MEDICAL ACUPUNCTURE
Volume 21, Number 1, 2009

DOI: 10.1089/acu.2009.0644

Original Paper

Extraordinary Meridian Treatment for Severe Mental Disorders Plus Augmentation With Psychotherapy, Indian Raga Music, and Essential Oils

Peggy Finston, MD

ABSTRACT

Both Western medicine and Traditional Chinese Medicine (TCM) view severe mental disorders as chronic, difficult to treat, and caused, in part, by genetic factors. TCM scholars believe the Extraordinary Meridians to be a finer, more primary energy field that is present at conception and a reflection of DNA. The author has applied this understanding to the treatment of severe mental disorders. In a 2-step procedure, I have opened the Extraordinary Meridian, then augmented this new energetic balance. Augmentation was accomplished with local treatments and/or "energetic flooding." The latter was done with psychotherapy, Indian Raga music, and/or essential oils. Case reports describe attenuated or extinguished psychotic symptoms, in addition to what appears to be an unblocking of healthy developmental patterns. These results stimulated a reexamination of Western psychiatry's disease model, and speculation of future attempts to validate acupuncture's efficacy using this model and related double-blind studies. These results also led the author to connect my own and others' observations about the relationship between energy states and personality. Other possible models for severe mental disorders are discussed.

Key Words: Mental Disorder, Extraordinary Meridian, Indian Raga Music, Essential Oils, Psychotherapy

INTRODUCTION

Regarding severe mental disorders, there is some meeting of Eastern and Western minds. Both traditions view them as commonly chronic, life-constricting, and likely involving some genetic component. Conventional Western treatment (medication and/or psychotherapy) is usually palliative at best. Similarly, the few articles and books that mention acupuncture and psychotic disorders are not encouraging.[1,2] Despite the clinical pessimism, I believe that medical acupuncture has much to offer Western psychiatry and its patients, including the opportunity to initiate a new era of integrative treatment inquiry.

This should not be a "quantum leap" for Western psychiatrists. They are no strangers to the efficacy of energy treatments. Following a seizure, epilepsy patients have long been observed to obtain relief from depressive symptoms. Light therapy has gained such widespread acceptance that it has spawned an industry of home-use devices. But, most significantly, electroshock treatment (electroconvulsive therapy; ECT) has earned a track record unbeatable by medications and ECT's more modern competitors such as tran-

Private Practice, Prescott, AZ.

scranial stimulation.[3] This is impressive, considering this patient pool is composed of those who have "failed" 3 or more medication trials. Curiously, after courses of ECT, previously ineffective medications become therapeutic in sustaining recovery. Perhaps this clinical reality reveals something about the material/energy field relationship.

In this context, acupuncture could be a logical strategy to augment conventional psychiatric care. With appropriate protocols, it might function as the "scalpel" to ECT's "sledge hammer" of energy activation. This paper describes 4 of more than 20 patients. Most had been unresponsive to medications and hospitalizations but ultimately improved with these protocols. Similar to the effectiveness of ECT, previously ineffective medications are now stabilizing some. Others have decreased or stopped medications entirely.

TREATMENT MODELS

It is the practitioner's models and beliefs about mental disorders that generally suggest treatments. Historically, the Chinese and Japanese have struggled with many approaches. Today's healthcare climate requires proof of efficacy defined by specific criteria. The value of acupuncture sometimes is distorted by both the criteria and reported simplifications. In the latter, results of "equivocal" double-blind trials for one acupuncture protocol are too often equated with all of what acupuncture offers. Hammerschlag recently pointed out, "Yet one failed drug trial does not reflect the efficacy of all drug therapy."[4]

Minus the media hype, the translation between Eastern and Western approaches has met with some serious "disconnects." The modality "acupuncture" translates far more easily than the concept "disorder." TCM acupuncture evolved to address illnesses defined by patterns of energetic imbalances. Western psychiatry, as described in the diagnostic manual *DSM-IV* (*Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition), categorizes illnesses largely by symptoms.[5] Any particular Western psychiatric disorder, such as schizophrenia, may be related to several energetic imbalances. One acupuncture protocol will be unlikely to address all of them. As a result, a particular protocol may "fail" Western efficacy double-blind trials in terms of statistical significance, not because it was ineffective but because the treatment group was not energetically homogeneous. In fact, Western psychiatrists struggle with their own model's limitations and incongruence with everyday clinical realities. "Evidence-based psychiatry's (EBP) unreliability results from an imprecise and poorly founded diagnostic system, inaccurate data collection, and obfuscation of experience by the pharmaceutical industry and compliant academic leaders. Whatever the reasons, the drive to adopt EBP as a standard of practice is at best discouraged."[6]

