

Abstract 9: Treatment impact: A Time trend assessment of exposure to trauma stress during five treatment response in 517 patients, Chiren Therapy Centre, Limerick, Ireland, (September 2019 - September 2023).

Objectives:

The objectives of this study are twofold: first, to identify variations in Stress Anxiety Spectrum (SAS), Patient Perceived Energy (PE), and Visual Analogue Scale (VAS) over five treatments; second, to compare the variations in SAS, PE, and VAS among nine medical conditions across the five treatments.

Background:

Exposure to trauma stress can lead to a wide array of complex clinical symptoms, requiring the establishment of a standardized methodology for assessment. To address this need, we introduced two novel indicators: the 'Patient Energy Scale' (PE) and the 'Stress Anxiety Spectrum' (SAS). While the PE was designed to quantify common complaints such as lack of energy, tiredness, or fatigue among patients, the SAS aims to measure the spectrum of symptoms commonly associated with stress and anxiety.

All patients received treatment based on the "Chiren" 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. Consequently, 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 addresses the critical need for a standardized approach to assess the impact of trauma and stress over time. Our null hypothesis suggests no discernible variance in SAS, PE, and VAS after five treatments across nine medical conditions, based on the elapsed time since the trauma or stress incident.

Methods:

Data for this study were collected from the Chiren Therapy Centre in Limerick, Ireland, spanning from September 2019 to September 2023. We selected data from patients who completed six visits, with the first visit 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). The top nine most prevalent ICD-11 codes were selected for analysis.

Additionally, patients were asked whether they recalled 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, with each symptom's intensity 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. Pain was assessed using the Visual Analogue Scale (VAS) on a scale of 0 to 10, adjusted for graphical comparability. Data organization and analysis were conducted using Oracle Analytics, Excel, and statistical analyses, including the Kruskal–Wallis test in SPSS version 28, and Chat GPT for writing support.

Findings:

Significant variations are observed in all recall trauma groups after five treatments, with an average reduction of 48% in SAS, 50% in VAS, and an increase of 37% in PE (p-value 0.0000). Specifically, the group with recall periods exceeding 20 years shows a reduction of 57% in SAS and 50% in VAS, accompanied by a 54% increase in PE, as shown in Table 1. Similar results were observed by each ICD 11 condition.

A strong correlation is noticeable between the reduction in SAS and pain levels measured by VAS across different recall categories over time. Figure 1 illustrates an increase in PE alongside these trends. Although there are slight variations according to the ICD 11 condition, similar trends can be observed across each condition, as depicted in Figure 2.


Interpretation:

The findings of this study reveal promising insights into the effectiveness of the therapy for trauma stress and its implications for the neurophysio-pathological theory. The significant reduction in Stress Anxiety Spectrum (SAS) scores and Visual Analogue Scale (VAS) scores, coupled with the notable increase in Patient Perceived Energy (PE), underscore the therapy's potential to alleviate trauma-related symptoms and restore energy levels. However, several key aspects warrant consideration.

Firstly, the inclusion of PE as an indicator is particularly noteworthy, as fatigue and tiredness are prevalent complaints among patients seeking medical attention, often without identifiable biomarkers or clear explanations. By quantifying patients' perceived energy levels, the PE indicator provides a tangible measure of improvement in subjective well-being and addresses a common yet challenging aspect of patient care. This underscores the value of holistic assessment approaches that consider patients' subjective experiences alongside objective measures.

Secondly, it's crucial to highlight that the observed trend of pain reduction using VAS is achieved without the application of traditional local pain treatments, as commonly practiced in conventional medical or traditional acupuncture settings. This aspect reinforces the recent definition of nociplastic pain and challenges conventional treatment paradigms and suggests that the therapy may operate through distinct neurophysiological mechanisms, diverging from traditional approaches.

Furthermore, the absence of biomarker data limits our understanding of the therapy's precise neurophysiological mechanisms. Incorporating biomarker analysis in future studies could elucidate the specific pathways targeted by the therapy and provide quantitative evidence of its effects on stress hormone levels, inflammatory markers, or neural activity.



Additionally, while the therapy demonstrates a uniform clinical response across diverse ICD 11 conditions, indicating common underlying neurobiological pathways, further investigation is needed to elucidate these shared mechanisms comprehensively. Future research could explore the therapy's impact on neural circuitry, neuroendocrine regulation, and immune function to validate and refine the neurophysio-pathological model.

Moreover, this study highlights the need for longitudinal assessments to evaluate the therapy's long-term effects and durability of response. Longitudinal studies could track changes in symptomatology, biomarkers, and functional outcomes over extended periods, providing insights into the therapy's sustainability and potential for relapse prevention.

