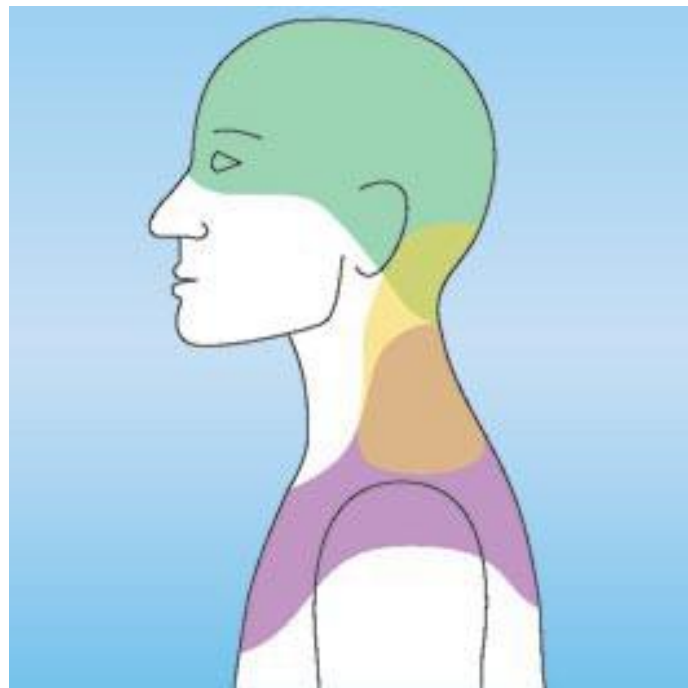


Whiplash - Treatment with Atlantomed



Pros and cons of a therapy that can solve the seemingly untreatable problems of a whiplash patient within 75 min.

Submitted to Mr Rene Grison Submitted by
Martina Moser

Brugg, 9 February 2007

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1 Introduction

1.1 Motivation

For three years I had to struggle with the consequences of whiplash. This time had a very strong impact on me, both physically and psychologically. I tried every therapy I heard about and finally found the solution to my problems in Atlantomed. Therefore, it was very natural for me to write about this topic, not least to reflect on this period of my life.

1.2 Question

With my work I would like to answer the question to what extent Atlantomed can help a whiplash patient. On the one hand, this method is very controversial and on the other hand, it is the only method that has helped me for a longer period of time.

2 What is whiplash?

2.1 My experiences (Part 1)

On 31 May 2003, when I was celebrating a colleague's birthday with friends, I fell harmlessly on the back of my head while dancing. A little later we arranged a race through a high meadow, and I fell a second time and hit the ground with my head turned to the right. After that I felt very different, I didn't feel any pain, but I felt like I was in a glass bell, cut off from the world around me. At that time I was still an apprentice decorator. In the week after the fall, my ability to concentrate diminished, I stumbled and bumped into objects more and more often and was mentally very absent. In addition, I had increasingly severe headaches. I couldn't go on like this, so I went to the doctor. He

diagnosed a whiplash injury and that one of my cervical vertebrae was dislocated, set it back into place and prescribed painkillers, a neck brace and incapacity to work for four weeks. When there was no clear improvement after this time, the subject of rehabilitation was raised, but my teaching business was not at all keen on this, so the subject was off the table. My health still did not improve, on the contrary, my everyday life was characterised by constant severe headaches and neck pain, so my doctor suggested physiotherapy treatment. But even this only improved my condition for a very short time (up to an hour after the treatment at most) or not at all. So I was sent from one physiotherapist to another but nowhere could I be helped. So I started looking on my own for therapies that would help whiplash patients. But even craniosacral therapy, acupuncture, magnetic field therapy, chiropractic, atlaslogy, infiltration of cortisone and taking antidepressants did not help me to get better in the long term. In the meantime, 2 years had passed when I was thoroughly examined again in the pain clinic in Nottwil. Full of hope, other promising therapies were tried, such as strong painkillers, a transcutaneous pulsed radiofrequency therapy (Trans. PRF), a TENS device for home use, psychiatric treatment and the infiltration of an anaesthetic. But even then I could not be helped. This went so far that my credibility sank, because some kind of therapy would have had to bring something. That's exactly the problem with a whiplash: you can't see it on a person's face. The doctors were at the end of their tether. Some said I should learn to live with it, others said I had psychological disorders, or they tried to get me better with very high doses of painkillers. But I did not want this any more. I had almost given up hope of a normal life when I saw a flyer about Atlantomed. With little optimism, I registered for an appointment, because I didn't want to leave anything untried...

