



ejom
Vol.8. No.6. 2017

Treating Trauma

Traumatic Stress: Management of Physical and Psychological Trauma with Acupuncture

Hamid Montakab

ABSTRACT

Traumatic stress or shock reaction is a psychological condition arising in response to a terrifying or traumatic event which induces an acute and strong emotional response, and may develop into a condition known as 'PTSD' (Post-Traumatic Stress Disorder). The acute traumatic stress is defined by a 'dissociative' condition, with reduced perception and awareness, even coma. Later there will be a total or partial amnesia concerning the traumatic event.

The clinical consequences of a retained trauma may vary in intensity:

- re-experiencing of the event, recurrent thoughts or dreams; distress (when reminded)
- avoidance of any reminding stimuli: feelings, thoughts, places, individuals, and activities
- anxiety, restlessness, insomnia, concentration problems and hypervigilance
- disruptive, or maladaptive thinking or behaviour; panic attacks
- numerous psychiatric conditions
- serious health issues

From a Western physiological perspective, the body's response to stress, termed 'the fight-or-flight response', is characterised by an increased release of adrenaline and other catecholamines by the adrenal glands, resulting in a raised blood flow to the muscles, the heart (with a rise in heart rate and blood pressure) and the brain, with dilation of pupils, and an increase in the amount of glucose released by the liver. This is the sympathetic subunit of the autonomic nervous system involving the hypothalamic-pituitary-adrenal axis.

The impact of a given traumatic event depends greatly on the individual: constitution, temperament, environment, as well as on the age of the subject.

From a Chinese medical perspective, the intensity of the shock would greatly depend on the strength of the Kidney (*jing*) and

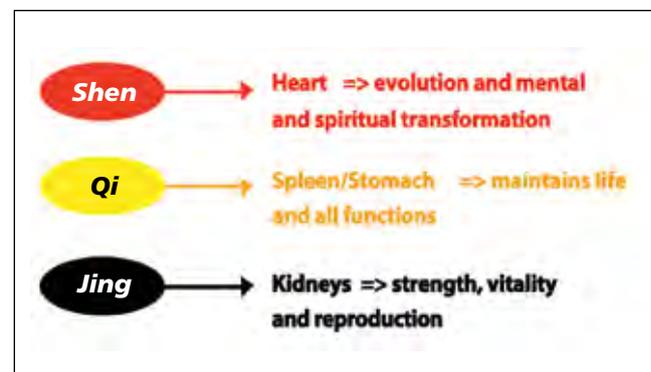
the Heart (*shen*). In fact by modernising the language of the ancient Chinese medical model, we often find extremely insightful parallels with Western medical and physiological concepts.

The management of acute or chronic traumatic stress with Chinese medicine and acupuncture is threefold:

- releasing the retained energy mass from the level where it is trapped (*wei*-Blood-*jing*)
- bringing the event into consciousness (*shen*)
- restructuring the belief system (cultivation of the mind)

CONSTRUCT OF THE PSYCHE IN CHINESE MEDICINE

The notion of the psyche in Chinese classical medicine is resumed by the concept of '*shen*', most often translated as Spirit or Mind (G. Maciocia). *Shen* is the life principle, it resides in the Heart and reflects in the eyes. *Shen* represents the sum total of all emotional functions and all spiritual aspects of the human being.

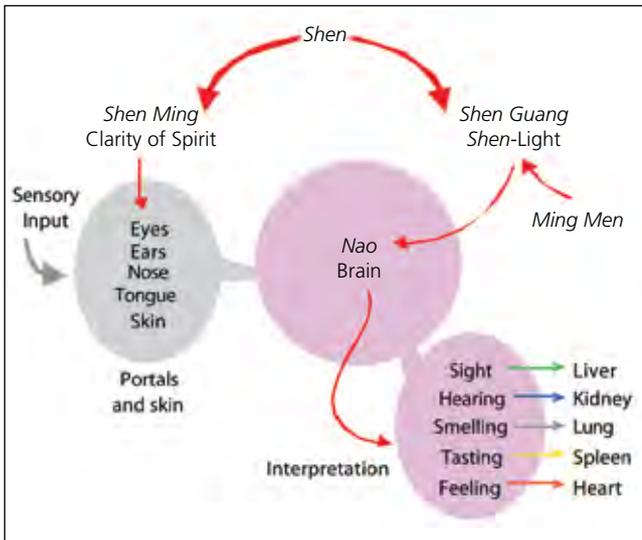


The mental activities depend on the 'Three Treasures', *shen*, *qi* and *jing*:

- *shen*: manages the co-ordination, organisation, balance, options and choices
- *qi*: maintains the function (mental energy)
- *jing*: nourishes the brain matter, substance

Shen is responsible for the overall functioning of the Brain 'nao' manifesting as:

- *shen* Light '*guang*': Mind in its broadest sense; mental activity; wakefulness
- *shen* Clarity '*ming*': awareness; sensory perceptions, interpretation and coherent response (speech)

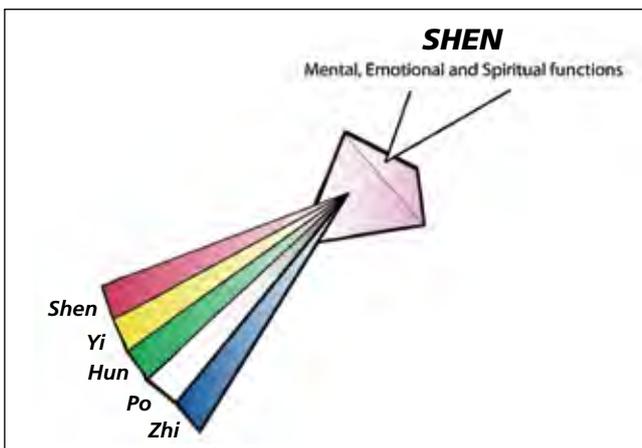


Awareness is the result of the harmonious activity of the 'zang-fu' as expressed by '*shen ming*'.