Additionally, comparative effectiveness research comparing the therapy with standard treatments or placebo interventions could strengthen the evidence base and clarify its therapeutic value. Randomized controlled trials incorporating objective outcome measures and blinding procedures could minimize bias and enhance the robustness of findings.

In conclusion, this study adopts a unique approach by introducing novel indicators, SAS, and PE, which offer comprehensive insights into the multifaceted nature of trauma-related symptoms. While this study offers promising evidence of the therapy's efficacy for trauma stress, addressing the aforementioned limitations through biomarker analysis, longitudinal assessments, and comparative effectiveness research is essential. By overcoming these weaknesses and conducting further studies, we can deepen our understanding of the therapy's mechanisms, optimize treatment protocols, and ultimately improve outcomes for individuals affected by trauma-related conditions.





References

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Burback L, Brémault-Phillips S, Nijdam MJ, McFarlane A, Vermetten E. Treatment of Posttraumatic Stress Disorder: A State-of-the-art Review. *Curr Neuropharmacol*. 2024;22(4):557-635. doi: 10.2174/1570159X21666230428091433. PMID: 37132142; PMCID: PMC10845104.




Figure 1 Treatment impact measured by Stress anxiety spectrum (SAS), Visual analogue scale (VAS) and perceived energy (PE) by Recall traumas time trends categories, stratified by nine medical conditions, Chiren Therapy Centre, Limerick, Ireland, September 2019 – September 2023.

