



ACUPUNCTURE AMBASSADORS

Integrating the **Medicine** of Acupuncture
Into **Global** Healthcare

Anthony M. Giovanniello M.S. Ac., L.Ac.
Founder / Executive Director

mobile +1-917-836-1547 USA
web acupunctureambassadors.org
Anthony@acupunctureambassadors.org

A proposal for the establishment of worldwide Acupuncture clinics to treat PTSD in refugees and victims of torture and train caregivers in Acupuncture Protocols for PTSD.

Among a global population of approximately 40,000 million and growing, refugees, asylum seekers and internally displaced people,¹ the incidence and prevalence of posttraumatic stress disorder (PTSD),² an anxiety disorder that develops following exposure to extreme traumatic stress, is significant. After all, many of these men, women and children have endured torture and/or exposure to extreme violence and fled varying degrees of conflict and widespread aggression. Devoid of access to basic and essential resources including healthcare, western and traditional, and often migratory and marginalized within their host locations, the refugee population is doubly plagued by displacement and PTSD, its affectations and consequences.³ So is the host country/location by extension. After all, human capital and resources devoted to the influx of refugees, asylum seekers and internally displaced people are often limited and/or ill equipped to mitigate its effects.³ Not even to mention the multitudes of victims of terror and torture and the poor in the world who also suffer from emotional and physical issues.

While displacement, uncertainty, unfamiliarity and the lack of occupation induce stress under the best of circumstance, PTSD embroils intense fear, helplessness, and/or horror and induces additional suffering. Extending from to the triggering events—either personally experiencing actual or threatened torture, serious injury or death and/or directly witnessing such occurrences, PTSD often yields flashbacks, nightmares, dissociation, and hyper-vigilance experienced for longer than one month, with persistent re-experiencing of the traumatic event (s).⁴ Yet, posttraumatic stress disorder also induces anxiety, depression, reduced libido, and somatic dysfunction including but not limited to pain and gastrointestinal disorders.⁵ Accordingly, PTSD and its persistence affects not only individuals but also family and community members and those charged with their welfare and care. It stresses and burdens all.

Veritably, the prevalence of PTSD varies across populations, regions, cultures, and space. However, contrast and comparison divulges the vulnerability of the refugee population. Whereas the lifetime prevalence of PTSD for Americans ranges from 7% to 9%,⁶ a recent survey of approximately 3,000 American soldiers returning from Iraq and Afghanistan illuminated that 17% were diagnosed with PTSD within one year after homecoming.⁷ In comparison, 25-69.1% of the men, women and children refugee population experience PTSD, according to the 2008 UNHCR reports.³ While statistics for a refugee population are more difficult to ascertain due to the complexity of assessment across different cultures and their migrant nature,⁸ the 2008 UNHCR findings also highlight that many of these survivors, dependent upon region, have experienced four or more traumatic events.³ Therefore, the intensity of PTSD among these at risk populations and the sheer number of those who suffer from PTSD burden the insular yet vulnerable refugee population and the scarce support service systems available to them.

Among the general population affected by PTSD, an estimated 33% becomes chronic, despite the standard conventional methods of psychotherapy and pharmacological treatment available.¹⁰ Since many medications engaged in PTSD treatment protocols have significant side effects, noncompliance is common.¹⁰ Because of these side effects and a recent UNHCR survey revealing that many refugees forgo medications for chronic and difficult conditions due to cost and/or lack of availability,³ pharmacological PTSD protocols challenge this population and may serve a relatively small segment. A notable ongoing dispute regarding psychotherapeutic treatment forms and efficacies additionally complicates the arena for the most experienced care providers and their patients.¹¹⁻¹³ Since the application of these cognitive visual treatment (CVT) protocols are greatly hindered due to communication restraints and cultural differences in perception of trauma, implementation within a population from diverse cultural backgrounds is problematic.⁹ Therefore, many desperate, suffering people are turning to complementary and alternative therapies, including acupuncture, as a treatment for PTSD.¹⁴



Nevertheless, economic and legal barriers significantly limit access to healthcare. Despite the 2008 WHO Beijing Declaration, access to traditional medicine/ complementary and alternative therapy modalities including acupuncture is often even more limited. 15 This is especially true for marginalized and refugee populations. 8 To assuage the chasm between marginality and care, inclusion and exclusion, mitigation and mediation of suffering and assimilation, Acupuncture Ambassadors will establish mobile PTSD clinics and train personnel charged with refugee care. Since recent studies reveal that acupuncture protocols are as effective as these cognitive visual therapies, acupuncture is a viable option.16

