

Abstract 19: Immediate Therapy Response (ITR) Study: Investigating the Causal Relationship between Traumatic Events and Stress Anxiety Spectrum (SAS) in 452 Patients with Immediate Therapy Response at Chiren Therapy Centre, Limerick, Ireland (September 2019 - September 2023)

Objectives: To investigate the causal relationship between traumatic events and the Stress Anxiety Spectrum (SAS) in 452 patients who exhibited an immediate therapy reaction (ITR) during their first treatment.

Background: My first encounter with immediate therapy reaction (ITR) occurred in 1986 during my compulsory military service in Nicaragua. The director of the local hospital invited me to treat Byron, an eight-year-old patient frequently admitted to the Intensive Care Unit (ICU) due to chronic asthma. I treated him with acupuncture at midnight that day, although I don't recall the specific treatment administered. The following morning, Byron and his mother appeared at the door of my military clinic seeking further treatment, as Byron had recovered just hours after I left the ICU. I continued to treat Byron for the next nine months, and during this period, he did not require a single return to the ICU. See picture 1.

Since the year 2000, while practicing acupuncture in Ireland, I have continued to observe the ITR effect in many patients' situations, which I used to refer to as 'little miracles.' However, I was unable to predict when or with whom the next 'little miracle' would occur, but I desired more of these experiences. In 2017, we managed to record a few of these occurrences on video, which helped me start to recognize patterns and clues indicating when to expect an ITR. Now, with the Trauma Stress Relief software, I am better able to identify the clinical features of patients who are likely to experience an ITR.

All patients received treatment based on the "Ramirez syndrome differentiation system (RSDS)" protocols, with the primary protocol known as the "Ramirez Key," which involves a three-point combination. This combination includes points located on each hand in an area identified by Master Tung as Chong zi 22.01, and Yintang (EX-HN 3), known for its mentally stabilizing effect in Traditional Chinese Medicine (TCM). The selection of these points was based on observed outcomes following needle insertion, where patients frequently reported sensations of clarity, relaxation, and reduced pain levels, sometimes experiencing immediate relief. An ITR register was created as a result. Subsequently, the Ramirez Key protocol has become the standard protocol used in 100% of patients, regardless of their chief complaint. Additional specific protocols may be incorporated based on individual chief complaints. It is essential to note that we do not offer localized treatment for specific body part pain.

Guided by the principle of the Neurophysio-pathological theory, our treatment aims to stimulate a complex parasympathetic reaction to restore the imbalance in the hypothalamic-pituitary-adrenal axis expressed by the SAS. Furthermore, this novel acupuncture model diverges from the Traditional Chinese Medicine concept of energy or Qi regulation, focusing instead on harnessing the neurophysiological power to induce relaxation and pain relief.

This study aims to comprehensively explore ITR in 452 patients during the first treatment, conducting a causal assessment between traumatic events and SAS, and a descriptive analysis between medical condition reporting ITR by indicators during the first treatment, to provide insights into ITR reactions.

Methods:

Data for this study were collected at the Chiren Therapy Centre in Limerick, Ireland, covering the period from September 2019 to September 2023. A total of 69 patients who experienced intense reactions during their first treatment visit were included in the study. Their chief complaints were recorded and classified according to the International Classification of Diseases, 11th Revision (ICD-11).

To determine exposure to trauma and stress, each patient was asked about any physical or emotional trauma or stressful situations preceding or during symptom onset. Stress-Anxiety Spectrum (SAS) scores were assessed using a list of 41 symptoms rated on a scale of 0 to 10. Patients were categorized as experiencing functional stress (SAS score ≤ 40) or dysfunctional stress (SAS score > 40).

Causality between traumatic events and SAS was confirmed using a 2x2 table analysis and stratified by gender and age group. Pain intensity was measured using the Visual Analogue Scale (VAS), and patients also self-reported their experiences using the Patient Perceived Energy Scale (PE), ranging from 0 to 100. Additionally, patients completed the Hospital Anxiety and Depression Scale (HADS).

A descriptive table was created, classifying the top 20 chief complaints based on patient prevalence and including corresponding SAS, PE, VAS, HADS-Anxiety, and HADS-Depression scores. Data analysis was conducted using Oracle Analytics and Excel, with statistical tests applied to assess associations and correlations. Writing support was provided by ChatGPT.

Findings:

Significant associations were found between exposure to traumatic stress events and SAS score (Chi-square = 3.852, $p < 0.0497$), age group (Chi-square = 12.411, $p = 0.0004$), and gender (Chi-square = 3.873, $p = 0.0491$) with full data are summarized in table 1.

Two video link recorded in 2017, cases were published in Facebook; first showing the full ITR experienced by Belinda: <https://www.dropbox.com/scl/fi/9rh0vceya0emr2to2cmxn/belinda-chronic-pain.mp4?rlkey=exeka9fuk5ybztk8tr22126dh&dl=0>

And the second a series of three ITR experiences:

<https://www.dropbox.com/scl/fi/rno9tl99m0xjq7afkatet/Reaction-MIX.mp4?rlkey=29z0phps6sndty8m39k67omi6&dl=0>

A large variety of chief complaint can be seen in the table 1 Distribution of Top 20 Chief Complaints and Associated Measures in Immediate Treatment Reaction (ITR) Cases.

Interpretation:

The study aimed to investigate the causal relationship between traumatic events and the Stress Anxiety Spectrum (SAS) in 452 patients exhibiting an immediate therapy reaction (ITR) during their first treatment. This research builds on my initial encounter with ITR in 1986, treating Byron, a young asthma patient who responded positively to acupuncture treatment, sparking my interest in exploring and understanding this phenomenon further. Over the years, my observations of ITR "little miracles" in patients have guided my practice, leading to the development of standardized protocols such as the "Ramirez Key" based on the Ramirez Syndrome Differentiation System (RSDS).

Our findings indicate significant associations between exposure to traumatic stress events and SAS scores, age group, and gender among patients experiencing ITR. This underscores the complex interplay between traumatic experiences and stress-related symptomatology, suggesting a need for targeted interventions addressing these underlying factors.

The video testimonials from cases in 2017, shared on Facebook, provide vivid examples of ITR experiences, showcasing the transformative impact of therapy. These testimonials underscore the importance of patient-centred care and highlight the potential of acupuncture protocols like the Ramirez Key in achieving immediate and sustained relief.

The distribution of chief complaints among ITR cases, as summarized in Table 1, reveals a diverse array of medical conditions, each associated with unique SAS, Visual Analogue Scale (VAS), and Patient Perceived Energy Scale (PE) scores. This comprehensive analysis highlights the broad spectrum of symptoms and treatment responses observed in patients experiencing ITR, shedding light on the intricate relationship between traumatic events, stress manifestations, and treatment outcomes.

Overall, our study contributes valuable insights into the causal mechanisms of ITR and its impact on patient well-being, providing a foundation for future research aimed at optimizing therapeutic approaches and enhancing outcomes in clinical practice.

In conclusion, while our study offers promising evidence of the therapy's efficacy in producing ITR in patients, addressing limitations through biomarker analysis, longitudinal assessments, and comparative effectiveness research is paramount.

Figure 1: Distribution of Top 20 Chief Complaints and Associated Measures in Immediate Treatment Reaction (ITR) Cases at Chiren Therapy Centre, Limerick, Ireland (September 2019 - September 2023).

Number of cases		SAS Intensity		Perceived Energy	
MG30-Chronic pain	126	MG45-Syncope and collapse	115	QC40-Personal history of malignant neoplasm	10
ME84-Spinal pain	69	8E49-Postviral fatigue syndrome	95	6A23-Acute and transient psychotic disorder	14
ME86-Symptom or complaint of a body part	64	6B40-Post traumatic stress disorder	89	ME05-Change in bowel habit	21
6B00-Generalised anxiety disorder	45	6A73-Mixed depressive and anxiety disorder	88	MG43-Symptoms and signs concerning food and fluid intake	21
MG22-Fatigue	16	DB62-Residual haemorrhoidal skin tags	88	MG45-Syncope and collapse	22
6B40-Post traumatic stress disorder	14	8A45-Secondary white matter disorders	85	MG22-Fatigue	24
6A73-Mixed depressive and anxiety disorder	9	GA30-Menopausal or certain specified perimenopausal disorders	82	MB24-Symptoms or signs involving mood or affect	25
QE01-Stress, not elsewhere classified	9	FA8Z-Degenerative condition of spine, unspecified	80	8E49-Postviral fatigue syndrome	31
8A8Z-Headache disorders, unspecified	7	ME82-Pain in joint, hip joint	79	FA8Z-Degenerative condition of spine, unspecified	34
MD30-Pain in throat or chest	7	CA0A-Chronic rhinosinusitis	75	QD83-Problem with employment conditions	35
MB24-Symptoms or signs involving mood or affect	6	MG30-Chronic pain	74	MG30-Chronic pain	39
8A80-Migraine	4	8A81-Tension-type headache	73	CA0A-Chronic rhinosinusitis	40
MG41-Sleep disturbance, not elsewhere classified	4	QD83-Problem with employment conditions	73	DD31-Chronic vascular disorders of intestine	40
6A7Z-Depressive disorders, unspecified	3	6A23-Acute and transient psychotic disorder	71	8A80-Migraine	40
6B01-Panic disorder	3	4A43-Overlap or undifferentiated nonorgan specific systemic autoimmune disease	70	ME82-Pain in joint, hip joint	41
6B41-Complex <u>post traumatic</u> stress disorder	3	MB40-Sensation disturbance	70	MD82-Intra-abdominal or pelvic swelling, mass or lump	41
FA8Z-Degenerative condition of spine, unspecified	3	QC40-Personal history of malignant neoplasm	70	ME84-Spinal pain	46
MB22-Symptoms or signs involving motivation or energy	3	6B04-Social anxiety disorder	67	ME86-Symptom or complaint of a body part	46
ME82-Pain in joint, hip joint	3	MC40-Plugged feeling ear	66	MC81-Abnormalities of heart beat	47
RA02-Post COVID-19 condition	3	6A7Z-Depressive disorders, unspecified	66	6B40-Post traumatic stress disorder	47