2.2 Cause

A whiplash injury is also known as craniocervical acceleration trauma, cervical spine distortion or distortion trauma. In most cases, such a trauma is caused by a rear-end collision, but it can also be triggered by an actually trivial fall. "Whiplash injury" is not a diagnosis but actually describes the mechanism of the accident. Translated from the English (whiplash injury), this means whiplash syndrome. The first thing that happens is that the spine is stretched out (ramping), but the head pushes downwards (moment of inertia) and the vertebrae are compressed (distortion). Only after a few milliseconds, during which various other forces act on the already weakened spine, does the impact acceleration change into a forward movement for the occupants. The upper body of the occupants is held back by the safety belt, while the head wants to shoot forward. This injures various structures of the neck, such as muscles, ligaments, discs, cervical vertebrae and cervical joints.

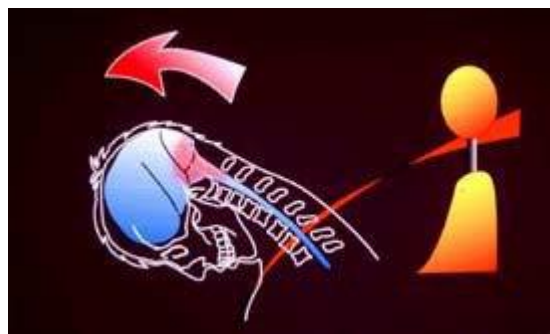


Fig.1 Sequence of the whiplash movement

2.3 Symptoms

The symptoms usually appear with a delay of between 0 and 72 hours and can be very wide-ranging. These are the most common symptoms:

- Severe muscle tension in the neck and throat muscles
- Headache and neck pain
- Dizziness
- Hearing and vision disorders
- Sleep disorders
- Feeling of weakness
- Pain and/or discomfort in the face and arms
- Gait unsteadiness
- Muscle dysfunction
- Spasms

2.4 Problem

On the one hand, the problem is that whiplash is very difficult to prove. For example, it is not possible to prove that it is a fracture on the basis of an X-ray, as is the case with a bone fracture, because the injury is usually not visible anatomically. On the other hand, it is because of this multitude of symptoms that it may well be other diseases. In the case of a whiplash injury, the focus is placed on the cause of the accident, which in turn makes it easier to claim a whiplash injury in order to collect insurance money.

2.5 Treatment methods

A whiplash injury cannot be seen on the outside of a person. Therefore, the doctor must be able to rely on the patient's statements. The correct diagnosis is the first and most important step. Whiplash injuries have not yet been scientifically proven in the field of orthodox medicine. The only thing that can be determined is a soft tissue injury in the upper spinal area and minor overstretching etc. of the ligament and muscle apparatus. In contrast to a fracture of the leg, which is clearly visible, there is no predefined healing process for a whiplash injury. Thus, there is a very large number of possibilities in the conventional as well as in the alternative medical field.

- Neck brace
- Medicines
- Physiotherapy
- Local infiltration
- Chiropractic
- Acupuncture
- Atlaslogy
- Craniosacral therapy
- Etc.

2.6 Statistics

Every year, 5,383 cases of whiplash are reported to the UVG, 92% of which are caused by non-occupational accidents. The average age of such a patient is 33.9 years. 56% of them are women.

2.7 Costs

Whiplash injuries cost the UVG CHF 18,382,945 per year, i.e. CHF 3,415 per patient on average. The treatment costs range from less than CHF 96 (approx. 10%) to more than CHF 6,475 (approx. 10%). This latter 10% accounts for 72% of the total costs. The average number of days compensated is 56.5.