PTSD FROM THE TRADITIONAL CHINESE MEDICAL PERSPECTIVE

Acupuncture has continuously treated mental disorders across cultures, time and space. As evidenced by the Han Dynasty in China over 2,000 years ago, the most important Chinese medical text, The Yellow Emperor's Classic of Internal Medicine, described treatment strategies for psychological symptoms including hallucinations, anxiety, and nightmares.17 Modern textbooks also provide acupuncture protocols for depression, 18 anxiety, 19 and several other psychiatric disorders. 20 Therefore, acupuncture protocols for PTSD are both logical and based on a long history of clinical use for psychiatric symptoms. Recent studies have also substantiated efficacy. 16

While acupuncture treatment provides numerous benefits, its most important element, its flexibility, extends its ability to treat each individual's unique presenting symptoms and is therefore capable of addressing the heterogeneous nature of PTSD. Although the TCM framework lacks a one-to-one correlation between the Western PTSD diagnosis with one specific Chinese medical diagnosis, the associated symptomology of PTSD may be categorized under several TCM diagnoses, specifically matching each individual's presentation. In fact, a recent study supported TCM diagnostics when it found that, in 21 patients suffering from PTSD, 12 different TCM patterns diagnosed.21 For example, a patient who presents with nightmares, premenstrual symptoms, depression, irritability, constipation, and a wiry pulse would be treated in TCM for Liver Qi Stagnation. A second individual presenting with hyper-vigilance, palpitations, fatigue, anxiety, and a thin, weak pulse will be treated for Heart Blood Deficiency. From the psychological perspective, both patients would be diagnosed with PTSD. However, the TCM perspective would distinguish these patients and their symptom patterns. Accordingly, the patients have two very different TCM diagnoses and therefore very different prescribed treatment protocols. More importantly, perhaps, TCM acupuncture, holistic in nature, does not differentiate between psychological and physical symptoms. Instead, it treats both simultaneously.

Established to organize Acupuncture treatment clinics and training programs worldwide for the care of refugees and the poor with PTSD, Acupuncture Ambassadors 24 is a 501(c) 3 non-profit organization. Harnessing the flexibility of acupuncture and Chinese medicine protocols, its practitioners have the skill and the knowledge to treat both the physical and the emotional levels of PTSD, differentiate patterns and protocols and implement treatments accordingly. While this individualized treatment does pose some difficulty in a clinic situation, where there may be multitudes of patients to treat and few practitioners to administer the treatments, Acupuncture Ambassadors can and does engage a treatment model that helps resolve this difficulty.

In such situations, ACUAMB can employ and teach simple but powerful treatment protocols contained in:

The Acupuncture Ambassadors
Acupuncture Technician Basic Training Certification Course

In areas of the world where there are no existing diploma or master's degree acupuncture schools, Acupuncture Ambassadors (ACUAMB) can implement an Acupuncture Technician Basic Training Certification Course.

The ACUAMB Acupuncture Technician Basic Training Certification Course will limit the Acupuncture Technician to perform 6 treatment protocols that will cover a multitude of general ailments including emotional trauma, addictions, general and specific pain issues, digestive & respiratory ailments, immunity, preventative care and wellness. In general, daily and / or extreme stress, anxiety and environmental toxicity are the cause of 70-80% of illness of the body and mind. When acupuncture is used as an ongoing treatment the level of stress hormones are greatly reduced and the body is able to heal many of its on issues without other medical interventions. The protocols have been chosen specifically because they



effectively treat numerous health issues and reduce the release of stress hormones leading to better general health. They are also minimally invasive which is so important for the safety of the patient. In general, these protocols are not difficult to learn for the students. In addition to these protocols, the students will be taught about fundamental anatomy and acupuncture theory. This will serve as the foundation for future in depth study to becoming fully trained acupuncturists.

The 6 Protocols taught:

1) The NADA-Plus Protocol for Addictions, Post Traumatic Stress Disorder (PTSD), pain, respiratory, digestive and cardiac issues. 22

A 6 point auricular (ear) protocol. 5 needles placed on Auricular (ear) acupuncture points proven to reduce the symptoms of PTSD significantly. Originally developed for the treatment of drug addiction, the NADA (The National Acupuncture Detoxification Association) protocol has been found to be profoundly useful for PTSD as well. Although it is not as individualized, it can be used effectively on all patients with virtually no negative side effects nevertheless yielding very substantial positive results. Acupuncture Ambassadors has devised an extra point to make the protocol even more effective for pain issues. In fact, many patients find that their PTSD symptoms can be greatly reduced so they can better cope with their immediate life situations as well as be more open to healing with the addition of other Western medicine therapies including talk therapy. Due to their simplicity and efficacy, these NADA and NADA plus protocols can be easily taught to health professionals in all fields, community health workers and even family caregivers so that treatment can be administered on an ongoing basis at refugee sites. Accordingly, refugee sites with few staff and many PTSD patients can continue to benefit.