The Western (biological/material) model suggests searching for the location(s) (organ) of a disease. Using this approach, brain structures such as the hippocampus or prefrontal cortex and brain substances such as neurotransmitters, have been implicated in the "cause." The Eastern (energetic) approach looks at how organs "get along," as reflected by the flow of energy fields. Ultimately, severe mental disorders are seen to affect the flow of Qi in the Heart and Upper Burner.

Others view the energy fields as the primary determinant in how the mind/body functions. Several authors, including myself, see severe mental disorders as some form of energy field dysfunction. Molecular biologist Candice Pert has proposed that personalities are composed of several different subpersonality energetic states. Normal and multiple personality may be part of one continuum. In the "normal" person, these states are integrated, meaning they have knowledge and recognition of one another. In those with multiple personalities, these states remain separate, without cooperation or control.[7]

Medical acupuncturist Greenwood has discussed how "possession" can serve as one possible energetic model for severe mental disorders. A person's "field defect" may attract negative energies or allow energies that have been symbiotic but previously suppressed to dominate.[8] In this scenario, mental disorder could be viewed as a metaphoric, energetic infection.

Whatever the energy field dysfunction is for a particular individual, it must be pervasive. After all, the personality is pervasive. We cannot define or locate it in the material world. But we experience the personality's presence throughout the human body, infusing physical form with quality, like a flavor. We hear it in someone's voice, see it with his/her posture and cast of facial features. It dictates behavior and comes with its own set of implicit beliefs about oneself and the world. What pool of energy could possibly "contain" the personality and its dysfunctions?

Extraordinary Meridians

There is much that is extraordinary about the Extraordinary Meridians (EM), and several reasons why I have focused on them for treatment. Unlike the Primary Meridians' pathways, the EM are not circuits or energy streams. Rather, they are likened to reservoirs or fields of energy. Manaka's topographical model portrays them as dividing the body into 8 planes, forming an octahedron.[9] The planes approximate the fields with each EM's master-coupled point affecting large areas including the organs and Meridians that travel through them. EM treatments typically involve creating minimal biological gradients between the coupled points. Magnets, ion cords, and needles coated with metals of different valences have been used for this purpose.

The EM could be seen to meld Eastern and Western medical knowledge. To Eastern acupuncturists, these Meridians reflect a more rarefied, closer-to-heaven energy. "In general, we theorize that Extraordinary Vessel functions have older

embryological and evolutionary roots than the twelve channels," writes Manaka.[9] Using them is a metaphoric root treatment. Their disruption results in branch symptoms. Also implied, their disruption leads to an interruption or blocking of metaphoric "trunk" development, which translates to congenital, genetic, or early developmental disorders. "In general, we can say that the Eight Extra Channels, as roadmaps, represent the natural physiology of Yuan Qi, which is to constantly unfold, to allow for human development," states Yuen.[10] This view is consistent with how Western psychiatrists view severe mental disorders. For example, schizophrenia's impact far transcends its devastating symptoms. The illness appears to block normal personality development, including appreciation of boundaries, social roles, etc.

Both Eastern and Western views acknowledge a genetic contribution to severe mental disorders. In the West, the material expression of genes is DNA. TCM and Japanese authorities have come to identify the EM at conception. Yuen considers them the energetic equivalent of DNA.[11] The Chongmai energy is believed to be embedded in the first fertilized cell. The first cell division parallels the energetic split that gives rise to Yin and Yang, the Renmai and Dumai.[12] If one accepts these statements as even possibilities, it follows that ongoing rebalancing of the EM may allow the individual another chance to metaphorically restructure his/her roots and trunk, that is, personality.

METHODS

Patients

Patients were selected from my private practice of integrative psychiatry and also, from a nearby court-ordered residential treatment center for female adolescents. Private practice patients most commonly had severe pain and depressive disorders that threatened their ability to work or remain in school.

The treatment center patients typically had been sexually abused, were addicted to drugs and alcohol, and "failed" other inpatient treatment settings. Almost all had psychotic symptoms. Their *DSM-IV* diagnoses ranged from posttraumatic stress disorder, bipolar disorder, schizoaffective disorder and personality disorders to addiction disorders.

Both populations had disorders unresponsive to conventional (medication/psychotherapy) treatments. All gave consent for treatment and publication of the results, without identifying details.

Treatment Protocol

Treatment involved 2 concurrent steps. The first was to open the most likely disturbed EM with Manaka's ion cords. Manaka's abdominal palpation for pattern identification was used to identify the EM and treatment points.[9] Right or bilateral upper quadrant tenderness indicated Chongmai-Yinweimai, which was stimulated bilaterally (either LR 3 or SP 4, and PC 6). Right upper quadrant tenderness accompanied by left lower quadrant tenderness indicated the Cross Syndrome treatment, R Chongmai-Yinweimai and L Yangweimai-Daimai (TE 6 and GB 41). The latter was also used for patients with cool skin areas around the level of the naval. This physical sign is commonly found in women who have been sexually abused as children. Withdrawal of consciousness from the genitalia presumably leads to diminished Qi flow and temperature in the Daimai area.

The second step involved adding a concurrent treatment, either local and/or generalized energetic stimulation. Local strategies were used for point tenderness related to the emotional disorder. Generalized stimulation, described herein as "energetic flooding," was introduced in the form of psychotherapy, Indian Raga music, and/or essential oils.

RESULTS

EM Treatment: Augmentation with Psychotherapy

The impact of EM treatment can often be observed by physical changes such as pulse patterns, acupoint tenderness, and warming of cold, "blocked" areas of the abdomen. Concurrent shifts in emotional, spiritual, and mental functioning are not as easily measured, but just as striking. One can infer these shifts when, for example, mask-like features melt into animation and a monotone voice bursts with inflections. The overused word "relax" does not do justice to this process.

EM opening can serve as a potent psychotherapeutic catalyst that invites patients to a new awareness of the uncluttered present. Patients gain access to disturbances that normally linger at the edge of consciousness. Habitual defensiveness such as needing to deny realities about themselves can be replaced by candid outpourings.

Patient 1

A middle-aged married, working woman had undergone several surgeries, some undermining to her feminine identity (bilateral mastectomy and hysterectomy for cancer). She reported feeling "empty." Raised a strict Roman Catholic, she strained to sustain a stoic acceptance of her health issues and continue living as she had, conscientious about her many responsibilities. But the life-threatening illnesses and treatments led to deep depression and chronic pain. "Everything was smelling dead to me. I couldn't escape it. I couldn't leave the house. I even wondered why I was still here." The frequency of her prolonged migraines had increased to 3 times a week and put her job at risk. Oxycodone provided no relief. Despite the black-box warning about potential lethal drug interactions and my warnings, the patient refused to give up her sumatriptan.

During evaluation, her demeanor was depressive. Her tenuous gaze, slumped shoulders, and faltering voice gave no hint of the woman she had been. Initial visits of psychotherapy and medication adjustments accomplished minimal symptomatic improvement.

The patient's anterior chest wall, especially the mastectomy scars, were painful. A cool band of skin across CV 8 suggested blocked Chongmai and Daimai. During her monthly appointments, EM treatments were started concurrently with psychotherapy. Her body seemed to unclench like a fist. Her sallow complexion became flesh-colored and her crinkled features brightened. She emotionally "unclenched" also. Gradually, she retrieved suppressed shame memories and connected how these feelings affected her current relationships. In her home treatments, she applied essential oils (lemon, Palma Rosa, and cypress blend) to the scars and trigger points to disperse Qi. Her mood, interest level, and functioning improved. Nearly a year into treatment, the patient reported her migraines had become infrequent and she became migraine-free for as long as 4 months at a time. She also became more responsive to medications and ultimately weaned herself off fluoxetine.

EM treatments coupled with psychotherapy allowed deeper exploration of repressed traumas that constricted her current life. After $1\frac{1}{2}$ years, the patient reported a new nonmigraine right temporal headache that lasted over 2 days. During the EM treatment, she recalled the memory that this new location was where she was struck, first by her mother, then by her father, as a child. "Yes, that's the exact spot," she said, startled by her own certainty. This signaled her readiness to discuss childhood abuse, previously unacknowledged.

Sometimes treatments can have an impact beyond control of migraine or other symptoms. They seem to unblock a path so that a person can learn to nurture his/her own sense of self and experience life more freely. This patient discovered new purpose in her family and professional life.

EM Treatment: Augmentation With Indian Raga Music

About 2 years ago, I fell on black ice while dog-walking. The resulting scalp hematoma and diminished focused thinking led me to self-treatment. Ion cords were used biweekly to alternate EM treatment (cross syndrome) and Kidney cerebral pathways. On one occasion, I had been listening to Indian Raga music.[13] Once the last needles were in place, I repositioned my headset. At the customary volume setting, the music was very loud. I then reasoned that the sound energy absorption must be greatly enhanced by the open pathways.

Indian Raga music is resonant with the human body and the experiment appealed to my medical curiosity. The volume reset, I lay connected to ion cords and headphones for the next 30 minutes. Several hours later, I experienced euphoria and increased energy along with more focused thinking that lasted several days.

Since that time, I have performed similar treatments in both my practice and at the residential treatment center. They were done with the general intention to help and not with specific expectations of outcome. Had it not been for the following patient's initiative, I may not have been alerted to the connection between the treatment and cessation of auditory hallucinations.

Patient 2

A 15-year-old girl had been court-ordered to residential treatment following several drug-related charges and hospital admissions. Her command auditory hallucinations (to kill herself and others) had been unresponsive to the psychotropic formularies. On admission, she sat still and her speech was toneless, minimal, and terse. Like many at this facility, medical records noted she had been molested multiple times. She exhibited the signs and symptoms of chronic vigilance, including anxiety, insomnia, and irritability fueled by "voices."

The patient said little during her initial evaluation but admitted to chronic low back pain and cold feet. Her tongue was pale and peeled. Pulses were weak, deep, and not palpable in the third position. On abdominal examination, she had right upper and left lower quadrant tenderness and a cold band of skin above the navel. Provisional TCM diagnoses were Kidney deficiency with blockage of Chongmai and Daimai. Ion cord for cross syndrome treatment was combined with a background of Indian Raga music.[13] The patient slept for 5 hours, her head propped against the wall and her feet on a nearby chair.

Over the next 2 months, she became a model patient, eventually earning the highest community status with privileges and responsibilities. Our encounters were limited because she had been assigned to another psychiatrist. When I next saw her, she was doing kitchen duty, passing lunch plates to staff and peers. She was hardly recognizable. Beneath her coal-black netted hair, her face was lit with an eager earnestness.

Three months from our initial meeting, the patient asked her psychiatrist's permission for acupuncture. When she arrived at the office for the second time, she looked as she had on admission, dissociated and frightened. She held herself with a board-like rigidity. In a strained whisper, she reported her "voices" had gone away after the first acupuncture treatment. However, the past month had not gone well for this patient, including increasing irritability, insomnia, and ordered restraints. Her physical signs were the same as on admission and the same treatment was repeated. This time, I also noted bilateral LR 14 and CV 12 tenderness and applied a dispersing essential oil blend. Again, she fell into a deep sleep and needed to be awakened after 2 hours.

On her own initiative, the patient sought treatment 3 more

times over the next 5 months. On each occasion, she reported return of the voices after 3 to 4 weeks. This symptom led to combative behavior, imposed restraints, and loss of privileges. The deterioration in mood and behavior were approximately the same, along with the treatments and her subsequent improvement.

Unlike local strategies, the impact of this EM treatment with Indian Raga augmentation appeared to unfold over weeks; one improvement provided the foundation for the next.

Patient 3

A 15-year-old girl with a history of psychiatric hospitalizations, drug addictions, and intense violence presented. Prior to admission, she had distributed razor blades at a group home, eloped with a peer, and was then raped by 3 men. (The peer subsequently committed suicide.) Her diagnoses ranged from bipolar disorder, personality disorder, to depression with psychotic features. Symptoms included auditory hallucinations, unremitting anger, and alienation.

At her first appointment, the patient appeared unkempt and wild. Only her mouth and beet-red cheeks showed beneath her tattered wool cap. The oversized jacket she wore hid the rest of her. Her gaze was predictably avoidant as were the few words she offered. Her tongue was pale, peeled in the Liver and Heart areas. Her pulse was deep and weak in all 3 positions.

Based on the probable Upper Burner stagnation, the treatment chosen was Chongmai /Yinweimai with ion cords (LR 3, PC 6), bilateral ear points (Shenmen, HT, LR, and limbic system), and Indian Raga Music in the background. After 45 minutes, her jaw softened and her cheeks became flesh-colored. She was able to sustain eye contact and conversation and agreed to a medication trial.

By the next visit, 6 weeks later, the patient was no longer afraid of being seen. Her short blond hair, broad face, and bare neck encircled by beads were visible along with her arms below shirt sleeves. She stated that her auditory hallucinations were gone. The medications had made her too sleepy and she had not taken them. She described feeling "better," that the voices disappeared, and noted improvement in school, but reported depression once a week for the entire day.

The treatment was repeated twice in the next 4 months. The patient had no recurrence of auditory hallucinations during that time. Her mood was variable as she addressed family issues. Unlike her behavior at former facilities, her behavior here remained within the community guidelines.

EM: Augmentation With Essential Oils

Certain essential oils are known to have affinities with certain meridians.[14] Other oils are known to have specific energetic actions on the body such as warming, tonifying, and dispersing. They are also known to induce specific emotional states and affect the subtle bodies. The following patient's treatment is an example of the potential impact essential oils can have with the opened EM. This adolescent's shift to a new energetic functioning is integrated in that it involved both her body and the psyche.

Patient 4

Appearing barely pubescent at 15 years, this youth had been a 3-time residential care patient before arriving at this facility. Medications had been unable to control her auditory and visual hallucinations. In addition, she had complete memory loss for episodes of behavior she considered shameful and outrageous.

At 10 years old, the patient had been sent to foster care due to her mother's drug addiction. Her episodes started shortly after that event and were usually triggered by home visits. She had been told that she screamed obscenities and threw objects at family members. At this time, her mother was in recovery, remarried, and had given birth to another child. The patient's behavior now threatened her chances of returning to her "new" family.

The patient's violent episodes were in sharp contrast to her child-like, scared demeanor. With soft-spoken, halting tones, she conveyed horror at herself. Her pent-up affect permeated her physiology. Her skin was reddened, warm all over, including her cheeks and extremities. Her pulses were full. Her tongue was pale, peeled at the sides and tip, with red dots there and throughout the tongue body.

Treatment began with application of dispersing essential oils (lemon, cypress, and Palma Rosa). The 50% blend was applied to tender points related to emotion (bilateral ear points of limbic system, LR 13 and 14), the symptoms auditory hallucinations (GB 8 and 9), and Heart-Fire anxiety (Ren 15 and PC 8). Her red face began to lighten and she relaxed into deeper breathing. The Chongmai/Yinweimai treatment with ion cords was applied with Indian Raga music playing in the background. The patient then slept for 2 hours. When she awoke, she no longer heard voices. Her skin temperature and color were normal and she was able to laugh.

DISCUSSION

The results of the reported and other unreported treatments had been unanticipated. Prior to these protocols, I had combined psychotherapy with acupuncture for more than 8 years with little immediate and no sustained impact on those with severe mental disorders. The current treatment effects far surpassed what I had previously witnessed.

My practice is in a "rural frontier" community in which physicians and discretionary income for psychiatric care are in short supply. I saw both facility and private patients monthly at best. The unfolding quality of what appeared to

be healthy development occurred independently of frequent treatments and intensive oversight. The patients' core beliefs about themselves and the world were changing. One improvement seemed to lead to the next, as if some blocked process was now allowed to proceed. I reasoned that these protocols had engaged the body/psyche in a manner qualitatively different than the local treatments I had performed.

Treatment Protocol

The first of the 2-step protocol involved opening the EM, "setting the stage" for the second step. The latter was determined by the patient's presentation. "Local," meaning more targeted, acupuncture points were used, often in combination with a more general "energetic flooding" of more balanced, presumably healthier energies.

Opening the EM has been reported to often be effective by itself.[9] Perhaps this "opening" initiates energy flow to the Primary Meridians that "flushes out" symptom-making stagnations and blockages. The Chongmai's principal role in embryology and early postnatal development may be why it has proven so helpful with severe emotional disorders. This observation is consistent with Western psychiatry's research that links "premorbid" childhood conditions to adult emotional disorders.

But what precisely are the EMs? Both Manaka and Matsumoto noted the EMs to be puzzling, different in behavior and polarity from the Primary Meridians.[12,15] In the EM field "like attracts like," in contrast to the Primary Meridians and the material world, such as with magnets.

In 1939, Kirlian and his wife began their lifelong work of developing equipment to photograph the human aura. In these pictures, lights flare most brilliantly where there are acupoints.[9] Likewise, Kirlian and those furthering his research have also noted the aura (aka, bioplasmic body) has polarities peculiar to our material world and similar to those of the EMs.[16] I pose the possibility that the EM are related to the aura or, in fact, make up at least some of it. If this is true, then possibly observations about auras might enhance diagnosis and balancing of the EM fields.

The EMs' "like attracts like" is closely related to resonance, which implies a stimulus so attuned or like the organism that the organism can absorb, integrate, and express the essence of this stimulus on different levels and at different times. Perhaps this process can be thought of as a metaphoric energetic metabolism. Similar to the discussed treatment results, the unfolding suggests stimulation of a "program" or plan already encoded in the organism. The stimulus that resonates may be one that can activate the program.

Essential oils are one such resonant stimulus. Plants have both shared and evolved with us. More than cohabitants sharing the same planet, we metaphorically and literally feed each other. We have used their oils since Biblical times for medicinal and spiritual purposes. Today, medical aromatherapists recognize them as affecting the subtle bodies, along with the material plane.[16] In the context of EM opening, their application may be local while their impact may be on deeper, finer, and more general levels than one can only infer, such as described with the above patient. That would also explain why a needle in GB 8 and GB 9 might attenuate tenderness, while an essential oil application there might succeed in eliminating auditory hallucinations.

Concurrent treatments also involved "energetic flooding" with psychotherapy and Indian Raga music, which can be viewed as a metaphoric "cleanse." Cleansing has long traditions in healthcare (the body), religion (the spirit), and psychiatry (the psyche as body part, the brain). For example, we look to a colon cleanse when the gut harbors pathogens that block or destroy normal flora. The cleanse flushes out toxins. The gut gets to restore itself with more healthy flora. In the brain, severe depression is marked by dysfunctional energy fields. Perhaps ECT's repeated energetic input and resulting seizures cleanse discharges that represent negative patterns so the brain can restore itself, "reboot" to healthier ones.

Perhaps other severe mental disorders are represented on an energetic level, as Greenwood described the Gui.[8] These negative energies block the personality's self-correcting mechanisms and also its ability to absorb more healthy nurturance from the environment. The personality becomes "stuck" in how it experiences the world and cannot grow.

In these protocols, the "energetic flooding" in the presence of opened EM was my attempt to "flush out" the negative complexes. In addition to essential oils, I searched for other positive, "normalizing" energies that were resonant with the patient and synergistic with the EM. Presumably, the opened EM field will absorb and direct these introduced energies to where they are needed, gradually replacing energies that cause "ill" behaviors and thoughts.

Psychotherapy can serve as one kind of "normalizing" energy. For the past 2 decades, psychiatry has embraced a biological model and in doing so, diminished the importance of words to issues of cognition. But, like an acupuncture needle in a master's hands, words from an adept therapist can transmit energy and intent. That energy has impact. Erickson, a master hypnotist, was able to effect major personality shifts with his words. Despite his iconoclastic approach and astounding results, he did not see the patients' improvements as a reflection of his brilliance, but merely an unfolding of what they brought to him.[17] "It is the patient who does the therapy. The therapist only furnishes the climate, the weather."

