

Complementary/Alternative Therapies to Promote and Support Recovery

MaryAnne Murray, DNP, EdD, FNP, PMHNP
Balance Beams Wellness, PLLC
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Three Modalities to Consider

- Aromatherapy
- Cranial (or Corporal) ElectroStimulation Therapy
- NADA Protocol for Auricular Acupuncture
- Countless Others for Future Investigation

Aromatherapy

- Uses ESSENTIAL OILS
- All are natural essences of plants from their leaves, stems, bark, or roots, or droplets in glands, saccules, veins, or hairs
- Highly concentrated! Obtained by
 - Distillation
 - Cold press

One Plant, Many Parts: ORANGE

- Blossoms yield *Neroli*
- Citrus fruit yields *Orange Oil*
- Tree leaves yield *Petitgrain Oil*

Cooksley, 1996.

Cautions!

- Not to be used on babies or children under 6 without specific guidance
- Beware of allergies
- Select appropriate *Carrier Oils*
- Ensure pure *Essential Oils* and do not use *perfume oils* or synthetics
- Provenance is crucial! e.g., “Certified Pure Therapeutic Grade” (CPTG)

History of Aromatherapy

- Rene-Maurice Gattefosse’s *Aromatherapie: Les huiles essentielles, hormones vegetales*, 1957
- He burned his hand, developed gas gangrene, and healed it with Lavender essential oil.
- Jean Valnet’s *The Practice of Aromatherapy*, 1964
- Robert Tisserand’s *The Art of Aromatherapy*, 1976
- French School, German School, British School—debunked by Atlantic Institute of Aromatherapy

Aromatherapy and Medical World

- Primary medical and holistic-medical intervention in France (Rx by physician or pharmacist)
- Aromatherapy as component of massage in UK
- Tolerated in some American hospitals, e.g., Planetree
- Esoteric use by natural medicine proponents
(Schnaubelt, 2013)
- Multilevel marketing opportunities

Applications of Aromatherapy

- Topical (External) Bathing, Massage or Carrier Oil, or Neat
- Oral (Internal) for experts only!
- Inhalation (Environmental) diffusion/atomization

Blending of Oils

- Occurs at three levels:
- Aesthetic
- Clinical, and
- Psychological/spiritual

(Mojay, 1997).

Essential Oils for Addictions:

Ready-Made Blends Useful for Recovery

- Anxiety (Amrita Blend): Ylang Ylang + Myrrh, + Bergamot.
- Quit Craving (Amrita Blend): Helichrysum, Pink Grapefruit, Black Pepper, Clove Bud, Spearmint, Lime and Bitter Orange. Available in roll-on or oil blend for diffuser.
- Trauma Life (Young Living Blend): Valerian + Lavender + Frankincense + Sandalwood + Helichrysum + Rose + Spruce + Geranium + Davana + Citrus Hystrix (Higley & Higley, 1998, p. 340).

Essential Oils for Addictions:

Ready-Made Blends Useful for Recovery

- PastTense Tension Blend (doTERRA): Wintergreen Leaf, Lavender Flower, Peppermint Plant, Frankincense Resin, Cilantro Herb, Marjoram Leaf, Roman Chamomile Flower, Basil Leaf, and Rosemary Leaf
- Serenity Calming Blend (doTERRA): Lavender Flower, Sweet Marjoram Leaf, Roman Chamomile Flower, Ylang Ylang Flower, Hawaiian Sandalwood essential oils and Vanilla Bean Absolute.

Individual Oils for Anxiety

Basil, Bergamot, Virginian Cedarwood, Roman Chamomile, Cypress, Frankincense, Jasmine Absolute, Lavender, Lemon, Lime, Sweet Marjoram, Neroli, Melissa, Palmarosa, Patchouli, Rose, Rosewood, Sandalwood, Sweet Orange, Vetiver, Ylang Ylang

(Battaglia, 2011, p. 480).

Individual Oils for Anxiety

- Geranium “calms nervous anxiety.” Vetiver help[s] to restore a sense of rooted stability to those who feel anxious and ‘disembodied.’ Both these oils may be used for fear and ‘panic attacks’” (Mojay, 1997, 144)
- Fennel: energizes, comforts, and enlivens the mind. It induces a sense of courage, caution and calmness (Watson, 1995, p. 103)

Recipes: Oil Blends for Anxiety

- Clove + Cedarwood + Sandalwood: 15 drops of each for diffuser (Watson, 1995, p. 238)
- Patchouli + Neroli + Nutmeg: 15 drops of each for diffuser (Watson, 1995, p. 238)
- Lavender 3 drops + Rose 2 drops in 20 mL of carrier oil (Mojay, 1997, p. 144)
- 4 parts Lavender + 2 parts Ylang Ylang + 2 parts Sandalwood + 1 part Lemon (Cooksley, 2002, p. 121)

Amphetamine/Stimulant Withdrawal

“Essential oils to smell to deter stimulant cravings include bergamot, clove, geranium, grapefruit, lemon, lime, and orange. These essential oils relieve stress and fatigue, uplift the spirits, and act as gentle stimulants.” (Mars, 2001, p. 170)

Nicotine Withdrawal

“Helichrysum aids tobacco detoxification, and black pepper essential oil helps alleviate nicotine withdrawal symptoms. Lemon, lime, grapefruit, and orange are other essential oils that can be used in aromatherapy to alleviate the desire for a smoke. Whenever you feel a strong craving, open a bottle of one of these essential oils and take a few deep breaths from the bottle.” (Mars, 2001, p. 149)