'When *qi* and Blood are complete and harmonised; when *wei qi* and *ying qi* are complete and unimpeded, when the 5 *zang* are complete and evolved, then the *shen*-spirit resides in the Heart and Mind (*yi*); the *hun* and *po* contain themselves within the *zang*, and Humanity is complete.'

Ling Shu, Chapter 54

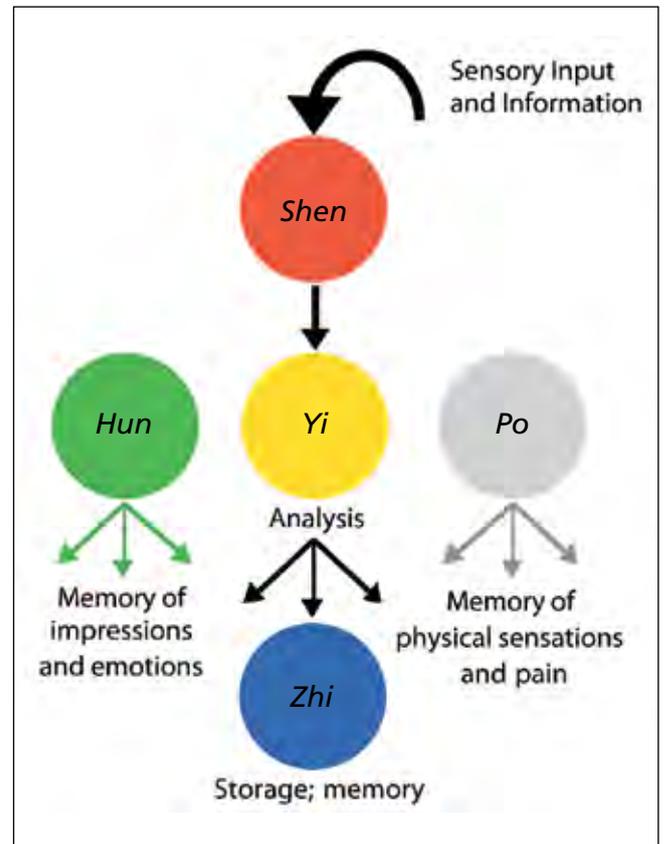
The Five Spirits or the Five *zhi* (Will) participate in all mental and emotional functions, *shen* remaining the co-ordinating and formatting principle.



The functioning of the mind in normal conditions can be simply resumed:

- information in the form of sensory input, is perceived and identified by the *shen*
- then passed on to *yi* for 'digestion', analysis and sorting out (conscious memory)
- deeper storage takes place by the *zhi* for later use; this is the subconscious level of the memory (necessitates thinking to bring out the memory)
- *hun* and *po* insure the 'free flow' and the 'entry and exit' of movements; in the absence of *shen* they are responsible for the unconscious memories (see below)

From a modern perspective; *shen* represents the 'conscious' part of the psyche. It is estimated that the conscious mind constitutes only a minute fraction of the human psyche (the tip of the iceberg). When the conscious mind can process 40 inputs in a second, the subconscious and the unconscious parts process millions of pieces of information in the same time. So most of our automatic, reflexive, conditioned and protective reactions are stemming from this part of the psyche, without even the participation of the conscious mind.



CONSEQUENCES OF A TRAUMATIC EVENT

Any physical or psychological trauma may have an impact on any of the three levels of consciousness:

- conscious
- subconscious
- unconscious

In relation to the intensity of the sensory input there could be several types of reaction:

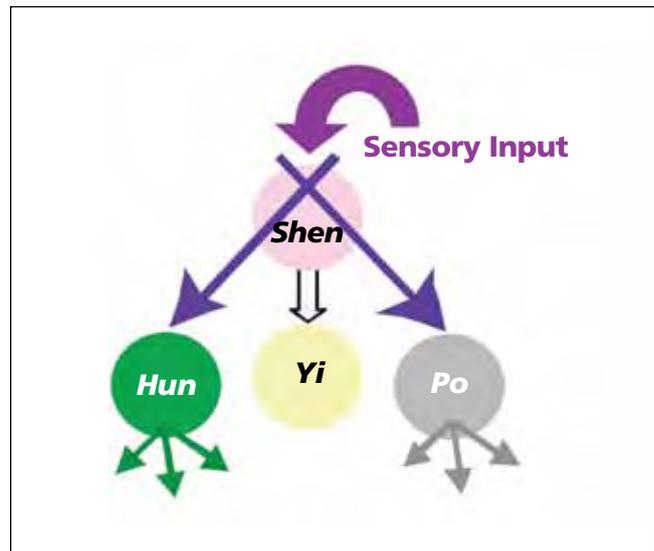
- 'response': speech as mediated by the Heart (e.g. 'you are hurting me; I am afraid...')
- the sensory input is judged threatening or too painful: 'fight or flight' reaction. Obviously here background and beliefs play an important role. The belief that dogs are dangerous, further re-enforced by a personal negative experience, will produce a much stronger reaction in the individual. In this situation, as there is full consciousness, there is a clear memory of the events that can be recalled and analysed later without the emotional manifestation: e.g. 'I can clearly remember the snake and my fear of it' (without actually manifesting the fear)
- the sensory input is very strong, as observed in intense pain or emotional shock: there would be 'dissociation' from the environment or even coma. As there is a partial or total disconnection of the *shen*, which also happens during narcosis, hypnosis or sleep, the mental processing of the events by *yi* cannot take place. The *hun* and *po* take over. *Hun* will store sensory impressions and words, while *po* stores physical sensations and pain. These complex energy masses are not stored in the memory banks, but rather in the body or in the unconscious psyche of the person

For example if the subject had fainted from fear of seeing the snake; any suggestion of the word 'snake' or any image of the snake would bring out the same complex physiological response, intense fear, panic and even loss of consciousness.