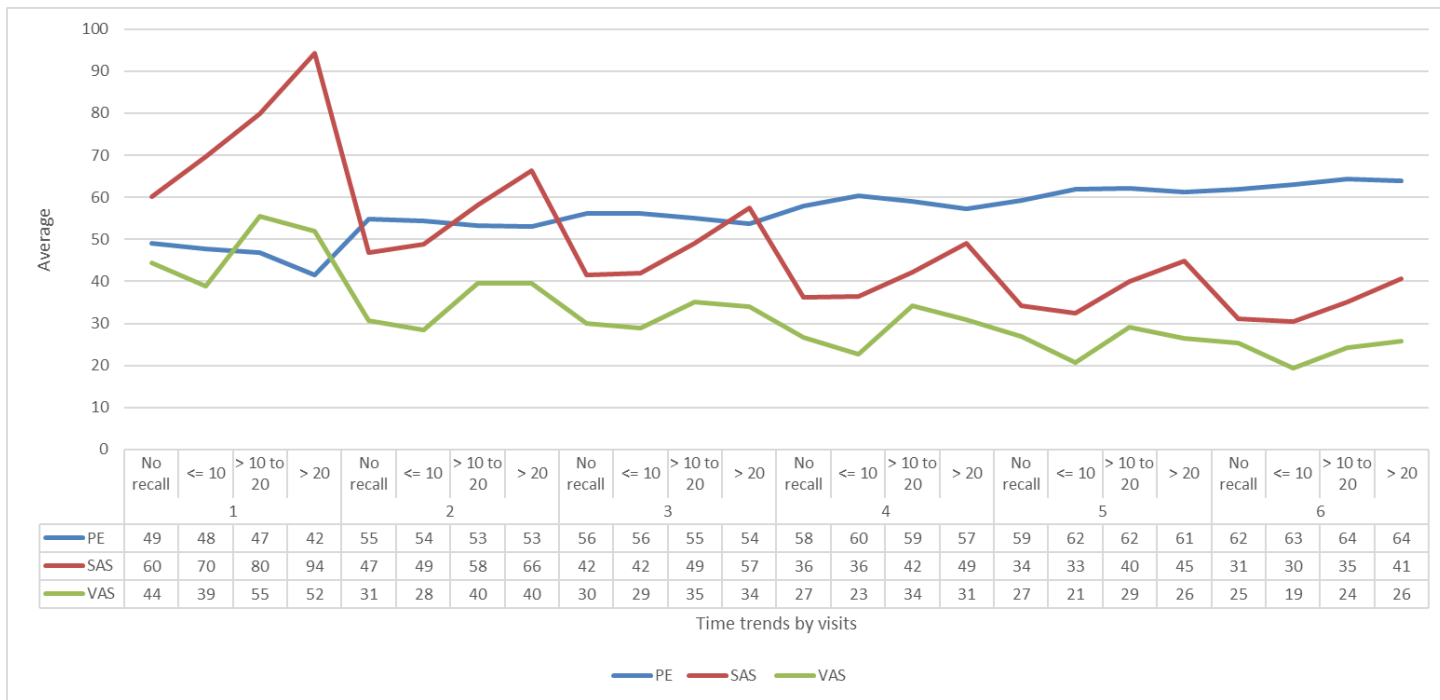
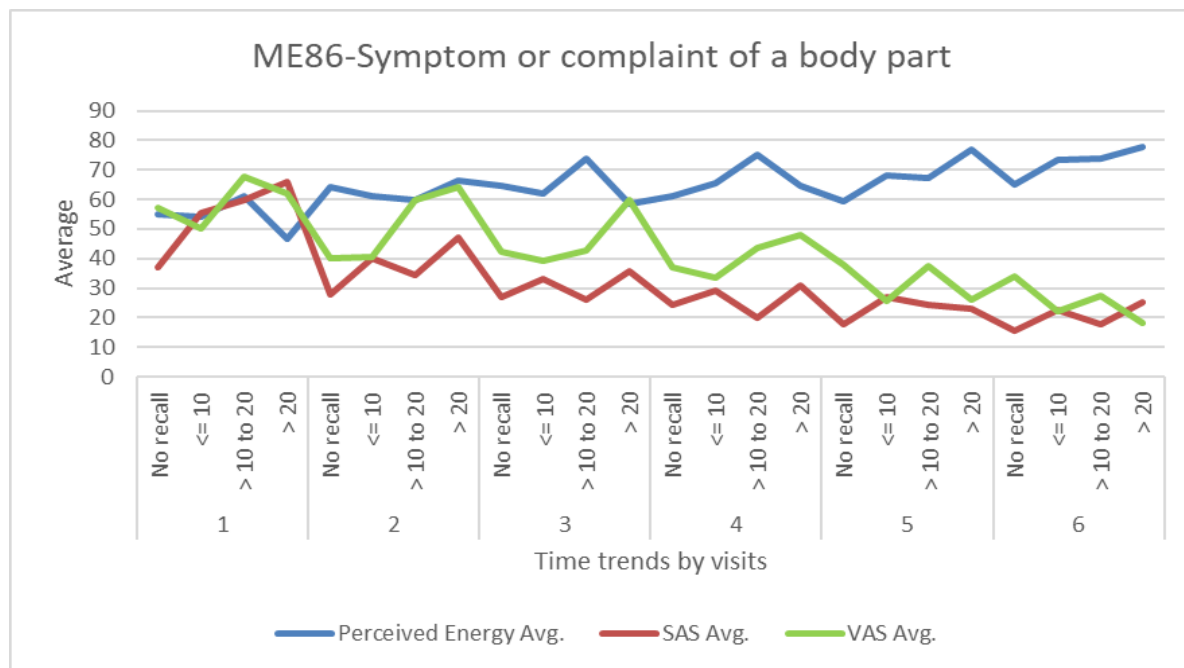
