

“Dr. Gunn has been a key figure in the recognition and treatment of the widespread painful condition of soft tissue rheumatism. He deserves great credit for his classical clinical description of this syndrome.”

– Professor Patrick Wall FRS, DM, FRCP

“Trained in traditional Western medicine, I was somewhat skeptical, but as I have seen more and more patients with chronic musculoskeletal pains that do not respond to any conventional form of therapy, I have turned to your...new ideas and solutions. I must say I have been very impressed at the results.”

– Dr. John W. Bell

“After 25 years of dealing with problems from the locomotor system I have the opinion that Dr. Gunn’s IMS technique is the most important contribution in the field in the last 10 years.”

– Bengt Johansson MD,
Chairman, Swedish Society for Orthopaedic Medicine

“...Gunn’s Intramuscular Stimulation technique (is) most effective...there is no other pain treatment available... that can immediately predict, in an objective fashion, whether a patient will respond to (IMS) treatment.”

– Jennifer Chu-Andrew MD,
Director, Electrodagnosis Rehabilitation Medicine, University of Pennsylvania Medical Centre

“I think your paper is excellent, and very important. So many of these cases go by undetected or misdiagnosed, and the patients are accused...of being “crocks”..., I’ve always greatly admired your work, ...this paper is a very important contribution.”

– Professor Ronald Melzack,
McGill University

...we were quite impressed with your published works, and pay all the respect by inviting you to be visiting Professor at our University.

– Sae-il Chun, MD,
Dean, Graduate School of CAM, Kang Ahn Assistant Professor, Pochon CHA University, Seoul, Korea

IMS is the most effective method of treatment I have ever learned since my neurosurgery resident days. IMS has changed my career as a neurosurgeon and that of many other neurosurgeons and orthopaedic surgeons.

– Dr. Kwangwi Ok

IMS is a skilled medical procedure in which:~

- ✿ a Medical examination is imperative and*
- ✿ a Medical diagnosis is necessary*
- ✿ Needle insertions are indicated by physical signs and*
- ✿ Knowledge of anatomy is therefore essential*
- ✿ Prompt subjective and objective effects are usually experienced*

What is IMS?

A New Understanding of Chronic Pain

Many people who suffer from chronic pain become frustrated and depressed when their doctors cannot help. Some try medications and physical therapies (such as massage, physiotherapy and manipulations), even surgery, and do not find lasting relief.

This brochure explains how chronic pain can occur, even when there is no injury or inflammation, and describes a scientifically proven method for diagnosing and treating it.

Institute for the Study and Treatment of Pain

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What is Intramuscular Stimulation (IMS)?

Intramuscular Stimulation (IMS) is an effective treatment for chronic pain of neuropathic origin. IMS was developed by Dr. Chan Gunn while he was a clinic physician at the Worker's Compensation Board of British Columbia in the 70's. He is the founding President of iSTOP, clinical professor at the University of Washington Pain Center and Honorary Professor of Family Practice, at the University of British Columbia. Dr. Gunn has been awarded The Order of British Columbia as well as the Order of Canada, the nation's highest honor, for his contributions towards solving chronic pain. He is a Fellow of the Royal College of Physicians in the United Kingdom and has also been elected Honorary Fellow of Peterhouse, Cambridge University.

IMS is effective and has few side-effects; the technique is also unequaled for finding and diagnosing muscle shortening in deep muscles.

Although IMS uses implements adapted from traditional acupuncture, it is based on scientific, neurophysiological principles. The acupuncture needles used are very thin (much thinner than the hollow needle used to inject medicine or take blood samples). You may not even feel it penetrating the skin, and if your muscle is normal, the needle is painless. However, if your muscle is supersensitive and shortened, you'll feel a peculiar sensation - like a muscle cramp or Charlie Horse. This is a distinctive type of discomfort caused by the muscle grasping the needle. Patients soon learn to recognize and welcome the sensation. They call it a "good" or positive pain because it soon disappears and is followed by a wonderful feeling of relief and relaxation. The needle may still be in you, but because the muscle is no longer tight, you no longer feel it. What happened is that the needling has caused your abnormal muscle shortening to intensify and then release. It is important that you experience this sensation in order to gain lasting relief.