In case of a physical trauma, the simple touch of the area may provoke the same original intense physical pain and emotional response.

Chinese medicine refers to these unrelated manifestations as '*gui*' or ghost/unnamed entity. In most cases of traumatic events, in which the event itself is in the sub or unconscious of the person, the acupuncture treatment aims at releasing the '*gui*' to bring it to the conscious level for resolution.

In infants and small children, as the *yi* is not yet fully developed, the reactions are often unconscious and belong to this category, hence, most traumatic events are stored by the *hun* and the *po* in the unconscious part of the mind or in the physical body producing a somatic *gui* (*po*), or behavioural *gui* (*hun*), or even both.

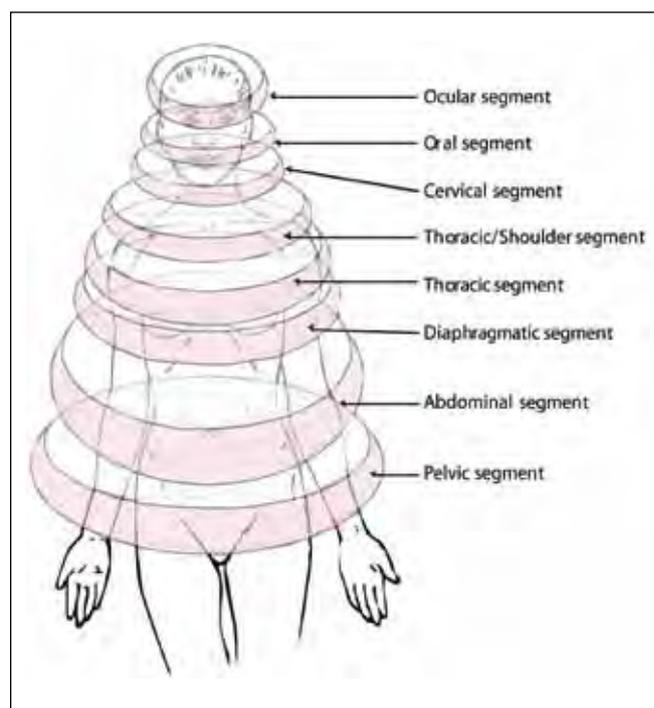


THE HUMAN DEFENCE MECHANISMS

Physical or psychological traumas can affect any of the energetic structures and disturb the normal developments.

- *jing jin*-Sinew channels \Leftrightarrow *wei qi*
- *luo*-Connecting vessels \Leftrightarrow *xue*-Blood
- the Eight Extraordinary and the *jing bie*-Divergent channels \Leftrightarrow *Jing*

The Defensive energy '*wei qi*' is rich on the surface of the body and specifically in the Sinew channels and is responsible for the automatic and reflexive protection of the human being.



Any major or repeated physical traumatic event will have an impact on the Sinew channels. These channels will concentrate the *wei qi* in that particular area in an attempt to protect the subject. This condensed energy will cause a chronic condition of stagnancy in that particular part of the body. These areas are referred to as 'body armours' (a concept proposed by Wilhelm Reich).

Even emotional events have a physical impact. For example repeated sadness or rejection will block the energy in the chest area; anger and rage in the solar plexus; fear in the lower abdomen, etc.

Description of the 'Body Armours'

Ocular segment: eyes, sinuses, ears, head and the occiput.

- causes of armouring: light trauma at birth; fear of seeing, rigid belief systems, indoctrination, denial of the right to know and to hear the truth
- pathology: headaches; red eyes; difficulty to cry; vertigo; tinnitus; amnesia
- points involved: Du 20 *bai hui*, Du 24 *shen ting*, Du 17 *nao hu*, Du 15 *ya men*; St 8 *tou wei*, GB 13 *ben shen*; Du 16 *feng fu*; GB 20 *feng chi*; Bl 10 *tian zhu*, Bl 1 *jing ming*; *yin tang*; GB 1 *tong zi liao*; TH 23 *si zhu kong*; *tai yang*

Oral segment: includes the mouth, tongue, and the jaw.

- causes of armouring: lack of breastfeeding; repressed expression; addictive family
- pathology: jaw tension, crooked mouth; excess smiling; speech problems
- treatment: often combined with the cervical segment

Cervical segment: concerns the neck, throat, larynx and the thyroid glands.

- causes of armouring: repressed anger or tears; fear of choking, nuchal cord; verbal abuse; denial of the right to speak
- pathology: chronic neck pains or tensions; voice, swallowing or throat problems
- points involved: Du 15 *ya men*, Du 26 *ren zhong*; GB 8 *shuai gu*; SI 16 *tian chuang*, SI 17 *tian rong*, SI 18 *quan liao*; LI 17 *tian ding*, LI 18 *fu tu*; St 9 *ren ying*, St 5 *da ying*; Ren 23 *lian quan*, Ren 24 *cheng qiang*

Shoulder segment: includes upper thoracic, shoulder, arms and the upper spine

- causes of armouring: deceptions; injustice, expectations

- pathology: neck, shoulder and arm tensions; agoraphobia, difficulty expressing emotions; difficulty assuming responsibility
- points involved: Du 14 *da zhui*; GB 21 *jian jing*; TH 15 *tian liao*; SI 10 *nao shu*; LI 15 *jian yu*; St 13 *qi hu*, St 14 *ku fang*; Ren 22 *tian tu*; Ki 27 *shu fu*