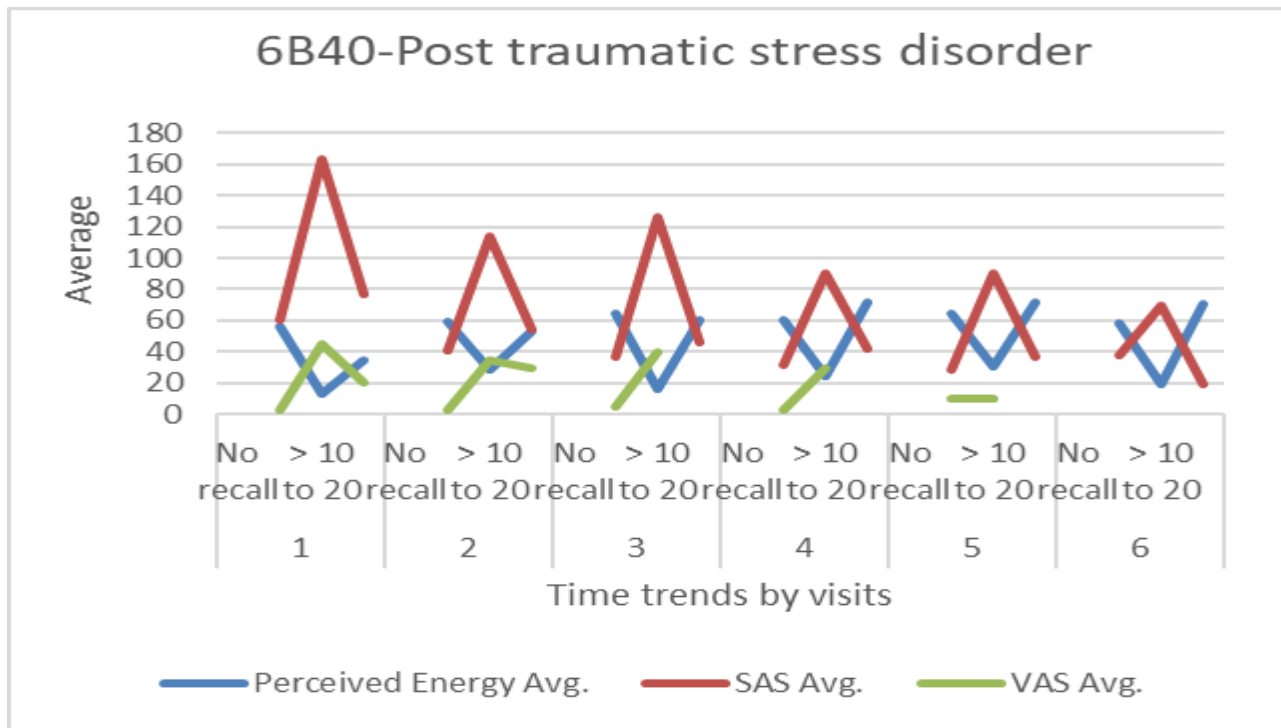
