

**Abstract 21: Trauma Stress Relief (TSR) software, NO-LINQI 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 one patient suffering Mixed depression anxiety disorder, 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.

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 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 in two cases where there is absence of LINQI. By implementing an assessment system with these features, clinicians can gain insights into why certain patients are not responding to interventions. This information empowers clinicians to make informed decisions, modify treatment approaches, and ultimately improve patient outcomes.

### **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 and Interpretation:**

#### **1. Mixed Depressive Anxiety Disorder (Male, 33 years old):**

- This patient initially had a poor response to treatment, which could be attributed to ongoing stress related to awaiting court decisions and potential imprisonment.
- The return of the patient in April 2023 coincided with another court case, causing continued stress and fear, particularly regarding encounters with police officers.
- The case being dismissed in June 2023 led to some improvement, but the patient's fear of law enforcement persisted, likely impacting treatment outcomes.
- The inability to achieve LINQI (likely referring to a specific treatment goal or outcome) suggests ongoing challenges despite treatment efforts (Figure 1).

#### **2. PTSD (Female, 45 years old):**

- This patient with PTSD started attending services in January 2023 and is awaiting a court case related to trans surgical trauma.

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- The pending court case and trauma likely contribute significantly to the patient's mental health challenges, potentially hindering treatment response.
  - The unresolved legal situation could be a source of ongoing stress and anxiety, impacting the patient's ability to fully engage in and benefit from treatment (Figure 2).

**Conclusion:** Both cases highlight the profound impact of legal issues and pending court cases on mental health and treatment outcomes. Ongoing stress, fear, and uncertainty related to legal proceedings can significantly impede progress in managing depressive, anxiety, and PTSD symptoms. Addressing these external stressors and providing comprehensive support alongside treatment may be essential for optimizing therapeutic outcomes in such cases.



**Figure 1: Trauma Stress Relief, NO-LINQI Case report at Chiren Therapy Centre, Limerick, Ireland (September 2019 - September 2023)**