For the arms add: LI 14 *bi nao*; TH 13 *nao hui*; P 2 *tian quan*; Lu 2 *yun men*; Lu 3 *tian fu*

Thoracic segment: chest, breasts, heart and lungs, the thoracic spine and oesophagus

- causes of armouring: unacknowledged grief; deceptions; injustice; rejection; loveless environment, 'broken heart'
- pathology: diseases of the breasts, chest, heart and lungs; chronic pain and tension between the shoulder blades; difficulty expressing joy or love; fear of intimacy; lack of confidence; codependency; antisocial or hypocritical; overly sacrificing
- points involved: *hua tuo jia ji* of T 4-5; Bl 43 *gao huang shu*; SI 10 *nao shu*, SI 11 *tian zong*; Lu 2 *yun men*; Ht 1 *ji quan*; St 14 *ku fang*, St 15 *wu yi*, St 16 *ying chuang*, St 18 *ru gen*; Ki 24 *ling xu*, Ki 25 *shen cang*; Ren 17 *shan zhong*; GB 22 *yuan ye*, Sp 21 *da bao*

Diaphragmatic segment: solar plexus, hypochondrium, lower thoracic spine, stomach, pancreas, liver and gall bladder

- causes of armouring: domination of will; intense anger, desire to kill, shame
- pathology: ulcers, gastritis, nausea, eating disorders; liver and gall bladder problems; diabetes, hypoglycemia; back pains; scoliosis; aggressivity, manipulateness; persecuting tendency, victim complex
- points involved: Du 8 *jin suo*, Du 9 *zhi yang*; Bl 47 *hun men*; GB 24 *ri yue*; Liv 14 *qi men*, Liv 13 *zhang men*; St 20 *cheng man*, St 21 *liang men*; Ki 21 *you men*; Ren 12 *zhang wan*, Ren 14 *ju que*, Ren 15 *jiu wei*

Abdominal segment: periumbilical, lower abdominal and lumbar areas, intestines; uterus

- causes of armouring: sexual, physical or emotional abuse; fear of being attacked or a desire to attack, vengeance, hatred; neglect
- pathology: fear (often combined with cervical block); abdominal and lumbar diseases, sterility and sexual dysfunctions
- points involved: Du 4 *ming men*; Bl 52 *zhi shi*; GB 25 *jing men*, GB 26 *dai mai*; Sp 15 *da heng*; St 25 *tian shu*; Ki 16 *huang shu*; Ren 8 *shen que*, Ren 6 *qi hai*, Ren 4 *guan yuan*, Ren 3 *zhong ji*

Pelvic segment: pelvic and sacral regions, intestines, bladder, genitals, rectum, perineum

- causes of armouring: sexual taboo; early toilet training, sexual abuse; birth trauma, abandonment, malnourishment
- pathology: sexual repression, fear of movement, anxiety, rage; lack of discipline and focus; obesity or anorexia; urinary, genital and rectal dysfunctions; intestinal problems; bones, leg and spine disorders
- points involved: GB 29 *ju liao*, GB 30 *huan tiao*; Bl 53 *bao huang*, Bl 32 *ci liao*; St 29 *gui lai*, St 30 *qi chong*; Sp 12 *chong men*; Ki 11 *heng gu*; Ren 1 *hui yin*, Ren 2 *qu gu*, Ren 3 *zhong ji*; Du 1 *chang qiang*, Du 2 *yao shu*

It is recommended to open this segment last; opening the neck segment helps open the pelvic segment.

The Luo Mai-Connecting vessels and the capillary network

The *luo mai* constitute the second line of defence. The *luo* are responsible for our 'relating' to the outside and our emotional responses to the world. A repeated aggression and its emotional response will be retained/contained in the *yang luo* of the corresponding channel system:

- anger, frustration and irritability \Leftrightarrow *luo* of the GB
- excitement, craving and anxiety \Leftrightarrow *luo* of the SI
- worry and pensiveness \Leftrightarrow *luo* of St
- Grief and sadness \Leftrightarrow *luo* of LI
- fear and shock \Leftrightarrow *luo* of Bl

In the treatment of residual traumatic stress, the *luo* become very useful in the management of habitual moods, emotions or personality disorders.

For example a pattern of fearfulness may be treated by releasing the *luo* of the Bladder (Bl 58 *fei yang*), by a bleeding technique, as well as bleeding the varicosities on the trajectory. Habitual irritability, or a sense of frustration could be treated with GB 37 *guang ming*.

All the *luo* have been traditionally indicated for mental-emotional disorders:

- Lu 7 *lie que*: loss of memory; nervous trembling; manic laughter; dispirited; hallucinations; helps to let go; helps to release and express emotions
- LI 6 *pian li*: manic depression; talkativeness; anxiety

