

ACUPUNCTURE FOR REFUGEES WITH POSTTRAUMATIC STRESS DISORDER: INITIAL EXPERIENCES ESTABLISHING A COMMUNITY CLINIC

Marisa Pease, MAOM, LAc,[#] Richard Sollom, MAOM, MPH, LAc, and Peter Wayne, PhD

INTRODUCTION

There are 32.9 million refugees, asylum seekers, and internally displaced people worldwide according to the United Nations High Commissioner for Refugees.¹ Many refugees have suffered from torture and exposure to extreme violence, and consequently are commonly diagnosed with posttraumatic stress disorder (PTSD),² an anxiety disorder that develops following exposure to extreme traumatic stress.³ This disorder develops after personally experiencing or directly witnessing a traumatic event that involves actual or threatened serious injury or death. Response to the triggering event involves intense fear, helplessness, or horror. Posttraumatic stress disorder is characterized by flashbacks, nightmares, dissociation, and hypervigilance experienced for longer than one month, with persistent reexperiencing of the traumatic event.³ In addition, anxiety, depression, reduced libido, and somatic dysfunction (eg, pain and gastrointestinal disorders) are often present.⁴ Lifetime prevalence of PTSD is between 7% to 9% for Americans.⁵ A recent survey of approximately 3,000 American soldiers returning from Iraq revealed 17% were diagnosed with PTSD one year after returning home.⁶ Statistics for refugees are difficult to project due to the complexity of assessment across different cultures.⁷ Some researchers estimate between 25% to 50% of refugees suffer from PTSD.⁸ Of the general population diagnosed with PTSD, an estimated 33% become chronic despite the standard conventional methods of psychotherapy and pharmacological treatment.⁹ Furthermore, many of the medications employed in the treatment of PTSD have significant side effects, which often leads to noncompliance.⁹ In addition, there is notable dispute within the field of psychotherapy as to the most effective form of psychotherapeutic treatment.¹⁰⁻¹² This issue is even more complex in treating patients from diverse cultural backgrounds due to communication restraints and cultural differences in perception of trauma.⁸ Consequently, many desperate and suffering people

are turning to complementary and alternative therapies, including acupuncture, as a treatment for PTSD.¹³ However, for some populations including refugees, economic and legal barriers significantly limit access to healthcare, and access to complementary and alternative therapy modalities such as acupuncture is often even more limited.⁷

This article describes the establishment of an acupuncture clinic to provide free treatments to Boston-based refugees suffering from PTSD. We provide a brief overview of PTSD as viewed from Traditional Chinese Medicine (TCM) and summarize the literature evaluating the use of acupuncture for PTSD. We discuss the treatment strategies employed in treating refugees and summarize a few case reports from the clinic.

PTSD FROM THE TRADITIONAL CHINESE MEDICAL PERSPECTIVE

The treatment of mental health disorders with acupuncture dates back over 2,000 years to the Han Dynasty in China, in which the most important Chinese medical text, *The Yellow Emperor's Classic of Internal Medicine*, described treatment strategies for psychological symptoms such as hallucinating, anxiety, and nightmares.¹⁴ Modern textbooks provide acupuncture protocols for depression,¹⁵ anxiety,¹⁶ and several other psychiatric disorders.¹⁷ The use of acupuncture for PTSD is therefore logical and based on a long history of use for psychiatric symptoms.

One advantage of using acupuncture is that it treats each individual's uniquely presenting symptoms and is therefore capable of addressing the heterogeneous nature of PTSD. From the TCM framework, there is not a one-to-one correlation between the Western diagnosis of PTSD and one specific Chinese medical diagnosis. The associated symptomatology of PTSD may be categorized under several TCM diagnoses, defined specific to each individual's presentation. This perception is supported by a recent study that found that, in 21 patients suffering from PTSD, there were 12 different TCM patterns diagnosed.¹⁸ For example, a patient who presents with nightmares, premenstrual symptoms, depression, irritability, constipation, and a wiry pulse will be treated in TCM for Liver Qi Stagnation. A second individual presenting with hypervigilance, 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, from the TCM perspective the patients have two very different diagnoses and therefore very different prescribed treatment protocols. Additionally, TCM acupuncture is holistic and does not differentiate between psychological and physical symptoms, instead treating both simultaneously.

1 New England School of Acupuncture, Newton, Massachusetts

2 Harvard School of Public Health, Cambridge, Massachusetts

3 Harvard Medical School, Boston, MA, New England School of Acupuncture, Newton, Massachusetts

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[#] Corresponding Author. Address:

72 Langley Rd, Ste 23, Newton, MA 02459

e-mail: marisapease@gmail.com

RESEARCH EVIDENCE EVALUATING ACUPUNCTURE FOR PTSD

Research specifically designed to evaluate the efficacy and safety of acupuncture for PTSD is very limited. One randomized controlled trial compared the effects of individualized acupuncture treatments, cognitive behavioral therapy, and a wait-list control group ($n = 72$) in a general population of patients diagnosed with PTSD.¹⁹ Results suggest that both the acupuncture and the cognitive behavioral therapy treatments improved PTSD symptoms when compared with the wait-list group. Interestingly, there was no difference in the efficacy of treatment between cognitive behavioral therapy and acupuncture, which indicates that acupuncture may be a viable treatment for this condition. The standard conventional treatment for PTSD is a combination of CBT with pharmacological treatments (such as selective serotonin reuptake inhibitors).⁹

