Acupuncture for the Treatment of Post-Traumatic Stress Disorder Symptoms: A Case Report

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Abstract

This article describes a case of post-traumatic stress disorder (PTSD) that presented with anxiety, depression, nightmares and intense physical pain. The patient's condition was rooted in a childhood of severe neglect and abuse. After five months of acupuncture treatment the patient experienced significant improvements in pain (physical and otherwise), sleep, mood and well-being, which were consistent at one year follow up. The acupuncture approach used, involving sequential phases of treatment of the Heart, the spirit and the constitution, is recommended as a clinical model that can be used by practitioners to guide treatment of this condition.

Keywords
Acupuncture, PTSD, post-traumatic stress disorder, shen, heart, spirit, anxiety, depression

Introduction

Post-traumatic stress disorder (PTSD) affects up to eight per cent of people in the United States at some point in their lives.[1] While this disorder has likely been around for thousands of years, it was not formally recognised by the American Psychological Association until 1980.[2] Currently, the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) states that PTSD is due to 'direct or indirect exposure to a known traumatic event involving actual or threatened death or injury, or a threat to the physical integrity of him/herself or others'.[3] Symptoms include intrusive thoughts and memories, nightmares, flashbacks, avoidance, distorted thoughts, recklessness, anxiety and depression. Commonly accepted allopathic medicine treatments for PTSD include cognitive processing therapy, prolonged exposure therapy, stress inoculation therapy, group therapy and medications such as antidepressants.[3] Acupuncture has increasingly become an accepted treatment for PTSD but there remains a need for further research.[4,5] In an effort to inspire future research and provide a potential protocol for acupuncturists to treat PTSD, I have written this case review on the subject.

Chinese medical theory

Traditional East Asian medicine (TEAM) approaches PTSD holistically, so that in addition to treating the uncomfortable associated symptoms of PTSD, such as headaches, anxiety, insomnia, depression and chronic pain, the root pathomechanism of PTSD is addressed, providing long-term relief.[5] Traditional East Asian medicine views the mental and emotional shock involved in PTSD as a disorder that primarily involves the Heart and Kidney.[4] The Heart qi is dispersed by a shock and is no longer able to house the shen. Because the Heart is the sovereign in the body, this

causes the qi to become chaotic, manifesting with a myriad of emotional repercussions. The Heart qi is also no longer able to descend to reinforce the Kidney qi and thus the regulation of Kidney yang and yin is disrupted. This chaos engenders fear and anxiety. When occurring in children and young adults - people most susceptible to trauma due to lifestyle factors being out of their control - the Heart qi can become stunted and cease to develop to its full capacity.[6] Over time, the suppressed flame of the mingmen fire weakens the Lung qi, resulting in sadness and grief. When the healthy relationship between the Heart (shen) and Kidney (jing) is disrupted, Kidney yin becomes depleted and can no longer support and balance the Heart. At this stage a vicious cycle of Heart and Kidney yin deficiency presents, the main symptoms of which include anxiety, insomnia and dream-disturbed sleep.[7]

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Patient history

J.S. was a 42-year-old woman living in New York - a high school teacher and mother of two - who presented in the author's clinic in October 2020. She had previously been in an emotionally abusive marriage and had divorced in 2014. She remarried in 2019. She had a history of migraines, lethargy, and tended to feel cold, especially her hands and feet. She experienced vivid, violent nightmares nightly that were graphic, brutal and often included death, and which caused her to grind her teeth while asleep, as well as wake up shouting and in tears, feeling deeply distressed. Additionally, she experienced chronic stabbing, spasmodic neck pain and chronic temporomandibular joint (TMJ) pain.