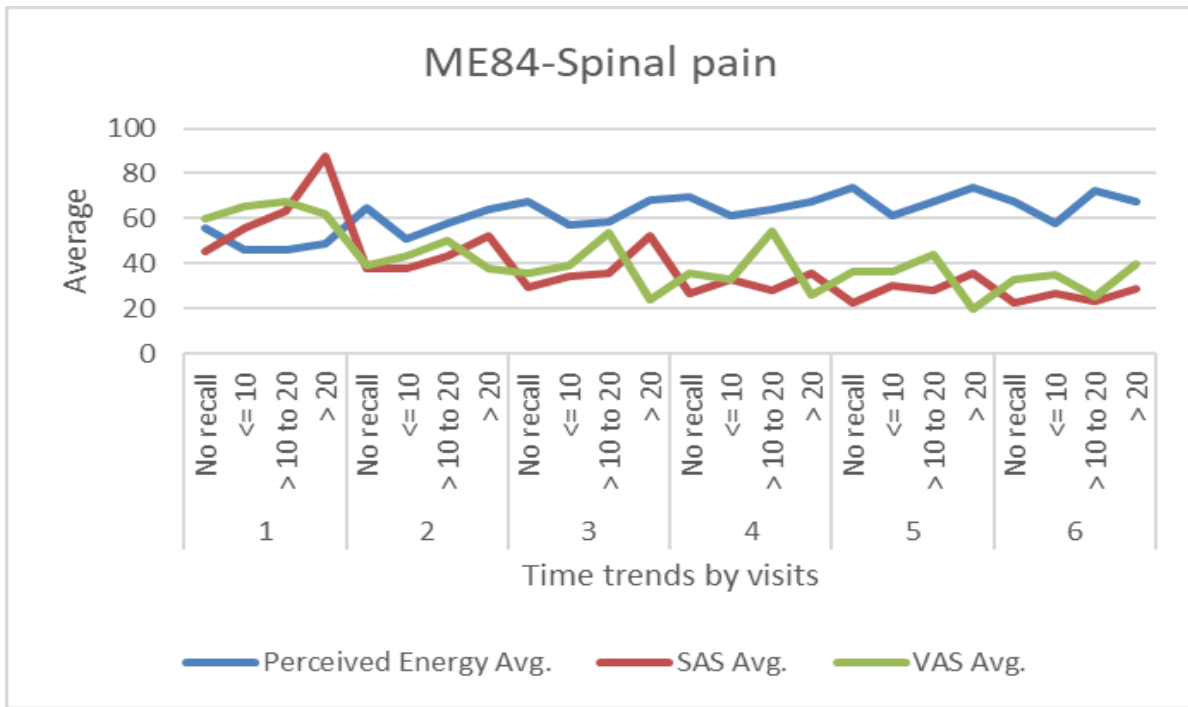
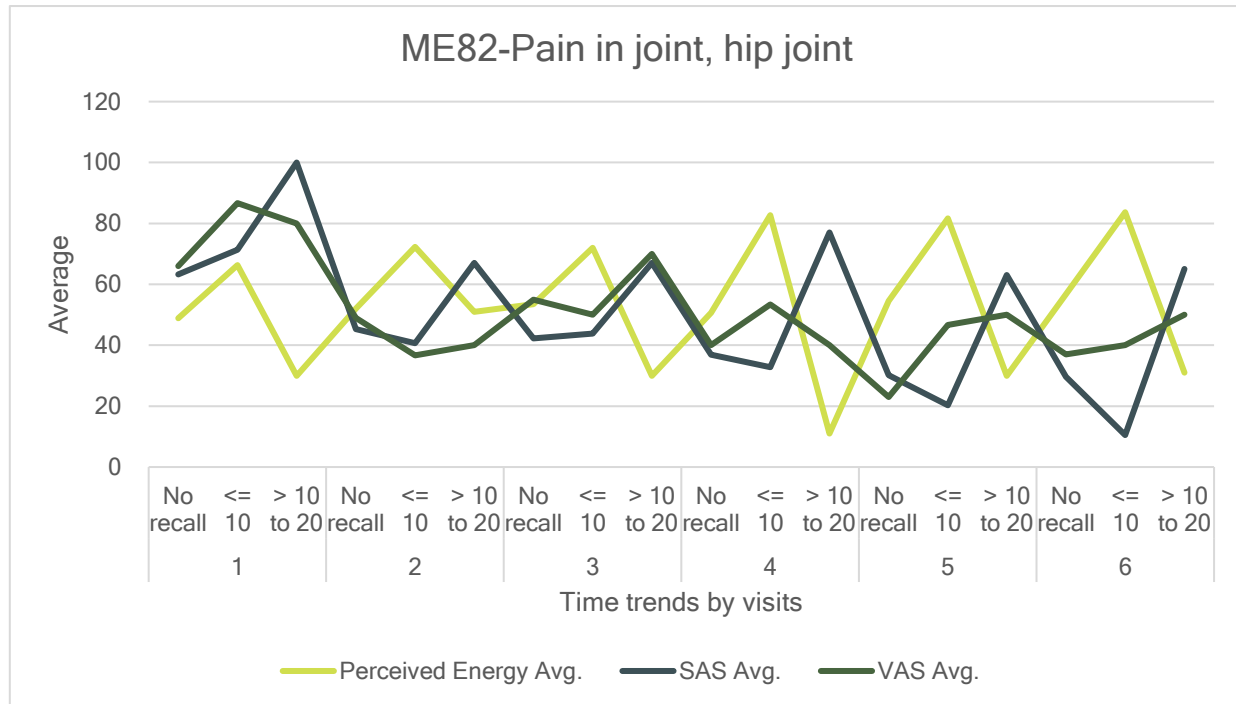