Many anecdotal reports indicate that the use of acupuncture with traumatized individuals is beneficial, well received, and without report of major adverse side effects. For example, acupuncture treatments were provided for trauma victims at disaster locations such as The World Trade Center²⁰ and in New Orleans following Hurricane Katrina. Acupuncture Without Borders is an organization that provides relief and recovery acupuncture to communities suffering after a natural disaster. They provided over 8,000 acupuncture treatments following the Katrina disaster and are also currently developing a community acupuncture program to treat veterans returning from Iraq.²¹ Michael O'Regan, of the US military, reported the use of the National Acupuncture Detoxification Association's auricular protocol in the military field setting to treat anxiety and PTSD.²²

Despite the lack of research specific to PTSD and acupuncture, several studies suggest that acupuncture may treat conditions and symptoms that are prevalent among PTSD patients. For example, clinical trials indicate promise for the use of acupuncture in the treatment of depression,^{23,24} anxiety,²⁵⁻²⁸ pain,²⁹⁻³² and insomnia.^{33,34}

To date, there is minimal research documentation on the use of acupuncture with refugee populations. However, organizations such as The PanAfrican Acupuncture Project have been providing acupuncture training to clinicians in Ugandan refugee camps since 2003 without report of adverse effects.³⁵

The rationale for examining acupuncture as a treatment for refugees suffering from PTSD was based on a number of factors. First, acupuncture focuses on individuals. Acupuncture treats each individual uniquely based on his or her presenting symptoms, and PTSD may vary greatly in its symptomatology. As discussed above, different clustering of the heterogeneous PTSD symptoms into TCM patterns offers unambiguous treatment strategies.

Second, acupuncture is a safe, gentle treatment when practiced by licensed practitioners. Several reviews and surveys indicate acupuncture to be a relatively safe treatment modality with few serious side effects.³⁶⁻³⁹ In addition, the medicine is particularly adaptable in the extensive options for point selection, alternative needling styles, and adjunctive techniques. This is especially relevant in creating protocols that recognize and respect the particular vulnerabilities of this patient population.

Third, the cultural barriers are reduced in acupuncture as a treatment strategy. In working with refugee populations, there are fewer translation and cross-cultural challenges when compared with psychotherapy. One of the benefits of using acupuncture to treat refugees with PTSD is that, unlike talk therapy, the complexities of working through a translator are less arduous. Practitioners of TCM acquire objective information from tongue and pulse diagnosis. Although the initial patient intake does require translation, the verbal portion can be simplified. In addition, the use of traditional medicine systems outside conventional healthcare is many times a culturally acceptable and common practice for refugees.

Fourth, the establishment of a free acupuncture therapy clinic at a preestablished refugee health organization increases patients' accessibility to healthcare and improves overall comfort levels. Acupuncture treatments can be performed at the organization where the patient already receives other services to reduce economic and transportation barriers to compliance. In addition, the caseworker, translator, and family members may all be present to provide for a gentle, supportive environment of care.

Fifth, acupuncture is an efficient medical intervention. Acupuncture treatments are less labor intensive and more cost effective than individual psychotherapy sessions in that several individuals may receive treatments concurrently.

Finally, integration of an acupuncture clinic within an existing organization allows for comprehensive care. It is important to recognize the potential severity of posttraumatic symptoms and to establish a treatment plan that utilizes acupuncture in conjunction with psychotherapeutic care to assure proper psychological interventions as deemed necessary. Acupuncture does not seek to replace mental healthcare services, as acupuncturists are not licensed or sufficiently trained in providing mental healthcare support.

DEVELOPMENT OF A PTSD CLINIC FOR REFUGEES

At the time of the clinic establishment, Massachusetts ranked seventh among the states as a destination for refugees.¹ In Boston, several organizations existed that provided services for refugees. We chose to work with an established organization because of the fragility of the traumatized refugee population. To our surprise, in seeking collaborators, we encountered significant criticism from potential collaborators regarding acupuncture as a safe, effective treatment modality for this population. It was only after substantial effort that we identified one that was willing to work with us. This nonprofit organization has provided refugees and asylum seekers with services for over 80 years. Services include medical, psychological, legal, financial, employment, housing, and education. We envisioned that the integration of acupuncture into the program would enhance the already existing high quality of care.

Development of a Treatment Protocol for Refugees With PTSD

At the start of the project, several staff members expressed concerns that due to the traumatic history of the refugees, the use of needles would be an inappropriate treatment modality as it could further traumatize the patients. To address this concern,

we provided acupuncture treatments for the staff so that they could make informed decisions as to the appropriateness of the modality. All staff members (n = 7) reported the treatments to be surprisingly relaxing and enthusiastically referred their patients to the acupuncture clinic. In fact, several of the staff members continued to receive weekly acupuncture treatments to address symptoms related to secondary trauma. Secondary trauma is an issue that commonly arises in refugee camps and natural disaster sites where healthcare providers are exposed to psychological trauma indirectly via exposure to the stories of his or her patients. Symptoms can be severe.