3 Atlantomed

Atlantomed is a natural treatment method that stimulates the body to heal itself and is also often used prophylactically to prevent age-related complaints.

3.1 Emergence of the method

3.1.1 Chiropractic

In the 1930s, Barlett Joshua Palmer (1882 - 1961), a chiropractor from the USA, developed the "Hole - in- One" treatment. In his opinion, the origin of all musculoskeletal disorders and the complaints they cause lies in a misalignment of the atlas. Due to the subluxation of the atlas, the opening through two vertebral bodies is physically reduced, as there is an oval hole in the middle of the atlas and the C1 vertebra.

As a result, the spinal cord, various cranial nerves as well as other nerves that pass through this point are exposed to permanent pressure and their function is disturbed. B. J. Palmer also made the discovery that there is an inner innate wisdom in the human being (Innate Intelligence) which controls all life processes (function, production and regeneration) and thus makes the body capable of regenerating itself. Dr. Claude Super- saxo explains the treatment as follows: "A special feature of the "Hole- in-

One" consists of working with a special treatment table on which the patient is positioned in a lateral position. The head part of this table bounces during treatment, at the impulse that the chiropractor gives to the atlas. This facilitates finely dosed lateral manipulation of the cervical spine. While many manipulations require the chiropractor to apply a certain amount of stretch to the joint, the Hole-in-One releases it without stretching." After the atlas has been brought back into the position intended by nature, the self-healing process in the body begins.



Fig. 2 Chiropractor at work

3.1.2 Vitalogy

Dr Peter Huggler studied chiropractic at Palmer College in Davenport/USA from 1960 to 1963. There he learned the Hole-in-One technique and brought it with him to Switzerland. Soon afterwards, however, he was excluded from the professional association of Swiss chiropractors. So he simply called himself a vitalogist or vitalog instead of a chiropractor and in 1987 he founded the Association of Certified Vitalogists/Vitalogens and had the name Vitalogy ~~put~~. He explains the work of a vitalogist as follows: "The vitalogist specialises exclusively in locating vertebral subluxations (vertebral displacements) in the upper cervical spine (atlas and axis) and carrying out specific adjustments (treatment with the hand) to remedy subluxations. The vertebral displacement is said to cause nerve disturbances that lead to

pain, illness and premature death". (Excerpt from the foundation charter). Dr. P. Huggler trained other vitalogists at weekend courses for a few thousand francs, who did not have to have any previous medical training. After a patient complained, the Department of Health took action and, after a thorough examination, banned vitalogists from practising. The main reason for this is that this technique is "clearly a manual intervention in the sense of chiropractic" and may therefore only be carried out after an exact diagnosis and by qualified specialists such as doctors or chiropractors. Today, vitalogy is prohibited in some Swiss cantons.



Fig. 3 Vitalogist adjusting

3.1.3 Atlasprofilax

After René-Claudius Schümperli had suffered for years from the consequences of an atlas luxation, he underwent the vitalogy treatment of Dr. P. Huggler. This method convinced him and so he trained as a vitalogist in 1993.

But the symptoms disappeared with him, as with his patients, only for a short time. Many sessions were necessary at short intervals to help the patients. R. C. Schümperli therefore looked for a way to bring the atlas into the correct position for a longer period of time. He found this and published it under the name Atlasprofilax. R. C. Schümperli does not give any information about the practical application of the Atlasprofilax technique and also obliges the "Atlasprof" trained by him to remain silent, because

"The risk of imitation by unqualified persons is too great".

It is clear that he performs the treatment, which is based on the same principle as vitality, with the help of a device instead of the bare hand. However, the patients are not allowed to look at it.



Fig. 4 Dislocated atlas

3.1.4 Atlantomed

The inventor of the Atlantomed method learned the Atlasprofilax method from René Claudius Schümperli and developed it further under the name Atlantomed. The principle of the two methods is similar, the difference is that Atlantomed uses a more exact measuring method to record malpositions, a more efficient optimised treatment device and uses questionnaires to get a picture of the patient's change in health.

3.2 Philosophy

The inventor of the Atlantomed method assumes, as did R. C. Schümperli, P. Huggler and B.J. Palmer before him, that in almost all people the atlas has not been in the naturally intended position since birth. As a result, the cross-section of the skull hole and the spinal canal is reduced. As a result, the spinal cord, some cranial nerves, the vertebral arteries and lymphatic channels are under permanent pressure. However, it also causes a poor posture of the body, which is counteracted by muscle compensation. This can have various effects on the body. Often the symptoms only appear over time, in old age, but most often as a result of an accident.

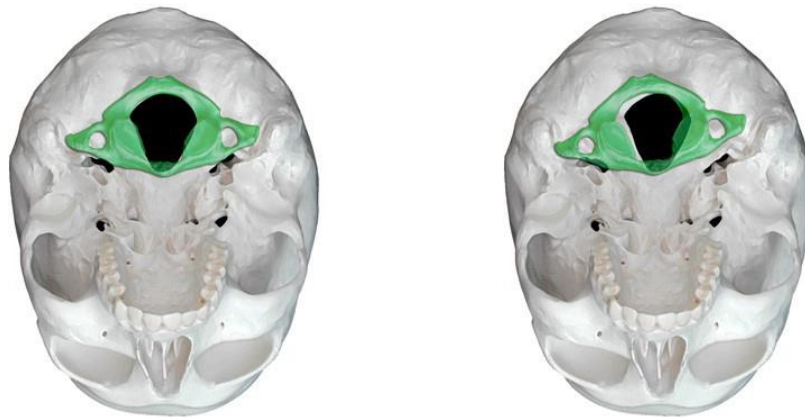


Fig. 5 Position of the atlas correct on the left, incorrect on the right

3.3 Treatment method

First, a health questionnaire is filled out with questions about general well-being, headaches, tension, back pain, other joint pain, etc. The patient then stands on a kind of scale, i.e. one scale per foot, so that one can see how much weight the individual foot is carrying. Then the patient stands on a kind of scale, i.e. one scale per foot, so that you can see how much weight each foot is carrying. The patient stands on a marker on the floor, against a wall marked with lines, with his upper body exposed. The therapist takes a photo of the patient's back and neck. A second photograph is taken when the patient sits on a stool against a wall and turns his head as far as possible once to the right and once to the left. The therapist needs these photographs to see whether and how the therapy has worked on the patient, and thus represents the better measuring method mentioned above. The patient sits on a stool in front of the therapist. The therapist feels the upper cervical vertebrae until he finds the position of the atlas. The therapist notices that the atlas is in an oblique position by feeling the atlas process at the level of the atlas on one side and not on the other side; it is possible to press much deeper. Then the actual therapy begins. With the help of a machine that vibrates very quickly, the therapist can relax the muscle strand so much for a short moment that it becomes slack and the atlas vertebra can return to its naturally intended position. As soon as the vibratory

Once the device is gone, the muscle cord hardens again so firmly that the atlas vertebra can no longer move out of its natural position by itself. After a half-hour massage, photos are taken again with the same conditions as before the treatment. And in order to prove the changes to the patient immediately after the treatment, the patient can stand on the two scales again and will certainly notice a change in the weight difference. The whole treatment takes about one hour. Usually the patient has a second appointment with the therapist about one month after the treatment. This is a kind of follow-up, where the therapist checks the position of the atlas again, takes photographs a third time and the patient fills out the same questionnaire as at the beginning, except with a different colour. After this, the treatment with an Atlantomed therapist is complete. From then on the body is able to heal itself, to regenerate. The improvement brought about by this method cannot be felt immediately after the treatment, it only comes gradually. Only the exterior shows an improved posture and an easier turning movement of the head after a short time.



Fig. 6 Maximum left rotation of the head, left before, right two weeks after treatment.



Fig. 7 Change in posture, left before, right two weeks after therapy

3.4 Treatment mechanism

The aim of the treatment is to relax the neck muscles in order to reach the atlas. To do this, the therapist uses a massage device that Atlantomed has developed. It is a stick with a rubber tip that vibrates at a certain frequency. This loosens adhesions in the muscle and promotes blood circulation.

As soon as the patient's deep neck muscles are sufficiently relaxed, the therapist applies light pressure to the atlas. This allows the atlas to move into the right position.

The neck muscles are pushed into the correct position. When this is done, the therapist releases the neck muscles so that they can harden again normally.

3.4.1 Building the muscles

In order to understand the treatment mechanism, one first needs an insight into the structure of the musculature. A muscle consists of many muscle fibre bundles, which are made up of muscle fibres. Muscle fibres are also called quadripartite supercells (approx. 0.1mm thick and up to 100mm long) because they are formed from fused single cells. They are composed of several hundred myofibrils, the so-called chemical motor, and these in turn are composed of two myofilaments of different thickness. The thicker ones consist of the protein myosin and the thinner ones of the proteins actin and tropomyosin. Each myofibril is divided into sections by the Z-disc. These sections are called sarcomeres, have a length of about 2-3 μm and represent the working units. A sarcomere consists of the A band, the I band and the H zone. The I-band is bright and on both sides of the Z-disc. It contains only actin filaments. Actin and myosin filaments overlap in the dark A-band and only myosin filaments are found in the H-zone.

For a muscle contraction, the brain sends the corresponding information to several muscle fibres simultaneously. Excitatory transmitter substances (acetylcholine) are released from the nerve fibres in the motor end plates. This produces a short-lasting connection between myosin and actin filaments, in which the actin filaments slide between the myosin filaments. The result is a shortening of the muscle.

Muscles can only actively contract. They are stretched by their respective antagonist, the opponent.

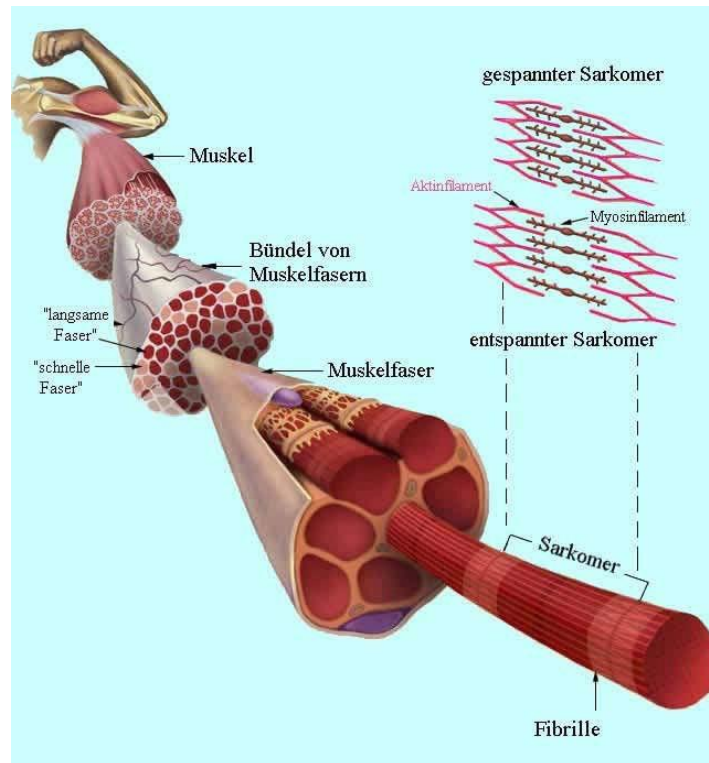


Fig. 8 Structure of the muscle

3.4.2 Massage

During a massage, the stimulus emanating from the touch first meets the sensitive nerve endings. Via the peripheral nerve pathways, the stimulus is conducted to the spinal cord and on to the brain of the body's sensory sphere. In the nerve centres (spinal cord and brain), all external stimuli acting on the body are processed and trigger adjustments through nervous connections. In the case of a massage, these indirectly give the muscle the information to relax. As mentioned above, a muscle cannot relax actively. It needs its antagonist for this, but this would not cause complete relaxation. Therefore, during a massage, the pressure, the force of the therapist takes over the function of the antagonist.

