Technique

Homeopathy: Arnica, Hypericum, Symphytum, Natrum Sulphuricum, Ruta Graveolens

Bach Flower/ Other Flower Essences: Star of Bethlehem, Rescue Remedy, Revive All (FlorAlive Remedies)

Aroma Therapy: Spruce, Rose, Lavender

EMDR (Eye Movement Desensitization and Reprocessing): Psychotherapy Tool

Prolotherapy: For hypermobility unresponsive to other modalities or strengthening

Nutritional/Metabolic: Evaluation of: Nutritional status (intracellular vs. other), Endocrine balance (blood, urine, saliva), Toxicity (hair, blood, urine, feces), Food and chemical sensitivities (ALCAT et al), Mitochondrial function (Cellular Energy Profile et al), Dysbiosis/“Leaky gut syndrome” (Comprehensive Stool Analysis), Immune panels with other traditional laboratory and diagnostic studies.

Hypnotherapy, Biofeedback, Neurofeedback et al: Brain, behavior, and psyche

Bioenergetics and other Mind-Body oriented therapies: Somato-emotional therapies

Rolfing, Hellerwork, Soma Bodywork, Anatomy Trains: Core patterns

Magnets, Crystals, Lasers, and other energy transfer devices: Energy fields

Shamanic Healing and other forms of “Soul Retrieval”

Chinese Medicine: Seven Dragons, Chakra Acupuncture, Yintang, Shao Yin- Jue Yin grounding-releasing points: H-7, PC-6, LR-3, K-3, K-25, 26, 27, CV-17

Treat the “scattered” or “suspended” Qi, treat the loss of Heart Qi, Heart pulse is Fine and Tight, Complexion is bright-white or bluish tinged forehead. Pulse is rapid, short, shaped like a bean, vibrating
Eyes may be dull without glitter** (from Giovanni Maciocia)

Reiki, Hands of Light, Therapeutic Touch, Polarity Therapy et al: Energy transfers

As an osteopathic physician I have been greatly influenced by my teachers, mentors, and the past masters of my profession. To better understand the osteopathic philosophy and treatment approaches to trauma, I can highly recommend the writings and methods of: Andrew Taylor Still M.D./D.O., Rollin Becker D.O., Robert Fulford D.O., William Johnston D.O., Viola Frymann D.O., Myron Beal D.O., William Sutherland D.O., Fred Mitchell Jr. D.O., Lawrence Jones D.O., Anne Wales D.O., Irwin Korr Ph.D., Philip Greenman D.O., Robert Ward D.O., Anthony Chila D.O., Edward Stiles D.O., John Upledger D.O. and Jean-Pierre Barral D.O. This is a partial list but certainly representative of the rich and prolific tradition of osteopathic healers and educators.

My first mentor, George Goodheart Jr., D.C., developed a unique system of diagnosis and treatment using manual muscle testing. His system, Applied Kinesiology, has been in a state of continual evolution for over 40 years. A central theme runs through his work known as the “Triad of Health”. This concept proposes that there is a continuous interaction between structure, chemistry, and emotional/energetic facets. When a patient presents with post-traumatic pain, there will undoubtedly be multiple somatic dysfunctions present. A careful history and thorough examination usually reveals biochemical and emotional- energetic problems as well. Food allergies, chemical sensitivities, toxicities, nutritional deficiencies, endocrine disturbances and subtle disorders of metabolism such as mitochondrial dysfunction are more common than one might imagine. “Post-Traumatic Stress Disorder” with its myriad of manifestations: Depression, Anxiety, OCD, ADHD, Paranoia, Phobias, Insomnia, Somatic Disorders, and Sexual Dysfunction, (just to name a few) is also quite common.

Perhaps a case example might illustrate the application of this “Triad of Health” paradigm. A 45 year old white female has had three years of pain in the cervical, mid-thoracic and lower back regions following a whiplash injury. Additionally, she complains of retro-orbital and temporal headaches, jaw tension with “clicking and popping,” insomnia, fatigue, depression, anxiety, irritable bowel syndrome, irregular periods, right carpal tunnel syndrome, left patella pain, and “foggy, dull thinking.” All of these complaints began after the accident. She was stopped at a red light and

was rear-ended at approximately 35 mph. She hit her head on the driver's window, hit her knee cap into the dashboard, and felt extreme strain to her wrist during the accident. A month after the accident she developed a thyroid nodule with goiter and became hyperthyroid requiring Tapazole medication. Patients with these scenarios are often treated as if their entire whiplash injury is strictly limited to their musculoskeletal system. Medications, injections, physical therapy, chiropractic, massage and other musculoskeletal modalities are often employed. The lucky patients recover with those interventions alone. Some are not so lucky.

This patient requires deeper attention to the specific disruptions of her structure, chemistry, and energetic psychology. Osteopathic examination reveals: cranial somatic dysfunctions involving a petro-jugular dislocation, fronto-sphenoid compression, lateral sphenoid strain, lowered cranial rhythmic impulse and impairment of venous sinus drainage. Physical examination reveals TMJ dysfunction which is supported by an MRI, documenting a dislocated/torn disc and capsule allowing for complete dislocation of the TMJ disc during opening and closing. Cervical MRI demonstrates atrophy of the rectus capitis superior minor muscle with resultant instability of the occipito-atlantal joint. Neural and myofascial tension is noted from the anterior cervical regions down the right arm into the wrist and hand. The diaphragmatic breathing pattern is markedly dysfunctional with dyskinesia of the thoracic, pelvic, and cranial diaphragms. Hypermobility of the cervical and thoracic ligaments is noted at multiple levels. The sacrum and coccyx are abnormally tight and intra-osseously compressed with a backward sacral torsion. A right pelvic shear is evidenced by the asymmetrical positions of the ischial tuberosities. "Listening" reveals a restricted and mildly ptosed left kidney. The liver's mobility and motility are also restricted.

The treatment of the above structural somatic dysfunctions would require skilled interventions with cranial manipulation, visceral manipulation, prolotherapy, neuro-fascial release, myofascial release, and temporomandibular joint treatment from a dentist familiar with cranial-mandibular mechanics (severe TMJ pathology may require surgery). Many of these patients benefit from the intelligent use of nutraceutical products including: vitamins, minerals, trace minerals, enzymes, amino acids, anti-oxidants, and herbs. Magnesium, zinc, vitamin C, proline, and a host of other nutrients are necessary for connective tissue integrity. Chronic inflammation can be treated with an anti-inflammatory diet (Mediterranean diet minus their food sensitivities) along with therapeutic levels of Omega-3 fatty acids, boswellia serrata, tumeric, bromelain, ginger, garlic, devil's claw, MSM, CoQ10, and alpha lipoic acid. Several companies offer intra-cellular nutrient testing to specifically identify deficiencies.

The hypothalamic-pituitary-adrenal axis is universally stressed and often dysfunctional post-traumatically. Patients need a thorough examination of their endocrine system to determine the extent of abnormal hormonal involvement. The most common finding is adrenal dysfunction: either hyperactivity or exhaustion. Continuous stress on the adrenal system leads to fatigue, depression, idiopathic rashes, paradoxical wakefulness at night, sugar and stimulant cravings, gastrointestinal irritation, weakened ligaments, dilated pupils, orthostatic hypotension, susceptibility to infections, and marked susceptibility to joint injuries. B-complex vitamins, vitamin C, minerals, ginseng, gotu kola, saspirilla, rehmannia, adrenal glandular products, and selective Chinese herbal formulas can help restore energetic and metabolic balance to the gland. Occasionally, the patient will require physiologic doses of Cortisone (Cortef). Thyroid dysfunctions are very common and often present after severe stress or trauma particularly to the head and neck. In general, any gland may exhibit post-traumatic dysfunction. The pancreas may become

hypo-functioning on an endocrine or exocrine basis. Menstrual irregularity may follow head or back injury. Each case is unique and needs to be evaluated for possible deleterious sequelae. Ideally, successful manipulation of “key lesions”, dietary adjustments, individualized nutritional and herbal therapies and acupuncture can provide considerable relief and improvement to their former condition.

One can not underestimate the importance of also treating the mental-emotional, psychic, etheric, and spiritual dimensions of trauma. As triune beings we resonate in accordance to the health and balance of our mind-body-spirit. Treating the subtler energy fields can at times produce the greatest changes in our patients. Many patients are stuck in their fixed attitude, posture, and energy resonance. EMDR, Bach Flower Remedies, Homeopathy, Hypnosis, Reiki, Hands of Light, Chinese Medicine, and other modalities on “The List” work with those dimensions that are rarely acknowledged by conventional medical treatments. Dr. Fulford said that the goal of the healer is to help the patient find their destiny. To put the patient in touch with what their ultimate purpose was for being on this earth in this lifetime. Once a patient is doing what they were meant to do, everything else begins to fall in place. Sometimes trauma is a gift that leads to an awareness of what is important and what needs to be done.