In developing treatment protocols, our goal was to reduce the potential discomfort of patients while being careful to avoid retraumatization and related adverse effects. We offered significant flexibility in treatment delivery to accommodate patients' individual needs and comfort levels. Acupuncture treatments were individualized based on the dominating TCM pattern, trauma history, and cultural background. An outline of our protocol is summarized in Figure 1.

RESULTS AND CLINICAL OUTCOMES

Over the course of the project, we performed 111 treatments on 16 patients from 13 countries (not including staff members). A psychiatrist diagnosed all patients with PTSD as defined in the *Diagnostic and Statistical Manual of Mental Disorders DSM-IV-TR*.³ The most common main complaint was pain; secondary complaints were mental-emotional symptoms. Examples of conditions we treated with acupuncture include chronic pelvic pain,

recurrent nightmares, anxiety, and back pain. The TCM diagnoses most commonly observed were Liver Qi Stagnation and pathologies affecting the Heart (commonly referred to as "Shen Disturbed"). Due to cultural differences, the typical pain qualification scale of 1 to 10 was inappropriate for these patients. We utilized the Wong-Baker Faces Pain Scale that was originally designed for use in pediatric hospital settings.⁴⁰

Although this clinic was not established with the intention of performing a clinical trial, based on clinical observation there was a considerable reduction in symptoms related to PTSD in 14 of the 16 patients. There were several additional indicators of the success of the clinic, such as the expansion of our patient referral sources to include organizations other than the initial one, compliance of patients despite economic obstacles that often made commuting difficult, and extremely positive feedback from the caseworkers. In terms of the issue of potential retraumatization, thus far there appears to be no adverse effects of acupuncture with this refugee population.

TWO REPRESENTATIVE CASES

Case One

An African man complained of chronic epigastric pain of unknown etiology and nightmares that occurred every night for two years. The nightmares were vivid flashbacks of the torture he endured. Over the course of three months and weekly acupuncture treatments, his nightmares reduced to twice weekly and his pain improved substantially. The last time that he was treated, he hadn't experienced pain in 10 days. As his pain reduced and his sleep improved, he reported less frequent flashbacks of his torture and presented as much more hopeful about his future in this country. When asked about the acupuncture treatments, he commented, "Acupuncture is like Wagesa [traditional medicine] in my country, not like hospital medicine."

Case Two

A woman from South America complained of constant wrist pain secondary to a fracture many months before. She expressed frustration that doctors were unable to diagnose the cause of her pain. She suffered from anxiety and depression for which she was on several medications. During our first meeting, she was tearful throughout the intake due to the kidnapping of her young daughter in Colombia. After only three acupuncture treatments, her pain had ceased. Over the course of the month, her affect brightened remarkably. Although the traumatic history from her past can never be changed, her quality of life in this country has improved dramatically. She reported, "I prefer acupuncture because it doesn't make my body feel bad like my medicine does."

CONCLUSION

Our experience setting up the clinic indicates that although there were initial barriers (eg, general efficacy questions and potential retraumatization concerns), eventually we were well received after educating the staff with talks and demonstrations about the benefits and safety of acupuncture. Additionally, it was helpful that we were self-funded and had volunteer acupunc-

Phase One (Assessment)	Meeting with caseworker and/or psychiatrist for a detailed review of the patient's trauma history and cultural background. During this phase we discussed the trauma history to determine the nature of the trauma including specific events that trigger flashbacks.
Phase Two (Intake)	Review patient rights with caseworker, patient, and translator. TCM diagnostic intake including tongue and pulse assessment, and intake questions.
Phase Three (Treatment Plan)	Diagnosis of patient from TCM framework. Determine treatment strategy using foundation of patient's TCM diagnosis, presenting symptoms, trauma history, and PTSD protocols.
PTSD Protocols	As per Sinclair-Lian, we included the auricular NADA protocol in each treatment. ¹⁹ We commonly utilized the extraordinary vessel acupuncture treatments that were valuable in their ability to address the heterogeneous nature of presenting symptoms.

Figure 1. Acupuncture protocol for posttraumatic stress disorder in refugees. TCM, Traditional Chinese Medicine; PTSD, posttraumatic stress disorder; NADA, National Acupuncture Detoxification Association.

turists, adding no further expenses to the organization. Based on our limited clinical observations, the use of acupuncture for the treatment of psychological trauma appears to be a viable, well-accepted treatment modality for refugees with PTSD. Of note, many of the treated refugees stated that acupuncture was similar to traditional medicine from their country of origin, and therefore they expressed a certain level of comfort with the treatments. None expressed any fears or doubts about acupuncture, and we observed no cases of retraumatization. These observations support the value of further research evaluating the potential benefit of adding acupuncture to health services currently offered refugees suffering from PTSD.

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