

Abstract 20: Trauma Stress Relief (TSR) software, two follow up cases report, longitudinal study, Chiren Therapy Centre, Limerick, Ireland.

Objectives:

1. To present two follow up case studies illustrating the initial assessment, treatment response, and resulting outcomes in two patients suffering fibromyalgia one Generalized Anxiety Disorder (GAD), and one Post Traumatic Stress Disorder (PTSD).
2. Establish a standardized assessment methodology for evaluating trauma and stress in patients.
3. Assess the efficacy of a novel acupuncture treatment method.

Background:

In clinical practice, understanding the dynamic nature of symptoms following traumatic or stressful events is crucial. This realization led to the development of an information system aimed at enhancing clinical-epidemiological insights and validating interventions. Drawing from my military experience in Nicaragua during the 1980s, where surveillance information systems were pivotal for decision-making, I applied similar principles to develop a system that offers graphical clarity and consistency in quantifying trauma-stress events and assessing treatment impact. Collaborating with my son and co-author Ramon, a computer engineer, we initiated the development of 'Trauma Stress Relief' (TSR) in 2019, integrating this methodology into my clinical practice over the years.

To prioritize patient-centred care, patients complete a series of questionnaires before each treatment session. These include the 'Patient Energy Scale' (PE) to quantify common complaints related to energy levels, tiredness, or fatigue, and the Hospital Anxiety and Depression Scale (HADS) to assess mood and emotional states. Additionally, patients utilize a self-assessment version of the 'Stress Anxiety Spectrum' (SAS) to monitor symptom intensity across a spectrum. This comprehensive approach ensures that patient self-assessment informs treatment decisions, empowering practitioners to adapt interventions based on real-time feedback.

The development of TSR aimed to create a clinical assessment tool that supports practitioners in decision-making, accurately reflects patient progress, and enhances patient-practitioner communication. Real-time graphical interfaces facilitate patient engagement and provide predictive insights into treatment duration and frequency, optimizing patient-centred care.

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.

This study aims to comprehensively explore TSR clinical assessment methodology, treatment, and outcomes, employing various methods. The goal is to provide insights into TSR management tool.

Methods:

Utilizing data from the TSR system at Chiren Therapy Centre in Limerick, Ireland, spanning from September 2019 to September 2023. Initial assessments captured patients' chief complaints, which were subsequently classified and recorded according to the International Classification of Diseases version 11 (ICD-11). In alignment with guidelines from the Diagnostic and Statistical Manual for Mental Disorders (DSM-5), a comprehensive list of 40 symptoms associated with anxiety and stress was compiled. The intensity of each symptom was gauged on a scale of 0 to 10, contributing to the calculation of the Stress-Anxiety Spectrum (SAS). Pain intensity was assessed using the Visual Analogue Scale (VAS). Additionally, patients self-reported their experiences using the Hospital Anxiety and Depression Scale (HADS) adjusted to scale 0 to 100 and the Patient Energy Scale (PE), scaled from 0 to 100. Furthermore, patients utilize a self-assessment version of the 'Stress Anxiety Spectrum' (SAS) to monitor symptom intensity across a spectrum. This in more a descriptive analysis on everyday clinical practices using TSR


Findings

Fibromyalgia 1 a: In this graph, a fibromyalgia patient, female 54 years old now, we can observe three trends: PE, SAS, and patient self-assessed SAS. There is a clear inverse correlation between the SAS line and PE, with a very symmetric relationship between SAS and patient self-assessed SAS. Clear improvement can be observed starting from September 28th, 2020, as shown in the graph Fibromyalgia 1b, with pain measured by VAS completely disappearing after 5 treatments. After a 2-year break during the COVID-19 epidemic, the patient returned in September 2022 with high levels of indicators again, which responded positively. Unfortunately, in December 2022, her father was diagnosed with brain cancer and passed away in February 2023, leading to a third increase in indicators, including the highest level of VAS. The patient responded rapidly to treatment again. Since then, she hasn't requested more services and has returned to her normal life.