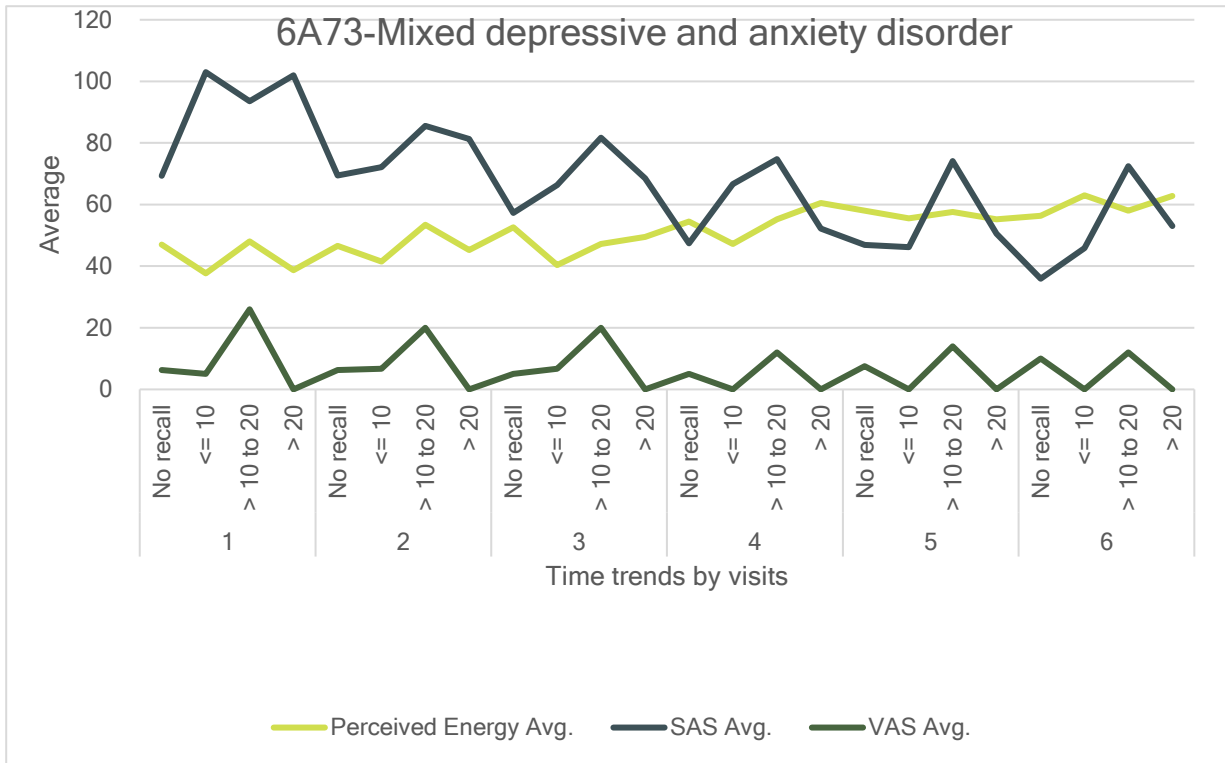