- St 40 *feng long*: tightness in the solar plexus; anxiety, dizziness; phobia; schizophrenia; yang ming type mania (climbing to sing, undressing to run); hallucinations; mind obstruction by phlegm
- Sp 4 *gong sun*: insomnia; restlessness; manic depression; epilepsy
- Ht 5 *tong li*: emotional overreactions; stage fright; anxiety and cold; agitation and palpitations; urinary frequency from emotions; fear; hysteria; lack of decisiveness; talking to oneself
- SI 7 *zhi zheng*: anxiety; terror; hysteria; neurasthenia; repressed emotions; incoherent speech; loss of consciousness
- Bl 58 *fei yang*: madness
- Ki 4 *da zhong*: settles the emotions; inferiority complex; lack of authority; disorientation; premenstrual depression; panic attacks; hysteria; dementia; anxiety; fear of people; aphasia and somnolence
- P 6 *nei guan*: forgetting words; indecision; laziness; stress, anxiety with palpitations; fear and fright; insomnia; hysteria
- Liv 5 *li gou*: lack of joy; fear, sighing; plum pit when speaking; incoherent speech; excessive worry; panic attacks; fright with palpitations; hysteria; treats three types of 'worms' or 'ghosts': hungry ghost (food and material desires and obsessions), lusty ghost (sexual desires) and wandering ghost (emotional desires)
- Ren 15 *jiu wei*: insomnia; depression; difficulty finding words; boredom; feeling of doom; absentmindedness; anxiety; mania; hysteria
- Du 1 *chang qiang*: intellectual fatigue; insanity, hysteria

I particularly recommend the following:

- Lu 7 *lie que*: helps to let go and to forgive; helps to release and express emotions
- P 6 *nei guan*: helps open the chest, helps to remember and to let go of a traumatic memory
- Ki 4 *da zhong*: to help strengthen the character and regain trust (together with Ki 8 *jiao xin*)

The Eight Extraordinary vessels

The Extraordinary vessels define our physical and psychospiritual developments according to a very specific programme. Any significant trauma will affect the deepest level, the *jing*-essence. They serve as reservoirs to contain not only external pathogenic factors, but also internal pathogens, which in fact are the unresolved emotions caused by any traumatic event. The Eight Extra are indicated in constitutional therapy.

- **Chong mai** mainly deals with any pathology related to pre-birth (Anterior Heaven): as in inherited factors or gestational phase diseases or emotional shocks to the mother, as well as perinatal difficulties such as premature birth, difficult births (dystocia, umbilical cord issues) or more often the birth trauma (loss of buoyancy, loss of darkness and the severing of the umbilical cord). The consequences of such a trauma will be difficulties in feeling connected to the world, lack of grounding and a feeling of being incomplete, pessimism, tendency to paranoia and panic attacks. There often is a great dependency on the mother and later on the partner or therapist; quite often depressive and tired especially during the transitional periods (puberty, menopause). Frequent relationship problems, with heartbreaks and disappointment.
- **Ren mai** deals with the first year of an infant, the bonding phase. The ren mai deals with the concept of 'belonging' and gender or group consciousness. A lack of maternal touch or nourishment as well as over-bonding may cause gender, racial or ethnic issues. The *ren mai* issues manifested with over-dependency and codependency, searching for compensations (addictive personality) or eating disorders as well as a lack of commitment and feeling victimised.
- **Du mai** is the vessel of individuality, it also defines the strength of character. An overstimulation of *du mai* (in adapted games, TV, excessive parental demands) may produce hyperactivity or attention deficit patterns in children, or a rebellious attitude. A weakness of *du mai* through over-protectiveness of the mother or the absence of the father may result in excessive shyness, identity issues and difficulties in expression and behaviour.
- **Dai mai** is the vessel of latency, absorbing excesses and violations and suppressed sentiments (problems that are swept under the carpet). *Dai mai* addresses traumatic events that the subject could not deal with at the time by holding them in the form of Dampness and Phlegm. The person feels disconnected with the lower parts, lacking creativity and feeling scattered.
- **Yin wei mai** relates to self-identification, possessiveness and ownership, as well as beliefs and memory. *Yin* and *yang wei* deal with transitional periods of one's life. Issues with *yin wei* manifest as a person stuck in some past romantic or, the opposite, painful and shocking event or memories. An event in the present may reactivate the initial shock with oppression, agoraphobia, panic attacks or even hostility.
- **Yang wei mai** also deals with transitional periods. Issues with *yang wei* manifest as being obsessed with a certain social image and achievement and with difficulties in adapting to change and with criticism.

- **Yin qiao mai** The *qiao* channels are about 'rooting' in the outer world. The *yin qiao* is the vessel of rooting within the self and of self-acceptance.
- **Yang qiao mai** represents the rooting in the outer world; it is the vessel of accepting the outer world. Issues with *yang qiao* will manifest as political or ecological activism as well as reactivity in the form of allergies or internal Wind.

ACUPUNCTURE MANAGEMENT OF RETAINED TRAUMA

In order to treat the consequences of a deep or a chronic traumatic condition, be it physical or psychological, the Daoists recommend a three-step approach:

- first 'name' the disease
- then 'own' it
- now you can treat it

Naming the disease signifies understanding the deeper roots of the condition and attaching it correctly to the level of *qi*, Blood or *jing* and the correct causative factor. In other words, bringing the problem into the conscious mind.

For example a gastric pain may be medically diagnosed as 'gastritis' (an allopathic label) and treated with antacids, with only symptomatic relief.

With TCM the condition would be labelled as Stomach *yin* vacuity or Stomach Heat, maybe from wrong lifestyle, or worry or Liver *qi* stagnation over-controlling the Stomach. Periodic acupuncture treatments would also bring some relief.

Only by analysing the deeper ramifications of this Liver suppressed energy and by labelling it as suppressed anger can we start owning the condition. This means recognising that the 'Anger' is my 'own' and hence I can deal with it.

The 'cultivation of the mind' is precisely learning about the relation between our thoughts and the body, between the *shen* and the *qi* or the 'psyche' and the 'soma'.