PTSD 1a: In this graph, we observe the case of a 50-year-old male patient with PTSD, who started attending our services on March 30th. He is a fireman in charge of a group of 16 firefighters. On April 21st, one of his team members committed suicide, which had a significant emotional impact on the team. Everything seemed to be going well until October 2021, when he experienced a crisis with serious increases in all indicators, including self-harming ideation. This crisis lasted for two to three months, during which he received regular treatments several times per week. By the end of December, he entered remission and is currently still working at the fire station without requiring any further services.

Interpretation:

- 1. Fibromyalgia Case:** The graph depicting the patient's progress with fibromyalgia shows clear trends in key indicators such as Patient Energy (PE), Stress Anxiety Spectrum (SAS), and patient self-assessment SAS. The inverse correlation between SAS and PE suggests that as stress and anxiety decrease, energy levels tend to



increase. This patient demonstrated significant improvement in all indicators after receiving five treatments initially. However, following a break during the COVID-19 epidemic and subsequent personal trauma (father's illness and passing), there was a noticeable increase in symptoms. The rapid response to treatment during these episodes indicates the efficacy of the therapy in managing symptoms.

2. **PTSD Case:** The graph representing the PTSD patient's journey highlights the impact of a traumatic event (suicide of a team member) on the patient's condition. The patient initially coped well but experienced a crisis characterized by increased symptoms, including self-harming ideation, around October 2021. This crisis required intensive treatment several times per week, eventually leading to remission by December 2021. The patient's ability to return to work without further services suggests positive treatment outcomes.

Conclusions:

1. **Fibromyalgia:** The case underscores the importance of consistent therapy in managing fibromyalgia symptoms, with clear improvements observed in key indicators. The patient's responsiveness to treatment during periods of increased stress highlights the therapy's effectiveness in symptom management.
2. **PTSD:** The PTSD case illustrates the profound impact of trauma on individuals, particularly those in high-stress occupations like firefighting. Effective therapy and consistent treatment sessions were essential in navigating a crisis period and achieving remission. The patient's ability to return to work post-treatment reflects positive outcomes in managing PTSD symptoms.

In summary, both cases demonstrate the significance of personalized therapy approaches in managing chronic conditions like fibromyalgia and PTSD. They highlight the importance of ongoing support and treatment in response to stressors and traumatic events, emphasizing the role of therapy in symptom alleviation and recovery.

