

Abstract 10: LINQI indicator, A Time trend analysis of Stress Anxiety Spectrum (SAS) Perceive Energy (PE) stratified by recall groups of exposure to trauma stress during five treatments in 517 patients, Chiren Therapy Centre, Limerick, Ireland, (September 2019 - September 2023).

Objectives:

To identify variations in the LINQI indicator over time trends among recall groups exposed to trauma stress during five treatments in 517 patients. To compare the LINQI indicator among nine medical conditions, stratified by the trend of exposure to trauma stress.

Background:

One of the primary objectives of epidemiological research is to facilitate early intervention in medical issues. However, the natural clinical progression following exposure to trauma stress is complex and unclear, requiring a standardized methodology. To address this gap, we developed two novel indicators: the 'Patient Energy Scale' (PE) and the 'Stress Anxiety Spectrum' (SAS). The motivation behind the PE was to quantify common complaints from patients regarding the lack of energy, tiredness, or fatigue, while the SAS aims to quantify the spectrum of symptoms commonly exhibited by patients. Through the observation of the graphic evolution of hundreds of patients in our Trauma Stress Relief (TSR) software, we noticed a trend crossover between the declining SAS line and the increasing PE line after one or more treatments. This crossover, termed the LINQI indicator, blends the Chinese concept of "LI" for restoration, "N" for neurophysio-pathological, and "QI" representing ancestral Chinese energy.

All patients underwent treatment with the same basic protocol called the "Ramirez Key," involving a three-point combination. The first two points, located on each hand in an area described by Master Tung as Chong zi 22.01, and the third point, Yintang (EX-HN 3), known for its mentally stabilizing effect in Traditional Chinese Medicine (TCM), were selected based on observed outcomes following needle insertion. Patients often reported sensations of clarity, relaxation, and reduced pain levels, with pain sometimes disappearing almost immediately. Consequently, the Ramirez Key combination has become a standard protocol used in 100% of patients, regardless of their chief complaint. Additional specific protocols could be added according to individual chief complaints. It is important to note that we do not offer any specific local treatment for any specific body part pain. The treatment principle is to stimulate a complex parasympathetic reaction to restore the imbalance in the hypothalamic-pituitary-adrenal axis. Furthermore, this novel acupuncture model diverges from the Traditional Chinese Medicine concept of energy or Qi regulation by restoring meridian imbalances. Instead, it focuses on harnessing neurophysiological power to induce parasympathetic reaction of relaxation, clarity, and pain relief.

This study addresses the critical need for a standardized approach to assess trauma and stress impact over time. Our null hypothesis suggests no discernible variance in LINQI indicator during five treatments across nine medical conditions, based on the elapsed time since the trauma or stress events.

Methods:

We utilized data from the Chiren Therapy Centre in Limerick, Ireland, spanning from September 2019 to September 2023. We selected data from patients who completed six visits. The first visit was defined as the baseline assessment, followed by five subsequent follow-up visits after each of five treatments. Initial assessments captured patients' chief complaints, which were subsequently classified and recorded according to the International Classification of Diseases version 11 (ICD-11). For this study, we selected the top nine most prevalent ICD-11 codes. Additionally, patients were asked, "Do you recall any physical or emotional trauma or stressful situations before or during the onset of symptoms?" If affirmative, they were prompted to provide an estimated date, categorized into four recall traumas (No recall, ≤ 10 years, >10 to 20 years, >20 years). A comprehensive list of 40 symptoms associated with anxiety and stress was compiled. Each symptom's intensity was gauged on a scale of 0 to 10, contributing to the calculation of SAS. Patients also self-reported their experiences using the Patient Perceived Energy Scale (PE), scaled from 0 to 100. The comparison between ICD 11 conditions will involve calculating the percentage incidence among each medical condition based on time exposure categories. This will entail selecting the three highest percentage incidences from three trauma stress exposure categories (No recall, ≤ 10 , and >20). Statistical analyses, including descriptive and multivariate techniques, were performed using Oracle Analytics, Excel, and CHATGPT to support writing skills.


Findings:

The first LINQI observations are based on the comparison of SAS and PE trends among recall groups. In the overall trends of SAS and PE, LINQI occurs after the first treatment. Among recall groups, LINQI occurs at different points: in the No recall group, it happens between the baseline assessment and the first treatment; in the ≤ 10 years group, it occurs after the first treatment; in the 10 to 20 years recall group, between the first and second treatment; and in the >20 years group, it happens after the second and third treatment, as shown in Figure 1.

In the second LINQI observations, we compare SAS and PE trends by nine ICD11 codes stratified by the percentage of incidence within each recall group (see Table 1). In the No recall group, LINQI for body part symptoms and spinal pain is reported at baseline assessment, with hip pain occurring after the first and second treatments. For the ≤ 10 years group, generalized anxiety and post-COVID-19 LINQI are observed after the first treatment, while PTSD is shown after the second treatment. In the group over 20 years, LINQI for stress and chronic pain occurs after the second treatment, whereas LINQI for mixed depression and anxiety disorders is observed after the third or fourth treatments, as depicted in Figure 2.