- In practice, when patients have no recollection of the traumatic event, their dreams may be very revealing. One of the functions of dreams is an attempt of the unconscious to deal with suppressed emotional issues and bring them to the conscious mind. This in Chinese medicine would be the Liver in its defensive function of 'General of the Army', through the offices of *hun*, attempting to release internal pathogenic factors (the emotions), via the dreams. Hence dream interpretation and dream work is central to working with retained trauma. Dream work helps both with identifying the suppressed emotion as well as monitoring the patient's progress. For example in the case of a female patient describing recurring

nightmares of being attacked by horned animals, (a Liver Fire pattern), and waking up in a state of panic and fear; after several treatments she reported still having the nightmare, but was now finding solutions in her dreams to avoid being harmed, denoting that Kidney *qi* was getting stronger and providing new life strategies for the person.

Furthermore, I often resort to the points of the outer branch of the Bladder channel: Bl 42 *po hu*; Bl 49 *yi she*; Bl 44 *shen tang*; Bl 47 *hun men*; Bl 52 *zhi shi* and Bl 43 *gao huang shu*. The fullness or tenderness of these points clearly indicates the type of emotion that is retained.

- My initial treatment aims at releasing all physical or psychological traumas, be it conscious or unconscious with:

=> St 14 *ku fang* (Storehouse): helps assimilate the outer world Together with Ht 3 *shao hai* and Bl 62 *shen mai* (French school)

- When the event is in the subconscious to help bring it to the surface and talk about it:

=> Lu 7 *lie que*; P 6 *nei guan*; Ren 17 *shan zhong*; Ki 21 *you men* (The Dark Gate)

- When the trauma is deeply buried in the unconscious, the Sinew channels and the Extraordinary become very useful.

These deeply buried programmes, the '*gui*', act on their own volition (without the consciousness of *shen*), in the presence of any situation that may remind the subject of the initial traumatic event, in an attempt to safeguard the person's physical or psychological (ego) structure.

The manifestations range from simple muscular tension, like bracing oneself against a physical attack, to more complex types of behavioural or even psychotic patterns.

There are a number of acupuncture procedures proposed by the classics, such as Sun Si Miao's thirteen ghost points that have to be used in groups of three in a particular order, according to Master Yuan. Or the treatment of the Five *Gui* by Zhang Jie Bin, as quoted by Maciocia, using the source and the Back *shu* points with specific incantations (which are not mentioned in his text). Or again the Seven Dragons as indicated by Worsley for internal or external demons. The French school proposes the *jing bie* together with the 'Windows of Heaven' to help change the energetics of the psyche. Y. Farrell uses a procedure to release the trauma based on the concept of the seven *po* in relation to cycles of seven (or eight), using *ren* and *du mai* points.

- Time is needed for most cases. To affect *xue*-Blood level three months are required; to attain the *jing* a minimum of six months at least, and to change the belief systems even longer. In all

cases the acupuncture treatments should be accompanied by some sort of cognitive therapy and ideally some type of 'cultivation of the mind' and meditation.

Mindfulness-based stress reduction or mindfulness-based cognitive therapies are some examples of the combination of ancient meditation methods, body awareness and yoga with cognitive behavioural therapies.

- The identification of patterns and emotions that are present depend greatly on the background of the patients. For example where sadness as an emotion may be acceptable in a given society, anger or rage would be condemnable hence a patient might disregard these emotions.

- The reprogramming of the subconscious and the harmful belief systems requires frequent repetition and constant support, very similar to the '12 step program' proposed for the treatment of alcohol or drug addicts. It is very important that the patient takes responsibility and actively participates in their therapy.

Personally, I have found that classical psychotherapy is too slow and that the New Age therapies are more efficient, for example in dealing with 'body armours', Rolfing, bioenergetics or EFT (emotional freedom technique), are very useful. For pre or perinatal trauma, therapies such as primal scream or rebirthing may be proposed. Hypnosis is often one of the fastest methods; other therapies such as NLP (neuro-linguistic programming), art therapy, transpersonal psychology (the list would be too long) may also be appropriate.

Another modern approach consists of having the patient write all that they can remember of the traumatic event, once a week, while under the effect of antipsychotic medication.

Personally I recommend using guided fantasy during the time of the acupuncture treatment. In a relaxed state, the subject's brain naturally moves to alpha or even theta waves (associated with REM sleep in humans); having them visualise pertinent scenes has direct effects on their subconscious.

- During the duration of the therapy, it is equally important to strengthen the *zang fu* as well as the Five Substances, in particular *qi* (to lift the *shen*) and Blood (to root the *shen*).

- Finally, in my experience, in the treatment of deep-seated trauma that has affected the *jing* level such as childhood physical or sexual abuse, war horrors, mass destructions or natural catastrophes etc., acupuncture or herbal medicine are

quite often insufficient. Only therapies that can affect the *jing* layer may be of help, such as *qi gong* and in particular 'Marrow Washing *Qi Gong*'.

Some Words of Caution and Advice

- It is not because we have the tools, that they should be used indiscriminately. Opening Pandora's Box may have very dramatic and unexpected results, as I had to learn from my own early mistakes.

- We cannot help everybody. It is ultimately the patient who sets the pace of their therapy. The *shen* of the patient is required for them to make the necessary changes. The therapist serves as a guide and a mirror at best.

A patient with a weak or obstructed *shen* simply does not have the necessary means to take the required steps in their healing process. Here, for their own safety, I refer the patients to the medical professionals.

- Resistance to change, even for the better, is very human. It is very difficult to let go of our protective shells, even if they are now harming us. The treatment can only succeed if the patient can 'own' their condition.

At the onset of any therapy, there has to be a relation of confidence established between patient and therapist. The patient has to be able to 'ask for help' and to 'believe' in their therapy (the placebo effect) and actively participate in it by performing the prescribed tasks. The aim of the therapist is to restore the self-trust and to empower the patient so that at one point they are strong enough to stand on their own feet and resume their life armed with new tools and healthier belief systems.

