

## **PTSD Clinic Begins in Boulder** **by Michael Young, L.Ac.**

In May of 2006 the Boulder SWAC Clinic began its first PTSD (“Post-Traumatic Stress Disorder”) Clinic. Interns in the clinic are trained in treatment protocols for this disorder that I have developed based on an integration of Chinese medicine principles, auriculotherapy, relatively recent discoveries in neuroanatomy, and my clinical experience treating this often challenging condition for over the last 10 years.

As defined by the National Institute of Mental Health, PTSD is an anxiety disorder that can develop after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened. Current estimates from the National Institute of Mental Health (NIMH) are that “PTSD affects about 7.7 million American adults, but it can occur at any age, including childhood. PTSD was first brought to public attention in relation to the exposure to combat experienced by war veterans, but it can result from a variety of traumatic events. Violent assaults, natural or human-caused disasters, child abuse, car accidents, muggings, and rapes are among the most common in our patients. PTSD can occur in the person who was harmed or experienced the threat of harm as well as loved ones of the victim (from witnessing or learning of the trauma) and even in strangers to the victim who witnessed the harmful event. Women are more likely to develop PTSD than men, and there is some evidence that susceptibility to the disorder may run in families. PTSD is often accompanied by depression, substance abuse, or one or more of the other anxiety disorders.”

There are several major issues of relevance for the licensed acupuncturists in relation to PTSD. These include being able to recognize its warning signs and understand its role in mind body illness patterns, knowing when a referral to therapists who specialize in PTSD treatment is in the best interest of the patient, and understanding the potential for acupuncture and herbal medicine to serve as an adjunctive therapy for this disorder.

The attacks of 9/11, the increased awareness of the threat of terrorist acts, and the U.S. led occupations of Afghanistan and Iraq have all led to increased prevalence and awareness of PTSD. About 30 percent of the men and women who have spent time in war zones experience PTSD. Despite the large number of veterans that are returning home with this disorder, the most likely trigger of PTSD is still rape. This is complicated by the fact that for women only seven percent of all rapes are reported to police [Koss, Woodruff, and Koss, 1990. Statistics on Sexual violence Against Women: A Criminological Study] and patients will often not disclose the trauma to anyone, including their acupuncturist. For licensed acupuncturists recognizing the warning signs of this often disabling condition and being able to make appropriate referrals can have an enormous impact on patient outcomes. While it is not within the scope of practice for Colorado acupuncturists to diagnose this condition, because of the nature of our medicine we often end up taking more thorough histories than other care providers, and as a result we are in a unique vantage point to recognize the symptoms of PTSD and know when a referral is appropriate to either confirm and treat it or rule it out. It is not necessary to know the specific trauma that triggered the PTSD in order to either treat it or refer out,

and “pointed” questioning about the trauma(s) can easily trigger a recurrence of symptoms. On the other hand, through building trust and rapport with the patient and skillful use of open ended discussions, the patient will often use the opportunity to disclose the nature of their trauma with you when the timing is right for them, and this can be very therapeutic (several studies show that those who are able to disclose traumas to another person fare better than those who tell no one).

### **Recognizing PTSD in Our Patients**

People with PTSD may startle easily, become emotionally numb (especially in relation to people with whom they used to be close), lose interest in things they used to enjoy, have trouble feeling affectionate, be irritable, become more aggressive, or even become violent. They avoid situations that remind them of the original incident, and anniversaries of the incident are often very difficult. PTSD symptoms seem to be worse if the event that triggered them was deliberately initiated by another person, as in a mugging or a kidnapping. Most people with PTSD repeatedly relive the trauma in their thoughts during the day and in nightmares when they sleep. These can include flashbacks and intrusive thoughts or images. Despite all of the emphasis on avoidance that is common with PTSD, there can also be manifestations of “compulsions to repeat the elements of the traumatic experience”, which Freud explored in depth in his book “Beyond the Pleasure Principle” (1920). Appreciating the complexity of the disorder and respecting the challenge that our patients with it face is essential when working with those with a history of emotional or physical abuse who will, for example, often choose to stay in an abusive relationship despite “knowing” it is not healthy for them.

### **Treatment Protocol**

The best results for PTSD patients occur when a team of practitioners is formed which includes a therapist who specializes in this disorder. While psychodynamic “talk therapies” are generally recognized as being limited outside of playing the role of education and support, several body-based therapies have emerged that are often reported to be helpful. These include (but are not limited to) EMDR, Somatic Experiencing, and Hakomi therapy. Of these, EMDR has been listed as an effective treatment by the American Psychiatric Association, Departments of Defense and Veterans Affairs, and numerous other agencies.

Research has shown that PTSD clearly alters a number of fundamental brain mechanisms and chemicals that mediate coping behavior, learning, and memory. Recent brain imaging studies have detected altered metabolism and blood flow as well as anatomical changes in people with PTSD (see NMHA website).

Acupuncture has become one of the most rapidly growing professions of the holistic or mind/body therapies in the U.S. While early research into it’s mechanisms of actions focused on its role in releasing neurotransmitters involved in pain perception, more recent research through the use of modern brain imaging done by Zang Hee Cho and others has shown that acupuncture has a regulatory effect on brain function that clearly transcends

our previous models. The research to date indicates that least part of the reason for the efficacy of acupuncture is through activating regulatory mechanisms that address the deep limbic system, or “emotional brain”. Dr. David Servan Schreiber lists acupuncture as one of his 7 healing methods for treating imbalances in the emotional brain, which have recently been recognized as having enormous outcome on all chronic illness. The hypothesis that acupuncture can be a powerful therapy for the limbic system is strongly supported by the rapid growth of auriculotherapy for treatment drug and alcohol addiction (over 250 treatment centers in the US and UK have emerged within the last 25 years).

**The protocol that I have been using to treat patients with PTSD with success is as follows:**

1. Regulate Stagnant Qi through the Du Mai, UB, and GB channels through either needling and/or Tui Na/Shiatsu
2. 8 Extraordinary Vessel (EV) Treatment (based on extraordinary vessel diagnosis)
3. Japanese “Extra” EV Treatment (H5 with K6, P6 with LIV4) – most commonly the upper body points are sedated and lower body points tonified, but Akabane testing can be used to confirm.
4. Si Shen Cong, often in conjunction with Du20
5. Auriculotherapy points – The following commonly test as active; amygdala, hypothalamus, pituitary, adrenal, Chinese heart point, hippocampus, cingulate gyrus, basal ganglia, master point 7, insomnia 1 &2, shen men, as well as points on the posterior lobe (phase 4 for the brain in the French system). I generally select the most active points bilaterally from among these.
6. Once the needles are in place I will often then inject one ampoule of Traumeel into LI11 and GB21 (.5 cc dose for each point). It is then important for the patient to be able to rest with the needle in place, usually for at least 20 minutes.

**Cautions/contraindications**

Several cautions and contraindications are in order before using this protocol:

1. I essentially stumbled upon this protocol by integrating acupuncture and auricular therapy protocols of Dr. Miki Shima, modifying them based upon my study of the correlates of the neuro-anatomical changes that occur with PTSD, and adding in the injectable homeopathic Traumeel.
2. There appears to be a significant synergistic effect when the homeopathic Traumeel is injected after these body points have been placed. In some cases patients have reported experiencing brief physical (and emotional) symptoms that are associated with the trauma. In the best case scenarios this results in a discharge of the stress pattern; however in some cases this can trigger a reactivation of the trauma.
3. As part of this discovery process while I have seen it help many people I have also seen this protocol bring up unconscious contents including memories of previous traumas that had been long forgotten that can significantly exacerbate the patients condition if they do not have the adequate support mechanisms to absorb the information/experience. It is the practitioner’s responsibility to do their best to make sure the timing is right for the patient and in my opinion at the

- minimum a verbal informed consent is needed, especially before using the full protocol. Patients who have a reasonable level of stability in their life, good support mechanisms, etc. are more likely to be able to handle it successfully if something does emerge that is overwhelming.
4. Often it is better to start with only a portion of the protocol and then gradually build up to the full protocol if the patient responds well.
  5. I do not recommend that this protocol be done on patients in the initial phases of recovery from alcohol or other addictions unless it is done in close cooperation with their therapist and sponsor. Like other forms of insight oriented therapies, it can trigger relapses.

Resources:

National Institute of Mental Health Website

(<http://www.nimh.nih.gov/HealthInformation/ptsdmenu.cfm>)

Deeper Pathways of the Web (Video Series), Miki Shima

Treating Psychological Trauma and PTSD by Wilson et. al.