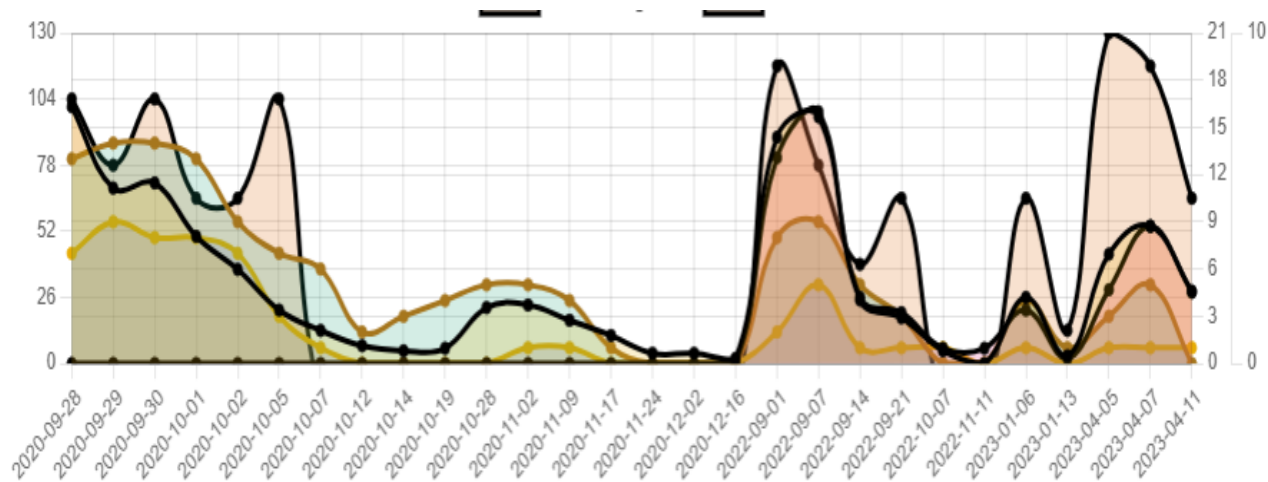


Figure 1 : Trauma stress Relief Software Follow up cases, Chiren Therapy Centre, Limerick, Ireland (September 2019 - September 2023)

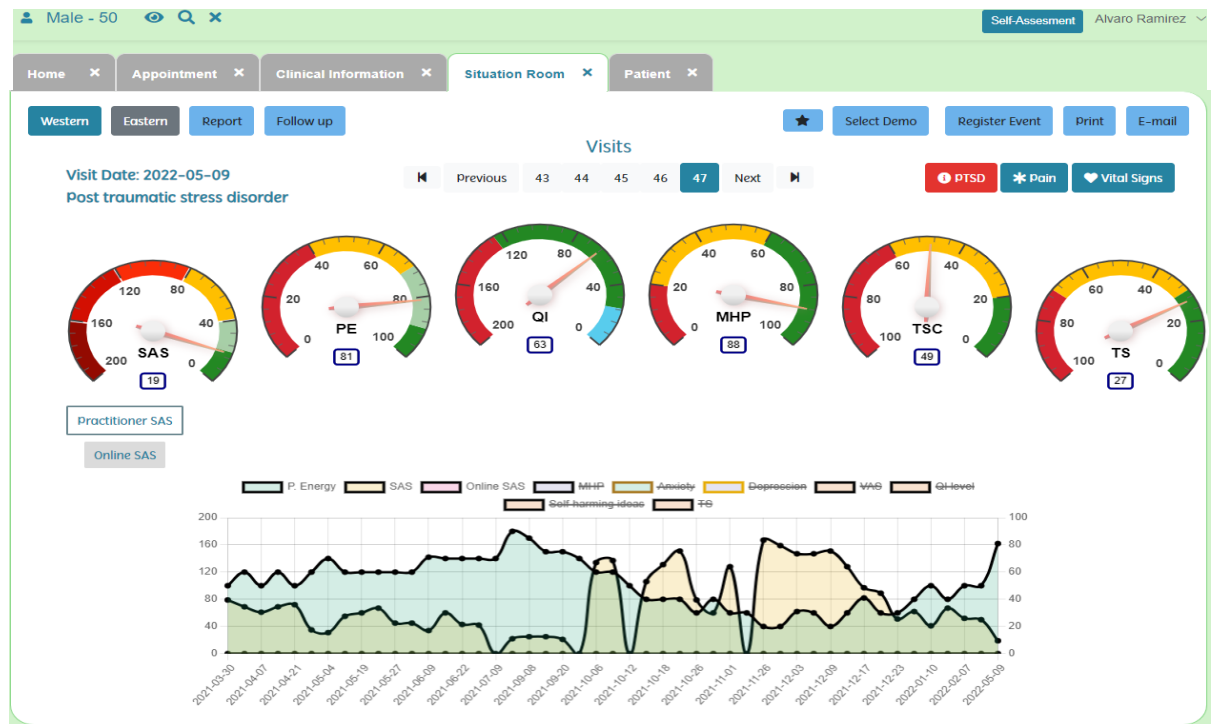
Fibromyalgia 1a:



Fibromyalgia 1b:



PTSD 1a:



PTSD 1b:

