

## Whiplash, cervical pain, nausea, migraine...

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"After a whiplash, I got worse", a patient says.

In this article we will deal with cervical issues but also with those pains, often connected one to another, that consequently affect cranium, eyes, and cause nausea, stomachache and daze.

Our rachis is particularly fragile in the cervical segment and under certain circumstances (stress, anxiety, small traumas, etc.) can cause relevant problems. A whiplash would affect this situation, making it even more complex.

Before describing a case that particularly suits to this article, among all those patients suffering from whiplash, I would like to make all aspects of this research clear. As kinesiologist and posturologist, I always consider patients under several perspectives: I look at their body movement's limit (kinesiology perspective), at their structure's functional alterations (posturology perspective) and also at their functional and structural recovery (physical therapy and posturology perspectives).

The combination of these perspectives enables me to be a more critical and objective observer; it is an advantage and I therefore have more chances of having good results.

As I already mentioned in previous articles, patients should be always observed in a multidimensional way, instead of a bi-dimensional one. They are not only a bunch of bones and muscles put together with the aim of moving, eating, sleeping and so on (anatomical perspective), but they also activate some automatic inner reactions that grant them a better survival, such as antalgic mechanisms.

Automatic antalgic mechanisms are adopted by our body to relieve it from pain: it bends and twists. It becomes rigid and does not flex anymore, so it does not suffer, at least in the present.

However, this system is relatively efficient and in the long term twists and adopted adaptive postures will lead to a price to pay, because those negative adaptive postures wears out other body parts. A painful ankle is a very common example, since when it is not used because of the pain, it overloads the other ankle and the hip. This is why making pain disappear is not enough: pain must leave the body, but

under certain circumstances and following precise steps. Morphine can make pain disappear too, but this does not mean the pain's problem is solved only because temporarily anesthetized!

Furthermore, emotions and moods' dimension are involved as well: it is known nowadays that a negative and persistent emotional condition (e.g. sadness, worry, discomfort, workplace antagonism, lack of self-confidence, a friend's or family's loss, inferiority complex, etc.) can alter a biologic, hormonal, digestive or neurotransmitters' system; as final consequence this leads to pathologies, including pain in the muscular-skeletal system. Further elements should be considered from a postural perspective: information systems like tongue, eyes, teeth, temporomandibular joint, vestibule, ear, foot, skin, intestine, etc., can alter posture.

Posturology, "a cross branch of medicine", has tried to broaden knowledge about the connections between different information systems and our health over the years. Everything is connected with everything in a person, and each single part (thoughts, emotions, body and each body district) affects the rest! This is the reason why if a traumatic event like the whiplash happens to an already suffering person, the problem is more complex. Normally it is possible to relieve from the pain in any pathology, using good technique, being perseverant and professional, and especially helping the person as soon as possible.



I am going to show you my patient's case. Luca, 27-year-old teacher, arrived to my studio in November 2004, with the neck blocked and some annoying migraines that, from time to time, did not let him hold his classes. While collecting data I was told that a month and a half earlier he was involved in a bad car accident and that he had worn a collar for 2 or 3 days due to the neck trauma. After a postural analysis and kinesiology tests a limited right-left neck rotation forced by tensions and pain was observed.

His neck was squeezed between tensed and short muscles. By the way, it is widely known today that neck muscles tensions, disc compressions and nerve roots compressions are closely related to each other and can generate many different problems to the head and other body parts when compressions affect the spinal cord. As a matter of fact, the whole communication system from head to feet flows through the cervical spinal cord (neck area)! In some cases, a protrusion, hernia or maybe just a constant cord pressure can hurt legs, back, organs, arms, head and all its delicate and complex functions.

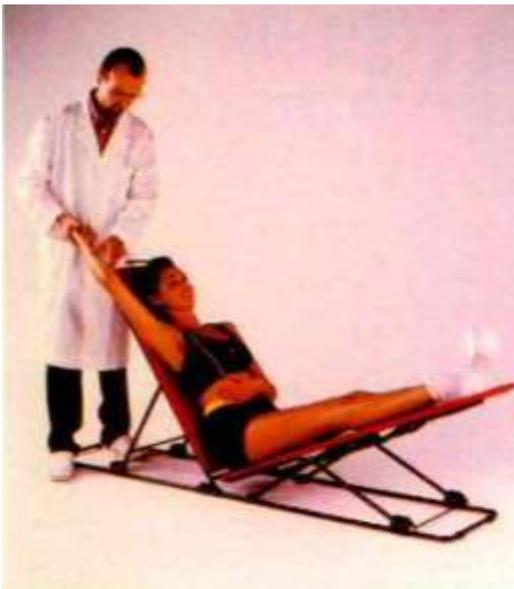
Many patients who experienced a bad whiplash, in fact, present various reactions: headache, migraine, dizziness, daze, amnesia, tiredness, insomnia, partial memory loss, absence, face and arms paresthesia, irritability and restlessness and so on.

Luca, besides his neck issue that cause him annoying headache, also suffered from nausea, pain in his eyes (especially in the morning) and painful tensions in the back side of his legs and back.

Considering the delicate situation, the first few sessions were extremely light and aimed at improve muscular tensions through relaxation and breathing exercises, without forgetting muscular chains. All relaxation, breathing and muscular stretching work was done in global non-compensated posture.

Luca immediately felt a bit better, which led us to positive expectations for the following sessions, focused on back and lumbar muscles stretching. Neck could not be treated yet, being it very delicate and subject to possible negative reactions.

We were on a valid track, since the patient was starting to feel better already: headache was slowly disappearing; sunlight was not annoying him as it used to and he felt lighter. Luca really wanted to continue the therapy.



On the seventh or eighth session the patient's conditions allowed me to work on his neck: by cervical palpation it was evident that the vertebrae were not in line and that there was an alignment of the curvature where the curve itself diverts. This piece of information is extremely important and must be seriously considered: curves diversions due to antalgic contracture can end up causing protrusions and herniated discs.

Luca talked about a drastic change after the first two or three days, but neck ache was still there in the following days, even if less painful. The therapy was good but it was too soon. For this reason during the following sessions we

concentrated on the breathing with a less invasive method aimed at making the patient aware of his neck ache through a special breathing technique.

After every trauma our body reacts with tensions and blocks in our diaphragm (main muscle of breathing, located between stomach and chest). When this situation is stable, it causes neck issues because of further breathing muscles (located in the neck, in fact).

Basically it means that if the diaphragm is blocked, even partially, we can breathe through neck muscles. This can be tolerated for a few hours or a few days at longest, but these tensions become permanent if the situation lasts longer. This way the neck (vertebrae) remains tense and blocked, victim of his own muscles. Over the years this condition can cause arthrosis. The adopted therapeutic

approach led to a 20% improvement, and the neck was finally ready to be treated deeply, and this is what we did.

Luca arrived to the following session with a big smile: “Here we go!”

He was very happy when he told me that he had never felt dizzy in the morning the week after the treatment and that he had managed to hold his classes at university; meanwhile, his body flexibility improved, too.

The following four sessions were held similarly: Luca improved visibly, and felt much freer, in fact on his fifteenth session he managed to touch the ground with his fingers at his own surprise (he used to be able to bend down to 30 cm from the floor)!

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