J.S. had been diagnosed by her therapist with PTSD, which she attributed to her childhood. From her early years as a toddler until age 22 she had lived with her parents and siblings in an abusive situation. The majority of the abuse was neglect. Her parents were unemployed, had no assistance from the government or family, and no health insurance. J.S. suspected her parents had significant psychological disorders, including depression - the mother attempted suicide twice in front of her children - but they had never been to a doctor. The mother was the children's caregiver because the father was away up to seven days per week for work. However, the father never returned with any money; instead he would return with fits of rage. The mother would lock herself in the laundry room for many hours per day, leaving the children to scavenge for their own food. J.S. routinely survived on a diet of a few handfuls of raw flour per day. The children never ate breakfast, except on Sundays when they had bagels, and dinner was never served. A few times per week she was able to go to her grandmothers for a meal. She did not eat lunch at school because she was not allowed to tell anyone she was hungry, even though doing so would have provided her with meal assistance. The threat to stay quiet was a part of the verbal abuse from her father. Regular meals for J.S. did not start until she was 13 years old. At this age she started to work so she could feed herself and her siblings. Until she was old enough to buy a heater, the family had to rely on blankets for warmth as there was no heating in the house. Occasionally, when the family had enough money, they would fill a kerosene lamp and huddle around it in the living room, with the fumes routinely causing J.S. to cough up black mucus. In order to keep warm, J.S. would sleep on the floor next to the dog, which led to years of suffering from lice and flea infestations. In addition, there was no hot water in the house and J.S. did not shower in her childhood home until middle school.

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For J.S., there was no reprieve at school. Living in a mostly black and Hispanic community, she was one of the few white students in her school. She was constantly bullied. From grades one to six she was routinely beaten up on the bus, robbed and called names such as 'slut' and 'whore'. She was hit in the head and had her hair pulled out. In grades four to six she was sexually abused by peers at school. In particular, the block she lived on was inundated with the infamous gang, the 'Bloods'. She experienced numerous violent incidents, including once being hit in her head and then being held down and having her hair set on fire. The motivation for the incident was reportedly race-related. Her sister, present at the event, did not acknowledge it or attempt to aid J.S. in any way.

At the time of her acupuncture consultation, J.S. reported feeling depressed and stifled. At times she cried endlessly. Other times, she felt unable to access any memories of the past and felt 'choked'. Clinically, J.S. had been diagnosed by her therapist with PTSD due to prolonged neglect, physical deprivation and emotional

Treatment focus	Acupuncture points	Frequency and timeframe
Temporomandibular joint dysfunction	Juliao ST-3, Dicang ST-4, Yangbai GB-14, M-HN-9 Taiyang, SI19, Jiache ST-6, Hegu LI-4, Taichong LIV-3	Six times, October to December 2020
Aggressive Energy	Feishu BL-13, Jueyinshu BL-14, Xinshu BL-15, Ganshu BL-18, Pishu BL-20, Shenshu BL-23	Once, early January 2021
Heart	Shencang KID-25, Yuzhong KID-26, Shufu KID-27, Qihai REN-6, Taichong LIV-3, Quchi LI-11, Yintang M-HN-3	Twice, mid-January 2021
Spirit	Taichong LIV-3, Yinlingquan SP-9, Neiguan P-6, Zhongwan REN-12, Tanzhong Ren-17	Twice, late January to early February 2021
Constitutional	Taichong LIV-3, Sanyinjiao SP-6, Yinlingquan SP-9, Zhongwan REN-12, Shenmen HE-7, Yintang M-HN-3, *Tian Wang Bu Xin Dan* (Emperor of Heaven's Special Pill to Tonify the Heart)	Mid-February 2021 onwards

Figure 1: Acupuncture and herbal treatment

abuse, contributing to anxiety and depression.

From a TEAM perspective, her physical appearance suggested deficiency: she was thin, weak and pale with a lack of vigour. Her tongue was pale, tooth-marked and twitching, with a white coat and a red tip. Her pulse was overall empty and weak, scattered and thready on the right guan and hollow and swift (a sensation of speed that is independent of the speed of the overall pulse) on the left guan. Upon palpation, the area of Zhongwan REN-12 felt cold and flaccid. Her signs symptoms suggested a diagnosis of Heart and Kidney yin deficiency.

Treatment

J.S. was initially seeking relief for jaw pain. She rated her jaw pain as ranging between four and ten out of ten on a pain scale from zero to ten. It was worse at night and during stressful times. During our first interaction, she disclosed to me her history and her current emotional state, which included feeling sad and timid, and being dominated by self-hatred. Over the next two months, she received six acupuncture treatments that specifically targeted her jaw pain (see Table 1). She was also referred to a local licensed social worker for emotional support. The treatment reduced the pain to a maximum of four out of ten on the pain scale, but did not get rid of it entirely. During this time, she continued to divulge her history of abuse. In an attempt to get over the plateau in her pain levels, we decided to focus on the underlying issue of emotional trauma. It was at this point that treatment began to show dramatic effects.

We began with a five element acupuncture-style 'aggressive energy' treatment to release lingering energetic disturbance.[8] The following appointment we began a series of treatments focusing on her Heart. In traditional teachings, the Heart is associated with self-love and self-respect.[9] In her next treatment, the last three acupuncture points along the Kidney channel - Shencang KID-25, Yuzhong KID-26 and Shufu KID-27, which are associated with the Heart and influence the shen - were needled.[10] While tonifying the Kidney and thereby treating anxiety and fear, these points also tonify the qi of the Lung and can thereby treat long-held grief.[11] After both treatments, J.S. had noticeable emotional reactions. She cried and shook gently through both sessions. Afterwards she reported feeling more relaxed and much less nervous. This indicated it was time to move on to the last series of treatments. This involved needling acupuncture points related to the constitutional pattern diagnosis of Heart and Kidney yin deficiency. This was done in a very subtle, gentle manner in order to avoid eliciting much physical reaction, but rather to touch the 'spirit' of the points.[9] The goal was to allow the body-mind to let go of any emotions that had been brought to the surface by the previous treatments. The response to the first of these treatments was a very cold sensation throughout her body. The response to the second treatment was that the patient felt less anxious and depressed. The remainder of the treatments were aimed at maintaining her current state by using constitutional acupuncture points and herbal medicine.

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Results

J.S.'s manifesting symptoms of PTSD were TMJ dysfunction (jaw pain), nightmares, anxiety and depression. Within four months of acupuncture treatment, the jaw pain had decreased from up to 10 out of 10 on the pain scale to zero. At follow-up one year after the treatment, the pain had not returned. Before treatment the patient reported nightly disturbing nightmares. Since performing the Heart-focused treatment, she no longer experienced any nightmares. In December 2020, J.S. had filled out a patient health questionnaire (PHQ-9) in order to assess her state of mind and well-being since starting treatment with acupuncture and mental health counselling.[12] At the time, her score was 15 and she checked off that her problems made it very difficult for her to 'work, take care of things at home, and get along with other people.' This result correlates with a moderately severe depressive disorder. As a follow-up, J.S. filled out the same questionnaire in February 2021. Her score had come down to six, which correlates to mild depression. At a score of four or less, she would no longer be considered to have a depressive disorder.

Conclusion

Post-traumatic stress disorder can be a debilitating condition. While people have likely suffered from PTSD for thousands of years, modern treatment approaches are still developing and evolving. As shown in this case study, acupuncture can be a useful tool in the treatment of this disorder. This patient experienced a decrease in symptoms as well as objective improvements shown in a patient questionnaire. As she was also receiving mental health counselling, it is difficult to know the exact reason for her improvement, although she reported perceiving significant benefits from acupuncture treatment. It is reasonable to expect that this patient will show further progress with more acupuncture treatment. The sequence of treatment devised for this particular patient has shown similar effects when used to treat other PTSD patients with similar diagnoses and is presented here as a protocol that could be used by practitioners to guide PTSD treatment. For both the acupuncture and medical community, further research is needed to show more treatment options for PTSD.

Rory Crouse is a doctor of acupuncture and Chinese medicine and a licensed acupuncturist in the state of New York. He received a master's of science degree from the Pacific College of Oriental Medicine in 2015 and a doctorate in 2021. He has previously featured in *Acupuncture Today*, on the University of Stony Brook Radio Station, and in an educational video for Suffolk County Community College (New York). He co-founded Modern Roots Acupuncture (Saugerties, New York) where his specialties include emotional and orthopaedic disorders. For further information visit www.modernrootsacu.com

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