Treatment Points Toward an End to Chronic Pain

After she was rear-ended in a car accident 10 years ago, Patricia Powick tried everything to alleviate the constant pain that seared her back: massage, chiropractic care, exercise, and yoga, to name a few strategies. Although these helped the Port Coquitlam woman temporarily, these helped the pain from back, temp­orarily, these helped the pain.

For all changed after I began seeing in a clinic, and looking for a dramatic effect. I had a back for years, and grew up with scoliosis," Powick, 70, told the Straight in a phone interview. "It was so bad I was as tight as a fiddle string. I was like an addict looking for a fix. I heard about Dr. Gunn's clinic, and I was desperate. I thought, 'I'd like a release before I die.' When I was treated at the clinic, I could have melted like a puddle on the floor."

She said that before her three visits, a day or two working in her garden or even sleeping on her stomach would leave her in pain. Now, she's able to function fully and hasn't been back to the clinic since. "I had been doing all the right things, but I always had this pain. Now I feel as if I've been given my life back."

IMS can be described as an advanced form of acupuncture, though Gunn says it is much more complex than that. It differs from acupuncture in that it requires a medical examination and diagnosis, and a knowledge of anatomy and neurophysiology on the part of the practitioner. The treatment involves using needles to target injured muscles that have become shortened from distress. Pain can arise not only in the affected muscle itself but also, because of the resulting stress, in surround­

ing muscles. Frustrated by the generally unsatisfactory results when people using conventional physical therapies for chronic pain, he began studying cases of those who had back pain but no obvious signs of injury. He then studied people with tennis elbow and found that pain relief came from treating the neck, not the elbow. A pattern began to emerge: people who had pain had subtle signs of peripheral nerve involvement. Instead of presuming pain to be a signal of tissue damage, he said, IMS blames pain on irritable nerves where there is a disturbed function and supersensitivity in the peripheral nervous system. This category of pain is called neuropathic pain.

His theories were based on the research of Walter Cannon, a doctor in the '30s and '40s who proposed a law of supersensitivity whereby the body's structures, including muscles, can become hyperactive when deprived of stimulating impulses delivered via the nerves. The most common cause of nerve irritation and neuropathic pain is spondylosis, or degeneration in the spine, which can be the result of normal wear and tear.

Around the time that he began exploring chronic pain, Gunn also became interested in acupuncture. What especially intrigued him was that most acupuncture points correspond to what he calls "neuroanatomic entities", such as muscle motor points. So he tested "dry needling", the injection of a thin needle at muscle motor points, to posi­tive effect. (In some cases, he also uses a low-intensity electric current.) The needling causes the abnormal muscle shortening to intensify and then release. When the muscle grasps the needle, it might feel like a muscle cramp or charley horse. But he said patients call it a "good" pain because it doesn't last long and is followed by a feeling of relief and relaxation.

He said the intramuscular-stimulation technique helps many unrelated pain syndromes, from headaches and lower-back pain to tennis elbow, fibromyalgia, and whiplash. The effects of IMS are cumulative, he added. Treatments are usually once a week, and the number of treatments depends on the extent of the condition. More information is on the clinic's Web site at www.istop.org/.

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