Sound, such as Indian Ragas, can also be used as an "energetic flooding." Manaka was one of the first modern acupuncturists to recognize sound's potential to activate meridians with specific vocalizations, musical notes and rhythms. Over the past 2 decades, many varied sound healing modalities have been introduced by researchers from as many varied disciplines. Acupuncturists have continued to

explore how music and sounds unrelated to conventional music can enhance energy balancing through the Chakra and Meridian systems.

This exploration has led researchers to reexamine what the ancient texts and healing sites offer. In particular, sacred geometry ratios reflected in architecture of healing sites over the world are also found in nature, including the human body. These same ratios dictate the musical intervals and note frequencies of ancient cultures.[18,19] These musical systems based on specific scales were intended to function as energy tonics, not as entertainment. Indian Ragas is one of the few remaining musical systems that have not been appreciably altered over time. I discovered this power by chance, but others have known its resonance to be effective in healing, attaining higher states of consciousness and activating meridians and chakras.[20]

To the Western ear, Indian Raga music may sound odd. Over the past few centuries, Western music has adopted certain standards for both note frequencies and intervals to which we have acclimated. Unfortunately, these conventions have made our music "out of tune" with our bodies.[21] We hear it with our ears or heads, but don't fully experience it in this biological sense.

What do these results suggest about severe mental disorders and the body/psyche relationship? Without intensive treatment, these patients shifted to a more healthy "version" of themselves. They did not need to invent it or consciously "discover" it with a psychotherapeutic intervention. Rather that "version" appeared to be already present, metaphorically waiting in the wings for the "invitation" to go onstage.

Assessment of Treatment Outcomes

Self-reports play a large part in any mental health assessment. A few patients may be in denial or too impaired to both recognize they have an illness and identify improvements. Elderly patients with memory loss and young adults with schizophrenia may fall into this category. Aside from these circumstances, I have encountered other reasons for negative outcomes.

Sometimes the treatment does not open the EMs. This can happen when the patient's polarity is the reverse of what is conventional and is signaled by an almost immediate worsening of symptoms.[21] This also occurs when the stimulation used to open the EMs does not suit the particular patient. There appears to be a window of stimulation that proves effective. This window is sensitive to the length of treatment time and strength of gradient. Only ion cords were used for the patients described in this paper. Manaka was a minimalist and his ion cords utilized the body's gradient to do the balancing. Even with this limited input, he advised no more than 20 minutes treatment time. In contrast, Ioto's EM treatments, as described by Matsumoto, used magnets, metal with different valences, and current. He also always treated at least 2 meridians, along with strong local point stimulation.[9] Both Manaka and Ioto were successful but likely, their treatments worked for different people.

Overtreatment can also occur when the protocol is done too frequently. I believe that an effective treatment is one that stimulates the body's response, which then leads to other responses. The treatment appears to serve as a catalyst. The next treatment is probably best timed after the improvement has reached a plateau. If done too soon, it will disrupt the body's response.

In addition, opening the EMs with concurrent local treatments can also interfere with the EMs' delicate gradients. This is not surprising considering the potential conflict with polarities and what could prove to be too powerful local stimulation. In those instances, negative responses are not subtle. The patient may soon become agitated or complain of a subjective sense of being "amped" or "wired." The side effects may be physical such as lightheadedness from hypotension or headache. An EM/local treatment combination that yields good results for one person may be negative for another. Also, a particular combination may work for someone one day, yet later become excessive.

While too much, too long, or too frequent stimulation can lead to obvious negative results, people appear to tolerate and even thrive from a variety of noncompeting stimulations focused by one intent. Identifying them appears to be the challenge. That such synergies exist and that they can have such a beneficial impact was a startling experience for me. My hope is that these and other synergy protocols can be expanded and refined.

CONCLUSIONS

Whatever mental disorder model we use, it will need to be a "work in progress." Over the past 2 decades, psychiatry has increasingly relied on medications for treatments. This shift has led to an emphasis of a biological (biochemical) model largely tied to this particular modality and its perceived mechanisms. Medications for mild to moderate disorders have produced gratifying results. Those intended for severe disorders are not nearly as effective. But so influential is the medication-based model that patients who do not respond to 3 medicines are currently described as "treatment resistant" or "treatment failures."