The vibration of the device enhances this effect.



Fig. 9 Back massage

3.5 My experiences (Part 2)

After a long odyssey from doctor to doctor to therapist, I finally found Atlantomed, as described in chapter 2.1 My experiences (part 1).

After the treatment, as explained in chapter 3.3 Treatment method, I immediately felt much lighter. My head suddenly moved with amazing ease. Nevertheless, I remained sceptical and did not really trust it. It was only when I went to a concert the following weekend and tried to move very carefully at first and later more and more courageously that I noticed that I no longer felt any pain in my neck. I started jumping around in the air, actually just to find the expected limit, but in the end just out of pure joy to finally, after 3 years, be able to move practically pain-free.

A lot has changed in my life again. Simple things like carrying a backpack or shoulder bag, riding a bicycle, climbing stairs and dancing. Everything suddenly became much easier. The headaches are now mostly in the mornings instead of all the time. All in all, this therapy has given me the strength and energy that I was missing before. I became a piece of the "al-
te" Martina.

3.6 Interview with Ms Monika Jutzi (Atlantomed patient)



Fig. 10 Ms M. Jutzi

1. *When and how did you get whiplash?*

In 1988, an oncoming car hit my car head-on. I was thrown into the seatbelts with quite a bit of force.

2. *What treatment measures have been undertaken in your case?*

At the time, my doctor was a bit perplexed and prescribed therapy. Massage, ultrasound and gymnastics.

3. *Why did you decide to undergo treatment with Atlantomed?*

The leaflet was on top of the counter in the drugstore and I read it through. At the time I thought, well, it certainly wouldn't do any harm even if it didn't help.

4. *Can you describe how you felt during the time you had whiplash?*

In the beginning I had memory lapses. I thought I had early Alzheimer's. I had to write everything down at work or I wouldn't remember what my boss had just told me when I left his office. After about 2

This condition improved over the years, but the pain was always there. Stiffness of the back up to complete restriction of movement. In the car, I always had to turn around completely because I could no longer turn my head all the way to the left. If I lifted anything heavier than about 5 kg, I got a "pinch" and the pain started all over again.

5. How does your well-being look after the treatment with Atlantomed in contrast to before? How has it changed?

As soon as I came out of the treatment room, I felt uplifted. My jaw felt like it was no longer there, such a lightness.

Now I can twist and turn again and have no more pain. The pain in my back is also gone. I can work in the garden without having to stop after 1/2 hour. I don't do certain things any more (carrying up rubbish bags etc.) but that has nothing to do with my health, I'm happy to let others do it. It was just a joke.

4. Conclusion

4.1 Summary of the results

Whether Atlantomed can really help a patient with whiplash is highly controversial. On the one hand, this is because there is no medically substantiated evidence for the success of this therapy. In addition, according to Dr. Hj. Leu, it is rather unlikely that the atlas can be brought into the correct position by "such simple means", since from a purely anatomical point of view it is almost impossible to get to the atlas. Too many experiences that have already been made in this area speak for this. On the other hand, the many successes that Atlantomed has had with whiplash patients speak for its effect.

On the basis of two x-rays that I had taken before and after treatment with Atlantomed, I can say that there was no improvement in the position of my atlas. However, this does not mean that this is never the case, because a comprehensive study on this subject would be needed to confirm this.

Although there has been no change in the position of the atlas, I feel much better than before.

Note by the inventor of the Atlantomed method:

The exact position of the atlas in relation to the base of the skull is NOT visible on an X-ray image. It is not possible to detect a three-dimensional malposition on a two-dimensional image. A reliable before and after comparison can only be made with a CT image with the smallest possible grid. This fact is known to every doctor, but because they are trained to look for and recognise other problems, the misalignment of the vertebrae is not considered and is not seen as a possible cause of complaints.