"Neuropathy"- or - what happens when nerves start to go wrong...

Doctors usually have no difficulty treating pain caused by injury (a fracture, for example) or inflammation (such as rheumatoid arthritis). But they are perplexed by pain that shows no sign of tissue damage or inflammation, such as headaches, "whiplash", backache, tennis elbow or frozen shoulder.

Dr. Gunn has used "neuropathic pain" to describe this pain. Because irritation often affects the spinal nerve root, the pain is also called "radiculopathic pain". Typically this occurs when nerves malfunction following minor irritation. Nerves become extremely sensitive and cause innocent, harmless signals to be exaggerated and misunderstood as painful ones. (This characteristic is known medically as supersensitivity). The result is pain, even when extensive medical tests show there is "nothing wrong". Until recently, supersensitivity has received little attention.

The Effects of IMS

The effects of IMS are cumulative - needling stimulates a certain amount of healing, until eventually, the condition is healed and the pain disappears. Some patients treated with IMS have remained pain-free for over 20 years.

Frequency of Treatments

Treatments are usually once a week (but can be spread out to two weeks) to allow time between treatments for the body to heal itself. The number of treatments you require will depend on several factors such as the duration and extent of your condition, how much scar tissue there is (usually increased after previous surgery) and how quickly your body can heal, the rate of healing depends on the condition of your nerves (young people usually heal more quickly, although older is not necessarily slower). If the pain is of recent origin, one treatment may be all that is necessary. In published studies of patients with low back pain, the average number of IMS treatments required was 8.2.

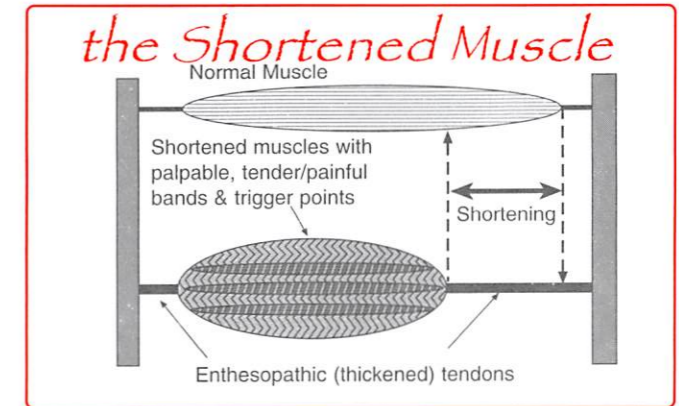
IMS has been featured in newspapers, such as the Globe & Mail, the Vancouver Sun and the Province; on radio programs such as CKNW, CBC's "Morning Show"; also on television, in CBC's "Marketplace", the "Health Show", as well as CTV, BCTV & Rogers Cablevision.

Treating Neuropathic Pain

Supersensitivity and muscle shortening cannot be operated on and "cut away". "Pain killers" and other analgesic pills only mask the pain. The goal of treatment is to release muscle shortening which presses on and irritates the nerve. Supersensitive areas can be desensitized and the persistent pull of shortened muscles released.

"The Shortened Muscle Syndrome"

An important factor in neuropathic pain is muscle shortening, caused by muscle spasm and contracture. Muscle shortening produces pain by pulling tendons, straining them as well as distressing the joints they move. Muscle shortening also increases wear and tear and contributes to degenerative changes such as "tendonitis" and "osteoarthritis". These conditions are customarily regarded as "local" conditions and may not receive the appropriate diagnosis or treatment.



Involvement of the Spine

The most common cause of nerve irritation and neuropathic pain is "spondylosis", degeneration in the spine, which can be the result of normal wear and tear. Spondylosis irritates the nerve root and leads to neuropathy and muscle shortening.