Trauma can occur in “one fell swoop” or as the “straw that breaks the camel’s back.” Repetition stress is commonplace and what I see in my practice is a body finally running out of adaptations. We see this often in children today playing sports or having a series of injuries where each one leads to an adaptive response that eventually can’t compensate. Too often, parents are told that their child athlete is fine and will “get over it” because he’s just a kid. Soccer trauma, gymnastics injuries, and all the other trauma prone sports are creating a nation of “walking wounded child-athletes” who are only given ice and ibuprofen for their aches and pains. Very little attention is paid to the specific, discrete nature of their injuries that can be treated by competent manual medicine practitioners and/or acupuncturists. A child might present with headaches or neck pain that is the result of untreated ankle or lower back strains from past injuries. The athlete will keep compensating for their previous injury with altered posture and motion mechanics which will ultimately take them down a path of new injuries. Gaining the skills to diagnose and treat somatic dysfunctions as they occur in the child or adult proves rewarding to the patient and doctor alike. “An ounce of prevention is worth a pound of cure” and treating and resolving trauma in a timely fashion can restore function and prevent a lot of unnecessary pain and suffering down the road.

Trauma: An Osteopathic Approach authored by Jean-Pierre Barral D.O. and Alain Croiber D.O. is an outstanding text for exploring the varied depths and multi-dimensional consequences of trauma. “Nothing is forgotten”, “Nothing is isolated”, “Everything accumulates”, “Everything is recorded”, summarizes several critical concepts that are at the foundation of traditional osteopathic thought. All structures and tissues do not respond identically to the same given traumatic forces. The pre-existing state of the person’s mind/body/spirit influences the outcome of any traumatic event. Barral and Croiber describe in great detail the biomechanics and physics of trauma. Each system of the body is included in their analysis. Novel diagnosis and treatment procedures are presented for treating: cranial, dural, visceral, neural, vascular, and osteoarticular injuries. (Several of these modalities are presented in the powerpoint presentation).

Foundations for Integrative Musculoskeletal Medicine: An East-West Approach

authored by Alon Marcus D.O.M., L.Ac., D.A.A.P.M. is certainly one of the most comprehensive texts I've ever read regarding the musculoskeletal system. Dr. Marcus has done an amazing job of merging orthopaedic, neurological, and osteopathic principles of diagnosis and treatment with that of Chinese Medicine; both acupuncture and herbal medicine. A wonderful reference text for almost any clinical presentation in musculoskeletal medicine.

Book List

Principles of Manual Medicine Third Edition by Philip E. Greenman, D.O., F.A.A.O.

The Muscle Energy Manual :Vol. I, II, III by Fred Mitchell Jr. D.O., F.A.A.O.

Jones Strain and Counterstrain by Lawrence Jones D.O., F.A.A.O.

Applied Kinesiology : Synopsis 2nd Edition by David Walther D.C.

Functional Methods by William Johnston D.O., F.A.A.O.- Harry Friedman D.O.

The Fasciae by Serge Paoletti D.O.

Anatomy Trains by Thomas Myers

Visceral Manipulation 2nd Edition All by: Jean-Pierre Barral D.O.

Trauma: An Osteopathic Approach To Treatment

Manual Thermal Diagnosis

The Thorax

Urogenital Manipulation

Soft Tissue Manipulation All by: Leon Chaitow D.O.

Cranial Manipulation Theory and Practice

The Acupuncture Treatment of Pain

Fibromyalgia

An Osteopathic Approach To Diagnosis and Treatment

by: Eileen Di Giovanna D.O., F.A.A.O. , Stanley Schiowitz D.O., F.A.A.O.

Normalization of Muscle Function by Jay Danto D.O.

Cranial Sutures by Mark Pick D.C.

Osteopathy in the Cranial Field by Harold Magoun D.O.

Cranial-Sacral Therapy Vol. I and II by John Upledger D.O.

Robert Fulford, D.O. and the Philosopher Physician by Zachary Comeux D.O.

Finding Effective Acupuncture Points by Shudo Denmai

The Practice of Chinese Medicine by Giovanni Macioca C.Ac.

Homeopathic Therapeutics (Several Texts) by Jacques Jouanny M.D. et al

Handbook of the Bach Flower Remedies by Philip Chancellor

Textbook of Natural Medicine Vol. I and II by Pizzorno N.D. and Murray N.D.

Foundations of Nutritional Medicine All by: Melvyn Werbach M.D.

Nutritional Influences on Illness 2nd Edition

Third Line Medicine: Modern Treatment for Persistent Symptoms