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## A story of pain, success and hope

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My story began in 4<sup>th</sup> year medical school when I opted to write my Clinical Medicine essay on Pain Management. I studied the Analgesic Ladder and wrote up my findings which were to form the basis of all pain medication treatments in my medical career. Later in residency I was perplexed when my esteemed Geriatric physician mentor was unable to explain why elderly patients had frequent painful legs on palpation. No answer to such a common finding, I wondered why? I decided to study acupuncture in my post-graduate years and integrate this service into my Family Practice like many other colleagues in the North-East Scotland where I was raised, trained and worked. I completed my Diploma in Medical Acupuncture (UK) course with an audit of 100 patients with 70-80% success rates of good to excellent responses for a range of MSK conditions and others like sinusitis, smoking cessation, anxiety and nausea. I was asked to repeat my audit to prove my findings. I guess they didn't believe me!

In 2002 I attended the World Congress Conference on Acupuncture in Edinburgh. I was fascinated by the lecture on Intra-Muscular Stimulation (IMS) by Dr. C. Chan Gunn, a Vancouver GP who described a mechanism of MSK pain being primarily secondary to muscle shortening and treatment with dry needling into painful myofascial bands which were subsequently released and the patients' pain resolved. His theory was backed up with years of research, a successful run private clinic in Vancouver, a Professorship at the University of Washington, the Order of Canada Award for his achievements in Pain Medicine and the top prize in North America for pain management.

I completed a second audit of 100 cases while studying the IMS manual of research articles and incorporated the IMS technique into my regular family practice during a 6 month locum in New Zealand. My second audit demonstrated 70-80% success and later I was awarded my Diploma.



Family medicine in BC started in 2003; I completed the IMS course with Dr. Gunn and discovered the long lost theory of Cannon and Rosenblueths' Law of Denervation Hypersensitivity 1949. Who was Cannon? He was a past Harvard Physiology Prof who discovered "Homeostasis" and "The Fight Fright response", both fundamental principles we all recognize in modern medicine today. Unfortunately his work on damaged hypersensitive nerves on rodents was never published and lay dormant until Dr Gunn was researching his theory behind chronic pain patients. The clinical findings documented by Dr. Gunn were:

1. Painful shorted muscle bands (common finding in pain patients over 30)
2. Trophic skin changes of trophedema (Q tip pressure finding – e.g. creases in the neck showing underlying spondylosis)
3. Temperature change – hot or cold (secondary to vasomotor changes)
4. Pilo-erections (rarely seen).

For over a decade I have practiced a combination of medical acupuncture and IMS. Daily, I treat patients with a similar response rate, both from my own list and referrals from local colleagues. Rarely do I here of myofascial pain syndrome treatment at pain conferences. The focus is rather on a multimodal approach to pain management, including medications; central hypersensitivity and neuroplasticity changes with mindful meditation; yoga; stretching, core strengthening exercises and aerobic exercises; CBT, distraction, and "return to work" therapy. I agree with all these modalities each having their role in chronic pain management, but one missing link is the *painful muscle band* that is easily released by an acupuncture needle, or a trigger point injection. You can't see the tight myofascial band on a CT scan or MRI, but the good old clinical exam of palpating tender muscles allows you to feel it. Amazingly when you needle these muscle bands the acupuncture needles may bend up to 120° from the muscle contraction and release with the characteristic "jump response" experienced by the patient. It is a painful treatment with good long lasting results.

I typically treat patients for 4-6 weekly treatments and occasional later top up treatments. These treatments are carried regularly in BC and Alberta by physios trained at the iSTOP centre in Vancouver (iSTOP.org). The IMS treatment is widely recognized across the globe as shown on the website. I am so grateful to offer a simple treatment to many pain patients with success.

I found the answer to the geriatric patient with painful legs; it

is most likely the nerves behaving badly with denervation hypersensitivity, central sensitivity and the aging process.

That's my story of pain, success and hope for patients.

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