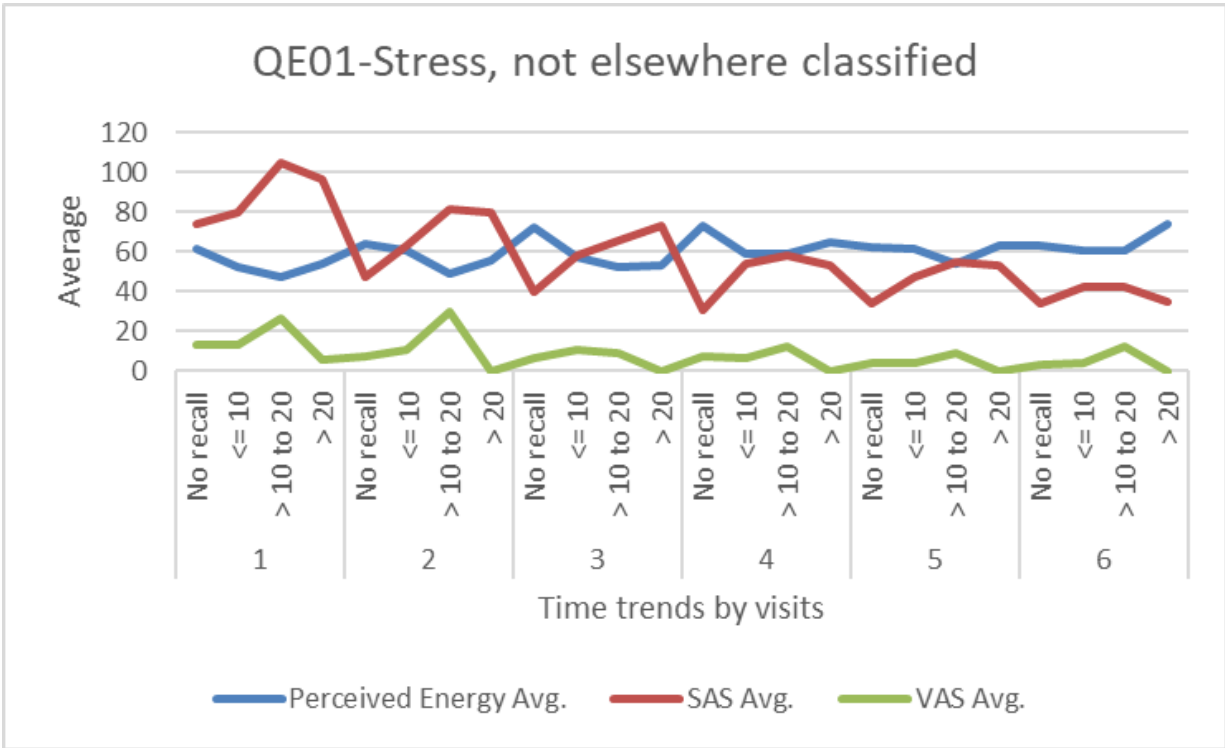
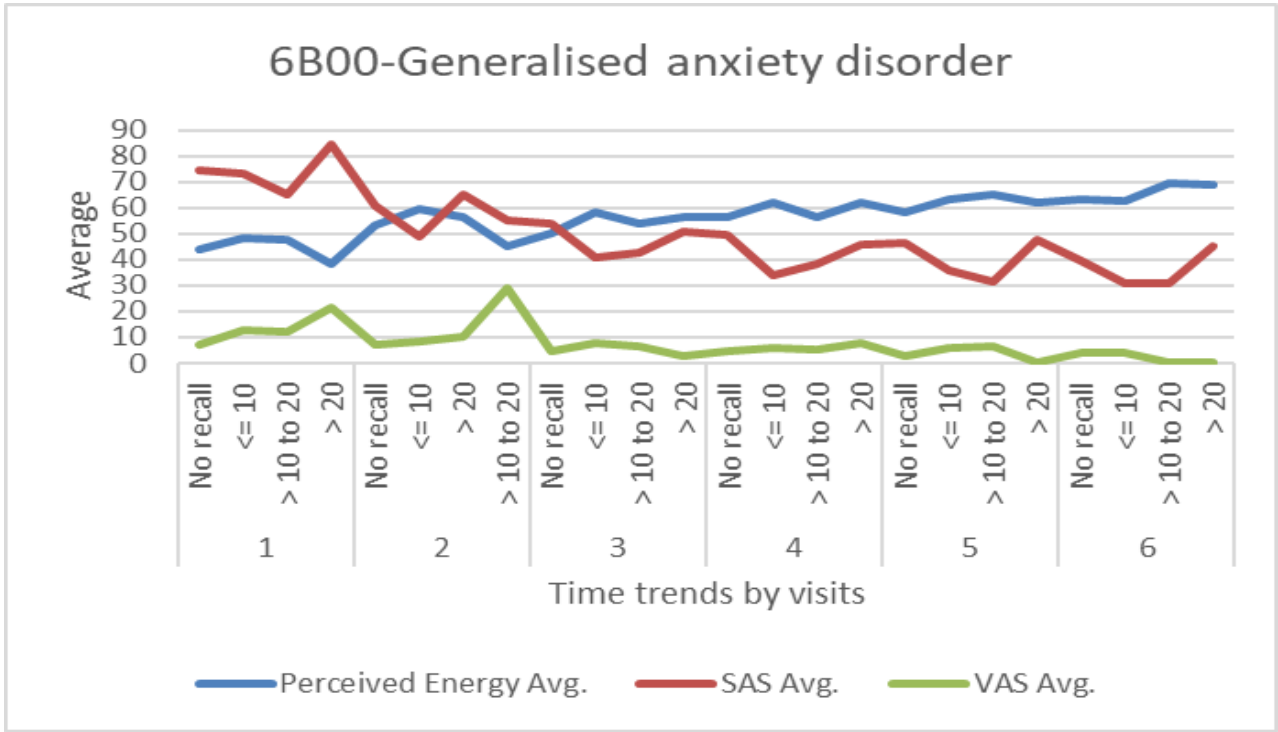