Interpretation:


This innovative approach utilizing the LINQI indicator, observed through the comparison of SAS and PE trends among recall groups, presents a unique opportunity for early detection, intervention, and understanding the long-term effects of therapy on trauma-related conditions. Notably, LINQI emerges after the first treatment in the overall trends of SAS and PE, indicating a rapid response to therapy. Among recall groups, LINQI manifests at different stages: in the No recall group, it surfaces at baseline assessment, suggesting the possibility for early detection in individuals who may not explicitly recall traumatic experiences. This proactive approach aligns with the principles of preventive medicine in epidemiology and offers opportunities for timely intervention to mitigate adverse long-term outcomes.



However, our findings also reveal delays in treatment response, particularly in individuals with a recall period exceeding 20 years. In this group, LINQI appears after the second and third treatments, indicating a slower therapeutic response in individuals with long-standing trauma or stress. This underscores the need for tailored interventions to address the unique needs of patients with prolonged trauma histories and highlights the importance of considering the duration of exposure to trauma when assessing treatment outcomes.

From an epidemiological perspective, the identification of LINQI across different ICD11 codes provides valuable information for tailoring interventions based on specific symptomatology. For instance, LINQI observed for generalized anxiety and post-COVID-19 symptoms after the first treatment in the ≤ 10 years group suggests that the therapy may be particularly effective in addressing acute stress-related symptoms in this population.

Overall, the observation of LINQI presents an innovative marker for gauging treatment response and guiding early intervention strategies in trauma-related conditions. Furthermore, our findings underscore the dual importance of early detection and long-term treatment monitoring in trauma-related conditions. By identifying the optimal timing for intervention based on LINQI occurrence and considering the specific symptomatology associated with different recall groups and ICD11 codes, healthcare providers can enhance the effectiveness of therapeutic interventions and improve outcomes for individuals affected by trauma-related disorders.



References

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Figure 1. LINQI indicator, A Time trend analysis of Stress Anxiety Spectrum (SAS) Perceive Energy (PE) stratified by recall groups of exposure to trauma stress, during five treatments in 517 patients, Chiren Therapy Centre, Limerick, Ireland, (September 2019 - September 2023).



Figure 2. LINQI indicator, A Time trend analysis of Stress Anxiety Spectrum (SAS) Perceive Energy (PE) stratified by recall groups of exposure to trauma stress and nine medical conditions, during five treatments in 517 patients, Chiren Therapy Centre, Limerick, Ireland, (September 2019 - September 2023).

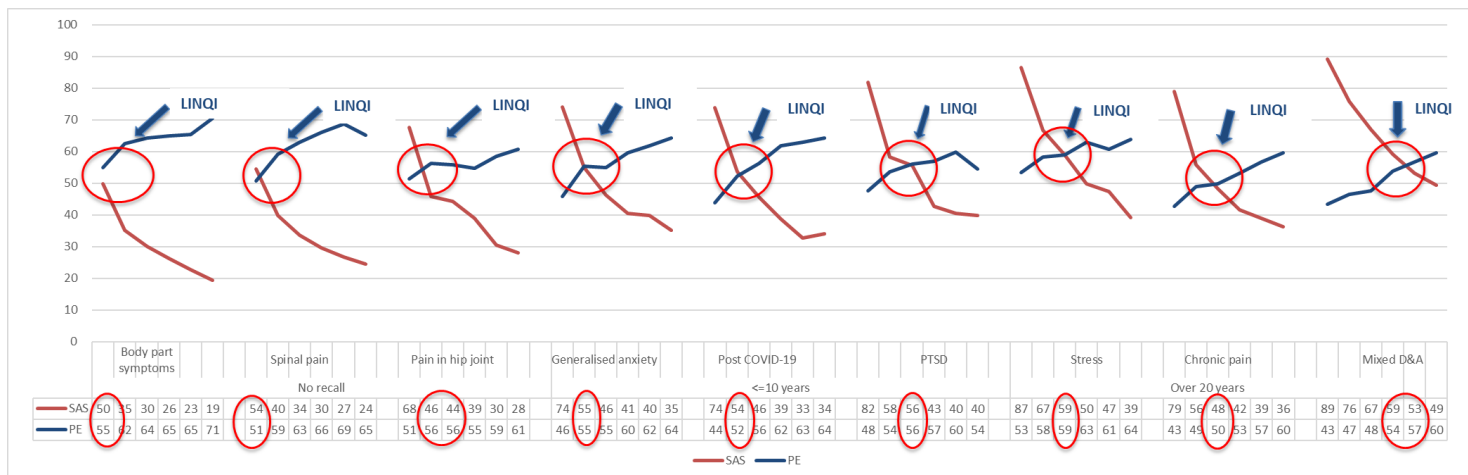


Table 1. Distribution of medical condition by percentage of prevalence among trauma recall groups. Chiren Therapy Centre.

Recall groups	ICD 11 codes	% Incidence
No Re call	Pain in the hip joint	72
	Symptom of a body part	50
	Spinal pain	48
<= 10 years	PTSD	58
	Post COVID-19	49
	Generalised anxiety	40
>20 years	Mixed depress-anxiety	25
	Chronic pain	24
	Stress	13