CASES

Case 1: A 32-year-old woman had been in an accident on the highway six months prior. She has become incapable of driving since then and even as a passenger cannot take the highway and goes into a panic attack. Having her describe the event, she sees the imminent accident, her car going out of control, and herself being petrified and incapable of reacting to the situation.

- initial treatment: bilateral needling of St 14 *ku fang*; Ht 3 *shao hai*; Bl 62 *shen mai*

- second session: St 14 *ku gang* (bilateral); Bl 58 *fei yang*; Bl 23 *shen shu* (supplemented); Bl 52 *zhi shi* (reduced); Ki 8 *jiao xin* (supplemented)

- following session: P 6 *nei guan* (l); Sp 4 *gong sun* (r); Liv 3 *tai chong*, Liv 14 *qi men* (bilateral)

Discussion: St 14 *ku fang* helps to release the body memory of the shock, together with Ht 3 *shao hai* the *he*-sea point; Bl 62 *shen mai* is added to deal with the reactivity to the outer world. Bl 58 *fei yang* was bled to release the fear; Bl 52 *zhi shi* reduced to release the retained fear and Bl 23 *shen shu* to supplement the Kidney and Ki 8 *jiao xin* to increase self-trust. During the sessions, she was instructed to first visualise herself gliding on a galloping horse on a seashore; next she had to visualise driving smoothly in a car, unhindered, on the same shore. During the follow-up sessions she would be visualising driving on winding mountain roads, smoothly and in perfect control, and later driving on roads with many cars, she weaving in and out of the traffic with grace and agility. The *yin wei-chong mai* was added to help with the panic attacks with Liv 3 *tai chong* and Liv 14 *qi men* for the 'free flow'. After three sessions she was driving herself to the therapy, and after another four sessions she had started taking the highway again.

Case 2: A young woman consults for an ankle sprain. She mentions a strong dislike of needles and of massage and also admits to having an aversion to being touched and even to being caressed. In her history there is a notion of a premature birth and a heart malformation necessitating an open-heart surgery of which she has no conscious memory, just a physical scar.

- initial treatment: bilateral needling of St 14 *ku fang*; Ht 3 *shao hai*; Bl 62 *shen mai*

- follow-up sessions: Sp 4 *gong sun* (r); P 6 *nei guan* (l); St 14 *ku fang* (bilateral); St 15 *wu yi* (bilateral)

- she was treated once a week for four weeks; then once a month

She is now a regular patient and has even been going to the spa for a massage!

Discussion: The *chong mai* (Sp 4 *gong sun*) was used to deal with the pre-birth and birth trauma and the cardiac malformation; the complementary point P 6 *nei guan* was added to help release the retained energies in the chest area.

St 14 *ku fang* helps to release the unconscious body memory and trauma, together with Ht 3 *shao hai* the *he*-sea point. Bl 62 *shen mai* is added to deal with the hyper-reactivity to external stimuli. St 15 *wu yi* helps regulate the 'instinct of protection', specially indicated for people who dislike to be touched.

Case 3: A 38-year-old male complains of a hoarse voice, periodic throat problems, inflammations and loss of voice. In his history there was a notion of a difficult birth with a

nuchal cord (umbilical cord around the neck). He admitted to disliking wearing a necktie or turtle-neck sweaters, also a fear of choking in water; he cannot submerge his head in water.

- initial treatments: Sp 4 *gong sun* (bilateral); Ki 16 *huang shu* (bilateral); Ren 22 *tian tu*; Du 16 *feng fu*

- follow-up: SI 18 *quan liao*; GB 13 *ben shen*; local *ah shi* points; Du 15 *ya men*; Ren 23 *lian quan*

- alternate points (Windows of Heaven): SI 16 *tian chuang*; SI 17 *tian rong*; LI 17 *tian ding*; LI 18 *fu tu*; St 9 *ren ying*

Discussion: The *chong mai* (Sp 4 *gong sun*) was used to deal with the birth trauma; Ki 16 *huang shu*, another *chong mai* point, deals with the umbilical nourishment; Du 16 *feng fu* and Ren 22 *tian tu* are Windows of Heaven and regulate the energetics of the neck. The Sinew channel meeting points SI 18 *quan liao* and GB 13 *ben shen* together with local *ah shi* and other Windows of Heaven help release the 'cervical armour'. He was encouraged to take up singing classes. Also to get goggles and snorkel tube and start by progressively submerging first his lower face and then his head in the bath tub and later to snorkel in a swimming pool and finally in the sea. He even started doing shallow dives later.

Case 4: A woman aged 32 consults for recurrent urinary and genital infections; she also complains of having an excessive amount of cellulitis around the buttocks and upper thighs. Further delicate interrogation reveals an episode of sexual abuse at the age of five, of which she has a vague memory.

- initial treatment: bilateral GB 41 *zu lin qi*; GB 26 *dai mai*; GB 27 *wu shu*; GB 28 *wei dai*

- follow-up treatments: choosing and alternating between: GB 29 *ju liao*, GB 30 *huan tiao*, Bl 53 *bao huang*, Bl 32 *ci liao*; St 29 *gui lai*, St 30 *qi chong*; Sp 12 *chong men*; Ki 11 *heng gu*; Ren 1 *hui yin*, Ren 2 *qu gu*, Ren 3 *zhong ji*; Du 1 *chang qiang*, Du 2 *yao shu* according to reactivity (*ah shi*)

Discussion: The *dai mai* was chosen to release the retained traumatic event. These points were repeated several weeks in a row to help bring the traumatic episode clearly into the consciousness. The local points were used to release the 'pelvic armour'. Further sessions were required to speak about the trauma and to change the image using guided imagery (visualisation).