Figure 2: Treatment impact measured by Stress anxiety spectrum (SAS), Visual analogue scale (VAS) and perceived energy (PE) by Recall traumas time trends categories, stratified by nine medical conditions, Chiren Therapy Centre, Limerick, Ireland, September 2019 – September 2023.









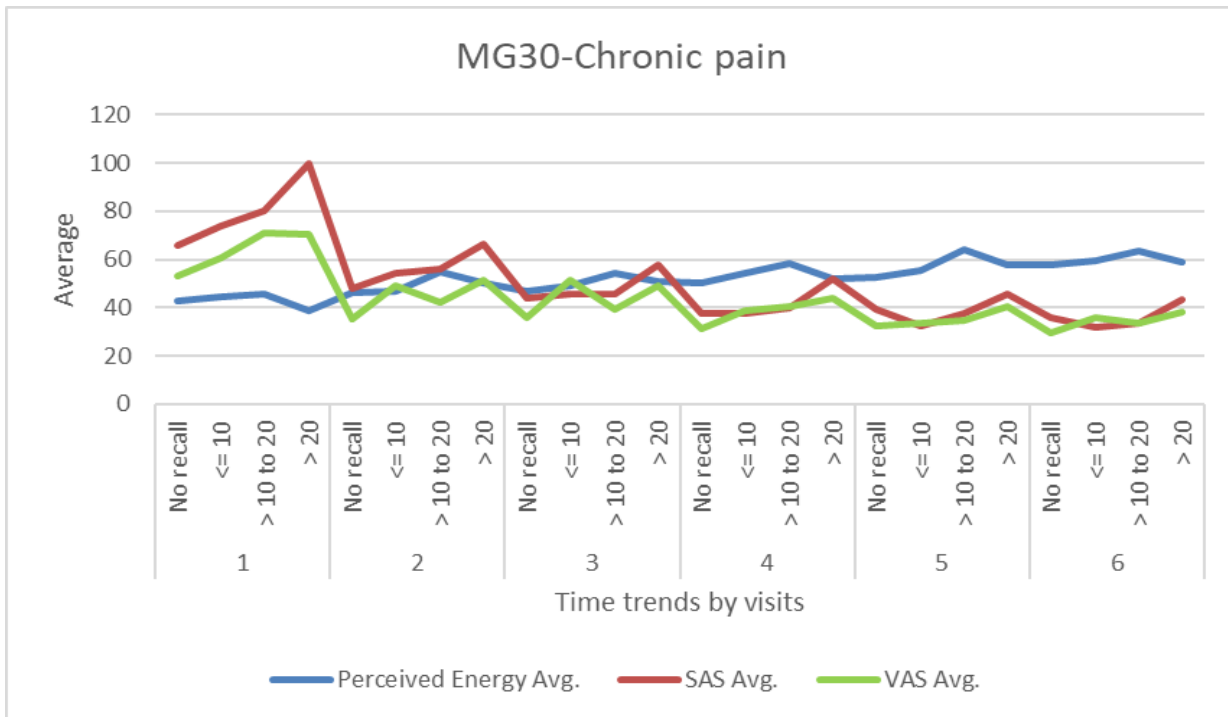
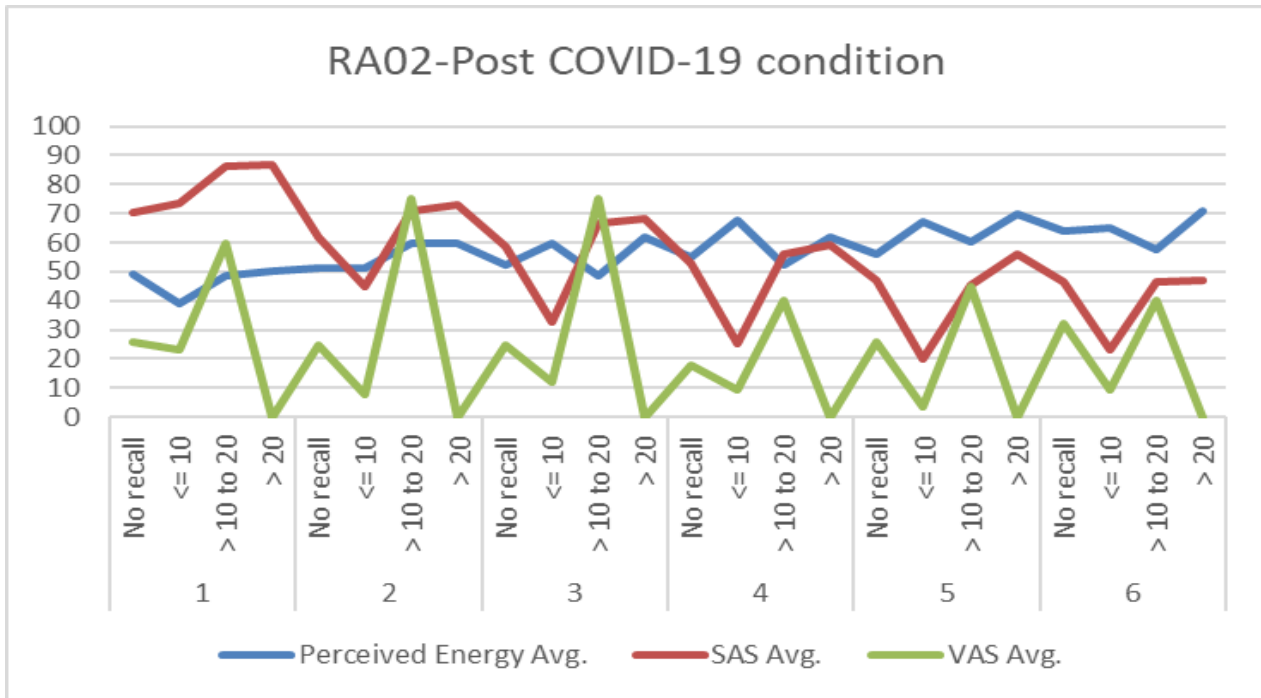


Table 1. Percentage of variation by Stress Anxiety Spectrum (SAS), Perceive Energy (PE), and Visual Analogue Scale (VAS), stratified by Trauma Re call groups, after five treatments in 517 patients. Chiren Therapy Centre, Limerick, Ireland, September (2019 to September 2023).

| Recall groups | PE | SAS | VAS |
|----------------------------|-----------|-----------|-----------|
| No recall | 26 | 48 | 43 |
| <= 10 | 32 | 56 | 50 |
| > 10 to 20 | 37 | 56 | 56 |
| > 20 | 54 | 57 | 50 |
| Overall Percentages | 37 | 54 | 50 |