None of the many treatments I had tried had such a comparable and long-lasting success. So what is the reason? On the one hand, the previous massage alone may have triggered a resounding success. Most whiplash patients have very tense neck muscles, which can lead to headaches and neck pain. If the blood circulation is promoted and the neck muscles are relaxed, some things can improve very significantly. The other possibility would be that the positively treated whiplash injuries were psychosomatic and that the problems were helped purely by the therapist's attention, by the therapist believing in you and, of course, by you believing in it yourself. Finally, I can only say that as long as there are no studies that scientifically prove whether the theory of Atlantomed works or not, the main thing is that it has helped people to return to their old, pain-free life, no matter how.

4.2 Reflection of the procedure

The difficulty in this topic was that the matter is very difficult to grasp. There is neither scientific evidence nor specialist literature on the subject of Atlantomed. It was very exciting to find out whether and how exactly this method works. Especially in the conversation with Dr. Leu and the possibility to take an X-ray as possible proof. The most exciting thing was what was going on inside me while I was writing this paper. At the beginning I was very convinced about the effect of Atlantomed. Later, doubts arose as to whether my pain was only imagined or whether even the improvement was a sensory illusion. I was no longer sure whether I should feel ripped off, but on the other hand this treatment, unlike the many others, only cost a fraction of it and above all I feel better. In the end, I can say that although my atlas hasn't moved, I still feel much better and that's the main thing.

Note by the inventor of the Atlantomed method:

It is alarming that a doctor tries to convince a patient who reports an extreme improvement in her health that she is only imagining the improvement. Martina Moser's atlas was undoubtedly brought into the correct position by the treatment and this is also the reason for her recovery process.

5. Appendix

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5.3 Interviews

5.3.1 Interview with the inventor of the Atlantomed method

1. *What is Atlantomed? (Please explain in 1 - 2 sentences)*

Atlantomed is a method that allows the correction of the atlas, which in most people is already crooked since birth.

2. In your opinion, the atlas has been outside its natural position since birth. How do you explain that?

There are various theories, but it is impossible to say why this is the case. It could be that it comes from birth, because the head is first bent on both sides. But that would not explain why most people have their atlas twisted to the same side. With a Kaiser-cut birth, the atlas is also skewed. I have done research on about 1000 people. So I already have some statistics on that. I have also seen that various things that Mr. Schümperli has done or said are not correct. Parents who have the atlas straightened or had it straightened still have their children's atlas crooked. And so you can't say that it's hereditary or something.

3. And why is the atlas twisted to the same side in practically all the people examined?

I cannot answer this question exactly. I have found cases where the atlas was tilted to the other side, or rotated strongly forwards or backwards, but most of them are still tilted to one side. Maybe it's because of the position of the foetus in the womb or something, but as I said, I can't explain it.

4. What happens in the event of an accident with the atlas?

If it is straight, it stays straight, if it is crooked, it can move to an even more crooked position.

5. How can you help whiplash patients?

They can be helped very well, most have had very big improvements. I have now received a letter from the Whiplash Association, because they are looking for therapists who have successfully dealt with the subject of whiplash treatment, so that they can refer patients to them.

6. Please explain the difference between conventional medical treatments and Atlantomed.

Until today, medicine, not only orthodox medicine, but also others, have not yet managed to correct the atlas. Because orthodox doctors either perform an operation or prescribe medication. Medicine can't do much. Other therapists, such as chiropractors, try to adjust the atlas by jerkily turning the head. The axis is very mobile but the atlas does not move. You can't get to the first vertebra. There are many osteopaths, masseurs and many others who try to do something. There is atlasology, but it can only bring the atlas into the right position for a short time. But there are also people whose atlas is so deformed that it can no longer be corrected. Because the atlas has been crooked for so many years, it has become completely crooked or deformed itself. Then you can no longer move it. It has already adapted in such a way that it would not stay in the new position.

7. Is the Atlantomed treatment covered by health insurance?

Every now and then, the supplementary insurance pays half or even more. It varies greatly. It takes some time until the method is recognised and known.