2) The Battlefield Acupuncture Protocol for acute and chronic pain, insomnia, stress. A 6 point auricular (ear) acupuncture protocol.

Acupuncture Ambassadors also employs another auricular protocol that has shown great promise for treating PTSD with pain called the Battlefield Acupuncture protocol. 23 This protocol was devised by Dr. Richard C. Niemtow, MD Colonel, USAF and is the author of an original paper for the Medical Acupuncture Journal. In an excerpt of that paper Dr. Niemtow: “The Battlefield Acupuncture Protocol was developed in 2001 in the course of researching a more efficient auricular (ear) therapy system for rapid relief of pain. The name “battlefield acupuncture” is so named as it was developed as this acupuncture protocol could be used on the military battlefield. The technique delivers significant attenuation of pain in just a few minutes. It can be used with press needles and ear seeds on auricular points as well.”

3) Dr. Lee's Great Ten Needles Protocol for general wellness, fatigue, immunity, digestive issues, preventative care. Body acupuncture points.

Dr. Miriam Lee, one of the pioneering acupuncturists in the United States and responsible for the legalization of acupuncture in California thus leading to country wide legal acceptance. At the height of her practice, Dr. Lee was seeing up to 80 patients a day. As the demand for her services kept growing, her need of a streamlined system that could treat a multitude of common complaints in a high volume setting grew. After extensive research into ancient text books of acupuncture, Dr. Lee created a highly effective acupuncture point formula to treat a multitude of everyday common and chronic ailments such as insomnia, gastrointestinal discomfort and pain and respiratory issues. ACUAMB has also devised 3 extra points for fatigue.



4) Adrenal / Trauma Treatment Protocol for old, deep seated as well as recent trauma. 3 bi-lateral, acupuncture body points.

Causes of Adrenal Fatigue: Adrenal gland fatigue can be due to improper dietary nutrition, a toxic overload such as Heavy metal toxicity, extreme shock and emotional trauma, physical trauma, working too hard without enough rest, over-indulgence in stimulants like coffee, tea, tobacco, and narcotics. However, the most common cause of Adrenal Fatigue and Adrenal insufficiency is simply: STRESS! Common adrenal fatigue symptoms: Chronic fatigue, Depression, Hostility, Anxiety, Weakened immunity, Chronic low-grade infections, Low back pain, Getting sick frequently, Hypoglycemia, Fibromyalgia, Inability to focus or concentrate, Poor memory, Sweet cravings, Thyroid problems, Always feeling cold, Weight gain or loss, Any chronic or autoimmune condition.

5) Moxabustion (Moxa) for Immunity (especially for immune compromised HIV and AIDS patients), digestive disorders and wellness. Leg acupuncture points.

Moxabustion is a form of treatment that uses heat to stimulate specific acupuncture points. This is done by burning the herb mugwort, on those points. The term moxabustion is derived from the Japanese word "mogusa" meaning herb (mugwort) and the Latin word "bustion" meaning burning. Rice grain moxabustion is the application of a "rice grain" sized amount of moxa to a point that has been covered with burn cream. With the application of the moxa in this manner the heat is able to stimulate the point without burning the skin.

For immunity and well-being the most common point used is Stomach 36, also called "Zusanli," or ST-36. The Chinese name Zusanli means "Leg Three Miles." Oral tradition states that in ancient times, most individuals traveled on foot, and stimulation of Zusanli would relieve fatigue dramatically enough to allow one to travel another three miles. It was common for people who were about to embark on a long journey to apply moxabustion to this point in order to build the necessary strength and endurance for the trip. Stomach 36 is one of the most important acupuncture points on the body, and indications for its use are myriad.

Moxabustion has been used for more than 20 years in clinics worldwide to treat patients diagnosed with HIV and AIDS to enhance the immune system of these immune compromised patients.

6) Shonishin. First used in 17th century Japan, Shonishin is a non-invasive, energy balancing therapy utilizing non-inserted techniques originally designed for treating infants and young children. Conditions treated range from emotionally related imbalances to acute and chronic conditions. Shonishin is a very gentle and highly effective treatment for many diseases, including asthma, attention deficit disorder, digestive disorders, stress and anxiety. Shonishin is painless. The treatment involves gentle massage and stimulation of acupuncture channels (meridians) and points with a variety of rounded silver, gold or stainless steel tools. Stroking, rubbing, tapping and pressing carefully over acupuncture points, or brushed gently along the acupuncture pathways over the body are the hallmarks of a treatment. Using Shonishin tools have a very strong therapeutic effect, without penetrating the skin. Shonishin is also a great preventative treatment prior to the cough and cold season.

Note: In countries that have laws preventing non-medical individuals to perform acupuncture with auricular (ear) or body needles, needle-less ear seed or magnet methods are taught and strictly abided by. Sterilization and clean needles technique training is emphasized and all needles and ear / magnet seeds used are one-use only and are destroyed after patient treatment (use) so not to be applied again in future treatments.

After completing the three to four week basic acupuncture technician training course, there will be a two-week follow-up supervision and training, every 4 -5 months by a staff member (trainer) of Acupuncture Ambassadors.



REFERENCES

1. UNHCR: The UN Refugee Agency. Available at: <http://www.unhcr.org>. Accessed November 22, 2007.
2. International Emergency and Refugee Health Branch of the Center for Disease Control. Available at: <http://www.cdc.gov>. Accessed December 1, 2007.
3. UNHCR: Second IPSOS Survey on Iraqi Refugees (31 October – 25 November 2007). Available at: <http://www.unhcr.org>. Accessed January 20, 2010.
- 4 American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders DSM-IV-TR . 4th ed. Washington, DC: American Psychiatric Association; 2002.
5. National Institute of Mental Health. Available at: <http://www.nimh.nih.gov>. Accessed January 1, 2008.
6. Asnis G, Kohn S, Henderson M, Brown N. SSRIs versus non-SSRIs in post-traumatic stress disorder: an update with recommendations. *Drugs*. 2004;64:383-404.
7. Hoge C, Terhakopian A, Castro C, Messer S, Engel C. Association of posttraumatic stress disorder with somatic symptoms, health care visits, and absenteeism among Iraq war veterans. *Am J Psychiatry*. 2007;164:150-153.
8. Hollifield M. Taking measure of war trauma. *Lancet*. 2005;365:1283-1284.
9. Kinzie JD. Psychotherapy for massively traumatized refugees. *Am J Psychother*. 2001;55:475-491.
10. Chavez B. A review of pharmacotherapy for PTSD. *US Pharm*. 2006; 31:31-38.
11. Davidson J. Effective management strategies for posttraumatic stress disorder. *Focus*. 2003;1:239-243.
12. Taylor S. Combined imaginal exposure and cognitive restructuring therapy is more effective than supportive counselling for treating post-traumatic stress disorder. *Evid Based Ment Health*. 2004;7:18.
13. van der Kolk B. In terror's grip: healing the ravages of trauma. *Cerebrum*. 2002;4:34-50.
14. Collinge W, Wentworth R, Sabo S. Integrating complementary therapies into community mental health practice: an exploration. *J Altern Complement Med*. 2005;11:569-574.
15. Chan, M. Address at the WHO congress on traditional medicine. Geneva, Switzerland: World Health Organization. (2008, Nov 7). Retrieved from <http://www.who.int/dg/speeches/2008/20081107/en/>
16. Capodice, J. Acupuncture and Post-traumatic Stress Disorder (PTSD). *Integrative Practitioner*, 2007. Accessed 2010 January 20 at: http://www.integrativepractitioner.com/article_ektid16566.aspx



17. Wang B. Yellow Emperor's [Emperor's] Canon of Internal Medicine. Beijing, China: Science and Technology Press; 1999.
18. Schnyer RN, Allen JJB. Acupuncture in the Treatment of Depression: A Manual for Practice and Research. London, England: Churchill-Livingston; 2001.
19. Maciocia G. The Practice of Chinese Medicine: The Treatment of Diseases with Acupuncture and Chinese herbs. London, England: Churchill Livingston; 1994.
20. Flaws B, Lake J. Chinese Medical Psychiatry: A Textbook and Clinical Manual. Boulder, Colo: Blue Poppy Press; 2001.
21. Sinclair-Lian N, Hollifield M, Menache M, Warner T, Viscaya J, Hammerschlag R. Developing a traditional chinese medicine diagnostic structure for post-traumatic stress disorder. *J Altern Complement Med.* 2006;12:45-57.
22. www.acudetox.com/
23. www.n5ev.com/index.htm
- 24) www.acupunctureambassadors.org

Additional information / articles

<http://www.acupuncturetoday.com/mpacms/at/article.php?id=31718>