B. P. Radanov

Author's reply

Sir,

Kwan and Friel try to shift the focus of our paper [1] away from the main results (i.e. different types of headaches following whiplash trauma, which may be of great clinical importance in terms of treatment, and deserve careful consideration in assessment of these patients) to the possible neurobiological interpretation, based on central sensitization, proposed in our article [1]. Although Kwan and Friel obviously do not have any clear idea about central sensitization (given that in their letter to the editor they refer four times to “central desensitisation”, suggesting that they confuse this phenomenon with aspects involved in conditioning), they feel they have the authority to question the validity of our interpretation regarding this phenomenon in whiplash. Moreover, based on a wrong understanding of central sensitization, Kwan and Friel attempt to disqualify the previous research done by my colleagues and myself, published in different leading scientific journals (see, for example, references 2, 3, 4, 5). This previous research was based on a prospective multidisciplinary study which included non-selected whiplash patients referred from primary care [2, 3, 4, 5]. In addition, Kwan and Friel suggest my breaking with my “past theories”, for

which, however, there is no need because I have never created any theories, but simply interpreted the results of the research designed as indicated above [2, 3, 4, 5].

The scientific ignorance of Kwan and Friel is reflected in their selective citation of studies that would hardly have passed peer review [5, 6] and their incorrect citing of other work (e.g. Ferrari R appeared as a letter to the editor in *Pain* 2001;89:293–294, not 293–302, and not under the title “Central pain processing in whiplash patients” but “Whiplash and symptom augmentation”). Furthermore, Kwan and Friel inaccurately interpret the results of Keidel et al. [6] in order to support their criticism of the role of central sensitization in post-traumatic headache. In fact, the cited paper [6] did suggest altered central pain control in association with post-traumatic headache and may favour the issue of central sensitization. Kwan and Friel further highlight their scientific ignorance by failing to refer to the results of previous studies that, using a sophisticated experimental design, support the issue of central sensitization in whiplash [7, 8]. Thus, it was not a “philosophy” – as Kwan and Friel imply, and attempt to discredit – that my colleagues and I published previously, but simply the interpretation of results from soundly designed and carefully executed studies. The same applies to the current paper, which indeed further supports the notion that the consequences of whiplash are not primarily based on psychosocial or sociocultural factors.

In conclusion, it would appear that the only intention of Kwan and

Friel was to make noise. They should, however, do so using scientifically valid arguments, rather than simply refusing to accept that mechanisms other than those that they personally advocate, and which they clearly do not understand, may indeed play an important role.

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B.P. Radanov (✉)
Pain Unit, Schulthess Klinik,
Lengghalde 2, 8008 Zürich, Switzerland
e-mail: radanov@kws.ch