8. How many whiplash patients have you successfully treated?

Every now and then there is someone who has not shown any improvement, but that is only a few. Especially people who are very depressed are already so affected that even if you change something, they don't feel better.

5.3.2 Interview with Dr Hansjürg Leu

1. How do you treat a whiplash patient? How do you proceed? Where do you refer them?

It depends on the stage, when he comes to me. I am usually not confronted with the accident directly. They are referred by the family doctor who first looks at the patient, takes x-rays, etc., and only then, if nothing improves, are they sent to me. When a new patient comes in, the first thing to do is to take a protocol from the insurance company, record symptoms such as dizziness, etc., and x-rays to rule out fractures. It is certainly also useful to do an MRI (magnetic resonance imaging) at an early stage to clarify whether there is already an earlier degenerative state of wear and tear, in order to clarify insurance questions. Basically, the first thing to do is to make a clean diagnosis, give painkillers systematically, then take further clarifications and refer the patient to a neurologist or a physiotherapist, for example. The difficulty is that there is no simple specific treatment that can be used in every case.

2. Why are there individual whiplash cases that cannot be treated successfully for years?

It is generally assumed that physical injuries caused by accidents, such as muscle overstretching, bone and ligament injuries, heal within 6-7 months. This means that the complaints that remain until then can be caused by the defect or by scarring, which causes pain. Then there are a large number of patients in whom chronicity of the pain, i.e. independent of the primary injury, plays a significant role. After 1-2 years, a multidisciplinary assessment is certainly advisable.

3. Can you make a muscle strand relax by vibrating it? How does that work?

Yes, you can certainly do that. Vibration naturally stretches and relieves the muscle for a short time. In principle, it loosens the muscle units, the so-called sarcolemma, which interlock. It works like when you have a rusty lock and you jiggle it back and forth until it loosens. As soon as there is scarring, it is no longer of any use, but in a fresh phase, when there are not too many destroyed areas, it is certainly of use. It's like a kind of massage that promotes blood circulation, so that the harmful substances can be better removed. These are the non-specific mechanical measures. It is possible that in individual cases it is not the sarcolemma in an advanced stage that reacts, but it is simply the indirect effect of improved blood circulation, as well as heat or a general massage. In the end, this is difficult to say in individual cases.

4. What do you think of Atlantomed's theory?

That is very difficult to say, in individual cases one often does not have the possibility to assess the condition before the event. These are very often young, healthy people who have hardly ever been to a doctor and have not been diagnosed before.

have made an analysis of their anatomy. So it is very difficult to say what is already predetermined by nature and what may be accidental. This makes the whole thing a bit relative, because there are no studies that could prove something like this on a large scale. It is a theory and theories are all possible. Two theories are often more correct than one, because they are different aspects of reality. What reality itself is, no single theory can ultimately confirm. There may be cases where it is true, but there are also cases where it is not. But I can't say whether this would be something, whereas one can say that this is clearly true and that it is comprehensible, due to known anatomical facts. All theories have to try to explain something where otherwise one would have difficulties. And then they cling to some aspect that may also be true in individual cases. But you can't generalise like that. That is where the fuzziness of these theories lies.

5. Is it possible to correct the atlas, to return it to its naturally intended position?

That is certainly a high goal. Whether this is achieved in an individual case cannot be expected directly from a purely anatomical point of view, because one also has difficulties,

z. For example, it is not possible to carry out certain corrections purely from the approach, as everything is so tightly covered by the musculature. But there may be cases where small movements by loosening the tissue structures can bring the whole thing back into harmony and thus bring a vertebral displacement back into balance. But to bring back the atlas with such simple means when ligaments are misaligned and adjustment processes have taken place over the years is contrary to the experience that has already been made in this area. So simply correcting long-standing misalignments is rather a high goal, I would think.

5.4 Test

If you turn your head as far as possible and straight to one side, the green axis must be parallel to the red axis. If this is the case, the atlas is in the correct position.