Case 5: A single woman of 45 presenting anorexia with a constant feeling of being abused and victimised socially or

in her private life, difficulty in maintaining a relationship and very critical of the state of the world and of all people in general. She also complains of frequent back pains and presents a very rigid spine. She was abandoned as a child, a family with many siblings and an uncaring mother, an alcoholic father who committed suicide when she was six.

- treatment: Ren 14 *ju que*; St 23 *tai yi*

- follow-up: Lu 7 *lie que*; Ren 17 *shan zhong*, Ren 12 *zhong wan*; Ren 4 *guan yuan*

- follow-up: Bl 62 *shen mai* with SI 3 *hou xi*

- further treatment: huang (Nourishment) points: Bl 43 *gao huang shu*, Bl 51 *huang men*, Bl 53 *bao huang*, Ki 11 *heng gu*, Ren 6 *qi hai*

Discussion: I always use Ren 14 *ju que* and St 23 *tai yi* as a first treatment for patients who have lost the desire (passion) to live. The *ren mai* was selected to address the lack of maternal nourishment and bonding, feeling victimised and the eating disorders. The follow-up with *yang qiao mai* and *du mai* helps treat the non-acceptance of the outer world as well as the over-compensation in the *du mai* (stiff back). The *huang* points are added to treat the lack of nourishment on all levels. The treatments were continued in conjunction with psychotherapy for 18 months. Frequent emphasis was put on Lu 7 *lie que* to help forgive and let go of her hurts; and on Bl 43 *gao huang shu* to strengthen her sense of self-worth and self-love.

Case 6: A young woman developed a paraplegia after an epidural anaesthesia during childbirth. The medical profession had been baffled, this complication being extremely rare. She had been in a wheelchair for three years when she consulted me. I decided to dig deeper into her past history; it came out that she had been repeatedly sexually abused by her father between the ages of 12 and 17, when she finally left home and later got married to a very gentle and supportive man.

- initial treatment: GB 41 *zu lin qi*; GB 26 *dai mai*; GB 27 *wu shu*; GB 28 *wei dai*

Discussion: *Dai mai* was chosen to release the retained traumatic event, followed by local points to release the 'pelvic armour'. It was obvious that the physical 'aggression' of the epidural procedure, combined with the labour pains had reactivated the physical memory of the trauma. I recommended her to seek therapy in conjunction with the acupuncture treatments.

Two months later, after an intense therapy session in which the psychiatrist had tried to have her face her fears of the father, she attempted to commit suicide, that fortunately failed, but she was interned in a psychiatric ward. We managed to get permission for me to visit her in the clinic.

- treatment: Ren 14 *ju que*; St 23 *tai yi*; Bl 52 *zhi shi* (to restore the desire and the will to live)

- follow-up: GB 41 *zu lin qi*; GB 26 *dai mai*; GB 27 *wu shu*; GB 28 *wei dai*

- alternated with: P 6 *nei guan*; Sp 4 *gong sun*; St 30 *qi chong* and St 36 *zu san li*

- follow-up: local *yang* barrier points to bring *yang* down: Bl 29 *zhong lu shu*; GB 31 *feng shi*; St 39 *xia ju xu* as well as points to release the pelvic armour

Discussion: The *yin wei* and *chong mai* were added to help let go of the fixation with the past traumatic event. Guided imagery was also implemented during the acupuncture sessions. Treatments were resumed after she was released from the ward. After three months of treatment, she started regaining warmth and colour in her lower extremities. After six months she could move her toes. Today she is walking again and has gone back to work.

CONCLUSION

In spite of what this text might seem to propose, the treatment of post-traumatic disorders are very complex and may prove very delicate or at times tricky. The patient might even not be ready for this and present a major rejection to the memory.

Acupuncture alone is often insufficient to treat old retained events hence the importance of interactive therapies. It is important to underline that not only the retained trauma needs to be released, but that all the mental conscious or unconscious beliefs pertaining to the event have to be reprogrammed, hence the importance of supportive psychological work.

Visualisation and guided fantasy techniques are very helpful in replacing the mental patterns. In cognitive type therapies, the relation between thought-emotion-behaviour is well recognised, it is stipulated that changing the thoughts can change the behaviour.

I would add a fourth element to the triangle: thought-biology (chemistry)-emotion-behaviour. In fact our thoughts and belief systems do change the neurotransmitter hormones in our brains that define our emotions. For example intense sports can release brain endorphins creating a sense of wellbeing and self-trust. Furthermore, *qi gong* and various meditation techniques have now proven their efficiency in modulating the brain's activity.

REFERENCES

Farrell, Y. (2016). *Psycho-Emotional Pain and the Eight Extraordinary Vessels*. Singing Dragon.

Kespi, J.-M. (1982). *Acupuncture*. Moulin-les-Metz: Maisonneuve.

Kespi, J.-M. (1985). *Cliniques: Acupuncture*. Paris: De la Tisserande.

Larre, C., Rochat de la Vallée, E. (1996). *The Seven Emotions*. London: Monkey Press.

Maciocia, G. (2006). *The Channels of Acupuncture: Clinical Use of the Secondary Channels and Eight Extraordinary Vessels*. Churchill Livingstone.

Maciocia, G. (2009) *The Psyche in Chinese Medicine*: Churchill Livingstone.

Montakab, H. (2012) *Acupuncture for Insomnia/ Sleep and Dreams in Chinese Medicine*. Thieme.

Montakab, H. (2014) *Acupuncture Point and Channel Energetics/ Bridging the Gap*. Kiener Press.

Montakab, H. (2015). *Chinese Medicine Revisited/ A Western View of Chinese Medicine*. Homaya.

Yuen J. C. *Extract of lectures between 2000 and 2013*, Academy of Chinese Healing Arts, Winterthur.