	HADS			VAS	
Depression		Anxiety			
4A43-Overlap or undifferentiated nonorgan specific systemic autoimmune disease	17	MG31-Acute pain	19	8A81-Tension-type headache	9
QC40-Personal history of malignant neoplasm	16	FA8Z-Degenerative condition of spine, unspecified	17	ME05-Change in bowel habit	8
FA8Z-Degenerative condition of spine, unspecified	14	6B04-Social anxiety disorder	16	4A43-Overlap or undifferentiated nonorgan specific systemic autoimmune disease	7
MB40-Sensation disturbance	14	4A43-Overlap or undifferentiated nonorgan specific systemic autoimmune disease	16	ED31-Burning feet syndrome	7
6A23-Acute and transient psychotic disorder	13	MB40-Sensation disturbance	16	GA30-Menopausal or certain specified perimenopausal disorders	7
8A81-Tension-type headache	11	6B40-Post traumatic stress disorder	15	MG43-Symptoms and signs concerning food and fluid intake	7
DD31-Chronic vascular disorders of intestine	11	2C60-Carcinoma of breast, specialised type	14	FA8Z-Degenerative condition of spine, unspecified	7
MG31-Acute pain	11	6A23-Acute and transient psychotic disorder	14	ME82-Pain in joint, hip joint	7
6B40-Post traumatic stress disorder	10	DB62-Residual haemorrhoidal skin tags	14	MG30-Chronic pain	7
6A73-Mixed depressive and anxiety disorder	10	FA03-Osteoarthritis of other specified joint	14	ME86-Symptom or complaint of a body part	6
QE84-Acute stress reaction	10	ME65-Disturbances of skin sensation of unspecified aetiology	14	2C60-Carcinoma of breast, specialised type	6
ME05-Change in bowel habit	9	6A73-Mixed depressive and anxiety disorder	14	BA00-Essential hypertension	6
MG45-Syncope and collapse	9	8A80-Migraine	13	MG31-Acute pain	6
8A80-Migraine	8	QD83-Problem with employment conditions	13	ME84-Spinal pain	6
MG30-Chronic pain	8	GA31-Female infertility	13	8A8Z-Headache disorders, unspecified	5
2C60-Carcinoma of breast, specialised type	8	MD81-Abdominal or pelvic pain	13	RA02-Post COVID-19 condition	5
EA90-Psoriasis	8	6B00-Generalised anxiety disorder	12	8B82-Disorders of trigeminal nerve	5
MC40-Plugged feeling ear	8	QE01-Stress, not elsewhere classified	12	8E43-Pain disorders	5
MD81-Abdominal or pelvic pain	8	6B01-Panic disorder	12	QC40-Personal history of malignant neoplasm	5
MG22-Fatigue	8	MC40-Plugged feeling ear	11	8A80-Migraine	5

Picture 1: Byron and Dr. Alvaro Ramirez, Ocotal, Nicaragua 1986

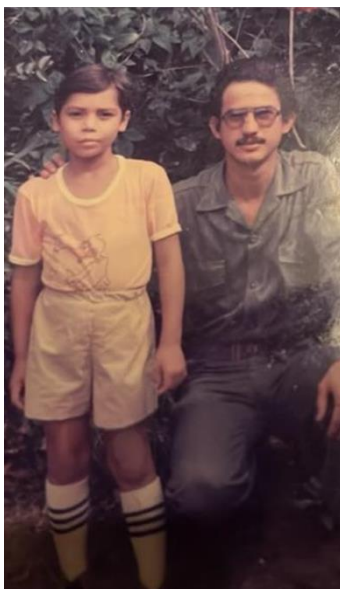


Table 1. Causal link between traumatic events and stress anxiety spectrum symptoms in 452 Patients with Immediate treatment reaction (ITR), stratified by Age group and gender. Chiren Therapy Centre, Limerick, Ireland, September (2019 to September 2023).

		SAS		Chi-Square	P-value
		> 40	<= 40		
	Trauma exposure				
	Yes	266	98		
	No	55	33		
	Grand Total	321	131	3.852	0.0497
The p-value is 0.0001. significant at $p < 0.05$.					
Age group	Trauma exposure	> 40	<= 40	Chi-Square	P-value
<= 40	Yes	66	20		
	No	15	8		
> 40 to 60	Yes	165	54		
	No	30	16		
> 60	Yes	35	24		
	No	10	10		
	Grand Total	321	131	12.411	0.0004
The p-value is 0.0000. significant at $p < 0.05$.					
Gender	Trauma exposure	> 40	<= 40	Chi-Square	P-value
F	Yes	184	67		
	No	35	21		
M	Yes	82	31		

No	20	12		
Grand Total	321	131	3.873	0.0491
The p-value is 0.0000. significant at $p < 0.05$.				