The emphasis on medications has led psychiatrists to judge other modalities by medication-based criteria, sometimes reaching either/or conclusions. This path can lead to a dead-end choice about which is "better." Yet medications, acupuncture, electricity, and light all work differently and have far different impacts on the body. Rather than comparing modalities, practitioners may find more fruitful treatments by exploring synergies. The 2-step acupuncture protocol described here presents one of perhaps many encouraging possibilities.

Medical acupuncturists have a unique opportunity to explore synergies for the "treatment-failure" patients. However, the current biological model may not be the best tool for evaluating energetic interventions such as acupuncture. The *DSM-IV* disease categories were not designed to be energetically homogeneous. Before medical acupuncturists attempt to validate a protocol through a double-blind study, he/she needs to consider the appropriateness of this model.

DISCLOSURE STATEMENT

No competing financial interest exists.

REFERENCES

1. Dey T. *Soothing the Troubled Mind: Acupuncture and Moxibustion in the Treatment and Prevention of Schizophrenia*. Brookline, MA: Paradigm Publications; 2000.
2. Lake J. *Textbook of Integrative Mental Health Care*. New York, NY: Thieme Medical Publishers; 2007.
3. Kellner C. ECT response prediction: from good to great. *Psychiatric Times*. 2008:21–22.
4. Hammerschlag R. *What Is the Future for Acupuncture Research*? Presented at the AAMA 2008 Annual Meeting, September 12, 2008.
5. McWilliams N. The psychodynamic diagnostic manual: a clinically useful complement to DSM. *Psychiatric Times*. 2008:18.
6. Levine R, Fink M. Why evidence-based medicine cannot be applied to psychiatry. *Psychiatric Times*. 2008:10.
7. Pert C. *Everything You Need to Know to Feel Go(o)d*. Carlsbad, CA: Hay House; 2006.
8. Greenwood M. Possession. *Medical Acupuncture*. 2008; 20(1):24–25.
9. Manaka Y. *Chasing the Dragon's Tail*. Brookline, MA: Paradigm Publishers; 1995.
10. Yuen J. *Chinese Systems of Chinese Medicine*.: *The Eight Extraordinary Vessels*. Boston, MA: New England School of Acupuncture, Continuing Education Department; 2003.
11. Yuen J. *Eight Extraordinary Vessels*. Boston, MA: New England School of Acupuncture; 2005.
12. Matsumoto K, Birch S. *Extraordinary Vessels*. Brookline, MA: Paradigm Publications; 1986.
13. Nakkash S. *CD Invocation*. Relaxation Company; 2003.
14. Jelveus A. *Passport to Health, Aromatherapy and Acupuncture*. Encino, CA: Swedish Health Institute.
15. Ostrander S, Schroeder L. *Psychic Discoveries*. New York, NY: Marlowe & Co; 1997.
16. Schnaubelt K. *Medical Aromatherapy, Healing With Essential Oils*. Berkeley, CA: Frog Ltd; 1999.
17. Erickson M, with Zeig JA. *A Teaching Seminar With Milton Erickson*. New York, NY: Brunner & Mazel; 1980.
18. Silva F. *Cathedrals, Crop Circles and Sacred Spaces: The Energy Connection."* Lecture at the Second International Sound Healing Conference; Santa Fe, NM; November 10, 2007.
19. Masters R. *A Universe That Sings workshop*. Second International Sound Healing Conference; Santa Fe, NM; November 12, 2007.
20. Danielou A. *Sacred Music: Its Origins, Powers and Future*. Varanasi, India: Indica Books; 2003.
21. Horvath A. *Joshua Leeds Presentation Advanced Psycho Acoustics for Musicians and Professionals.* Second International Sound Healing Conference; Santa Fe, NM; November 10, 2007.

Address correspondence to:
Peggy Finston, MD
101 East Gurley Street, Suite 209
Prescott, AZ 86301

E-mail: pfin99@yahoo.com