An integrative approach with acupuncture for post-traumatic stress disorder: a case report

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Abstract

Background This study is an assessment of the utility of acupuncture in the treatment of post traumatic stress disorder (PTSD), which is characterized by “intrusive thoughts, nightmares and flashbacks of past traumatic events, avoidance of reminders of trauma, hyper vigilance, sleep disturbance, all of which lead to considerable social, interpersonal” and physiological dysfunctions. This case involves a 43-year old female veteran diagnosed with PTSD and mild traumatic brain injury (TBI), due to military combat and sexual trauma, after her deployment to Afghanistan in 2012. She presented with depression, anxiety, sleep disturbance, persistent headaches, chest pain, lower back pain, bladder pain, and constipation. Methods Patient completed a questionnaire pre and post acupuncture to assess the severity of symptoms. Treatments were 30 minutes, once a week for 3 weeks in a group setting, using sishencong, GB20, DU9/11/13/14/15/16, Ub23. Other interventions included qigong, cognitive processing therapy (CPT), emotional regulation, biofeedback, mindfulness, art therapy, and equine therapy. Results Anxiety level reduced from 9/10 to 4/10. Depression reduced from 10/10 to 0/10. Sleep duration and quality improved from 2-4 hours a night to 6-7 hours of sustained sleep without medication, and sleep apnea subsided. Back pain improved from 7-10 severity to 2/10 and medication stopped by the third treatment. Bladder pain eased and medication usage ceased. Bowel movement became regular. Conclusion This case demonstrates the potential utility of acupuncture within an integrative setting as an adjunct intervention for the treatment of PTSD.

Introduction

The prevalence of PTSD in the U.S. population is approximately 10% among women and 4% among men during a lifetime. The prevalence of PTSD among the military and veteran population are higher; ranging from 7% in those exposed to low combat, 17% in medium combat, and 28% in high combat. There is no cure for PTSD, however the condition can be managed with treatment approaches such as cognitive behavioral therapy (CBT) and CPT. We describe a case of a 43-year old female veteran who was diagnosed with PTSD and mild TBI, who presented with psychological, cognitive and somatic symptoms. Using the diagnostic and therapeutic principles of Chinese medicine, acupuncture was used within an integrative therapeutic setting and the patient was able to improve from her condition with PTSD which helped her develop a more optimistic outlook on life and improved her daily functioning.

Timeline of interventions and outcomes

43 y/o female veteran diagnosed with PTSD, Major Depression, and mild TBI after her deployment to Afghanistan in 2012

Methods

Acupuncture: Group setting Treatment was 30 minutes, once a week for 3 weeks, using Sishencong, GB20, DU9/11/13/14/15/16, Ub23, and auricular acupoints.
Qigong: Group setting, 30 minutes, 3 times a week
CPT: Individual sessions
Emotion regulation: Individual sessions
Biofeedback: Individual sessions
Mindfulness: Group setting
Art therapy: Group setting
Equine therapy: Group setting

Results

Table 1: Patient questionnaire of symptom severity pre and post treatment

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Pre-treatment (Nov 28, 2016)</th>
<th>Post-treatment (Dec 16, 2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Energy</td>
<td>4/10 (10, highest energy)</td>
<td>Low energy</td>
</tr>
<tr>
<td>Anxiety</td>
<td>9/10 (most anxious)</td>
<td>Lorazepam PRN</td>
</tr>
<tr>
<td>Depression</td>
<td>10/10 (most depressed)</td>
<td>Paroxetine 20 mg</td>
</tr>
<tr>
<td>Headaches (HA)</td>
<td>No NRS-frequent, daily HA</td>
<td>Topiramate (100 mg per day)</td>
</tr>
<tr>
<td>Pain</td>
<td>5-7/10 (most painful)</td>
<td>Hydrocodone-Acetaminophen 3/325 mg, q4h</td>
</tr>
<tr>
<td>Bowel movement (BM)</td>
<td>once every 1-2 days</td>
<td>Associated with a constant discomfort in the stomach area</td>
</tr>
</tbody>
</table>

Conclusion

PTSD is a complex mental disorder which can involve somatic symptoms that impact physiology and overall health. This case demonstrates the dynamic connection between mind and body, showing how psychological dysfunction due to combat and sexual trauma can lead to physiological dysfunctions that also need to be addressed in treatment for PTSD. This patient showed improvement with alleviation of her anxiety, depression, sleep disorder, and constipation. The chronic pain symptoms improved without use of pain medications. She became more optimistic about her recovery and more socially engaged. Acupuncture can stimulate the body’s innate healing mechanism and may facilitate re-regulation of the autonomic nervous system after exposure to traumatic events. Thus, acupuncture can be a useful intervention in conjunction with other cognitive and behavioral therapies within an integrative setting in the treatment of PTSD.

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The authors have no competing conflicts of interest.

References

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