Alcohol Withdrawal: Bergamot

“Bergamot calms anxiety, lifts depression, and has a generally encouraging effect on the psyche” (Mars, 2001, pp. 161-162)

Cirrhosis of the Liver

- German Chamomile 5 drops
- Lavender 5 drops
- Frankincense 2 drops
- Calendula 2 drops
- Rose 5 drops

Dilute in 3 ounces almond oil to which you have added 1 teaspoon borage seed oil. Don't use any other oils in the first 2 weeks, even for skin care because the liver has to detox everything and it is already overstressed. (Worwood, 1991, p. 274)

Aromatherapy Training Programs

- American College of Healthcare Sciences: <https://www.achs.edu/panel/department-aromatherapy>. Offers MS in Aromatherapy
- Institute for Integrative Aromatherapy: <http://www.aroma-rn.com/> [Endorsed by the American Holistic Nurses Association (AHNA)]
- R. J. Buckle Associates: <http://www.rjbuckle.com/clinicalaromatherapy.html>. [Endorsed by the American Holistic Nurses Association (AHNA)]

Sourcing Oils for Beginners:

- Amrita Essential Oils: <https://www.amrita.net/>. Individual oils and blends, lots of good information on essential oils. Located in Fairfield, Iowa, home of the Maharishi University of Management.
- doTERRA (multilevel marketing): www.doTERRA.com. Individual oils and blends. Located in Utah.
- NOW Essential Oils: <https://www.nowfoods.com/essential-oils/essential-oils-all-products>. Located in Bloomingdale, Illinois. Larger bottles, lower cost.
- Young Living (multilevel marketing): https://www.youngliving.com/en_US/products/essential-oils. Individual oils and blends. Located in Utah.
- Aromatools: https://www.aromatools.com/Addiction_Recovery_Tear_Pad_p/3752.htm. Color-printed tear pad on oils for addictions treatment.

So Many Books, So Little Time!

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Cranial (or Corporal) ElectroStimulation Therapy

- **Microcurrent Electrical Stimulation Applied Across the Head (Brain) or Body for Medical Treatment**

Also Known As...

- Alpha Stimulation
- Cranio-Electro Stimulation
- Electrosleep (Kirsch & Gilula, 2008).
- Microcurrent Elec-trical Therapy (MET) (Mercola and Kirsch, 1995)
- NeuroElectric Therapy (NET)
- Transcranial Electrotherapy (Gilula and Kirsch, 2005; Kirsch and Smith, 2002)
- Acupuncture-like TENS (Johnson, 2001)
- Micro-TENS (Gosrau et al., 2011)

Useful for Treating...

- **Addiction** (Gomez and Mikhial, 1978; Harvey-Lewis, 2009)
- **Anxiety** (Bianco, 1994; Voris, 1995)
- **Depression** (Shealy, 1989)
- **Fibromyalgia** (Lichtbroun, Raicer, and Smith, 2001)
- **Fractures** (Becker, 1985)
- **Headaches** (Roth, and Thrash, 1986)
- **Insomnia** (Rose, 2006)
- **Pain** (Rintala, Tan, Willson, Bryant, and Lai, 2011).

Cranial Electrical Stimulation

- When CES is effective, users are in an *alert but relaxed* state, characterized by alpha brain waves (Mercola and Kirsch, 1995)

Prominent CES Devices

- Alpha-Stim (www.Alpha-Stim.com)
- CES Ultra (www.CESUltra.com)
- Fisher Wallace Stimulator (www.FisherWallace.com)
- FM 10/C (<http://www.trimedsupply.com/products/fm-10c/>) switchable between CES and TENS

Equipment Needed

- CES Device
- Wires
- Electrode Pads (for corporal administration)
- Ear Clips (for cranial administration)
- Or headband (for Fisher Wallace)
- Saline Solution (helpful but not required)

**CES Mechanisms of Action
Postulated**

- Since the brain uses electrical activity, one can affect mental functions by conditioning the brain's electrical activity
- Electric current focused on hypothalamic region increases brain levels of...
 - Endorphin
 - Serotonin
 - Norepinephrine
 - Dopamine

**CES Mechanisms of Action
Postulated**

- Homeostatic Rebalancing of Neurotransmitters
- Affects Pain Neuromatrix Mechanisms
- Reduction of Serum Cortisol
- Neural Regeneration (Mercola and Kirsch, 1995)

CES versus TENS Comparison

CES	TENS
•microAmperes	•80 milliAmperes
•Pulses width 0.5 seconds	•Pulse width 0.0002 seconds
•Set current to comfort; subsensory OK	•Set current at highest level tolerable
•Need not feel it to get benefit	•Must feel it to get benefit

History of Electrical Therapies

Electrotherapy in use for >2,000 years, as in clinical literature of early [Roman physician, Scribonius Largus](#), who wrote in the *Compositiones Medicae* of 46 AD that his patients should stand on a live black [torpedo fish](#) for the relief of a variety of medical conditions, including gout and headaches

(Grout, n.d.; Schaffer 2006)

Earliest Historical References

[Claudius Galen](#) (131 - 201 AD) recommended using the shocks from the electrical fish for medical therapies (swim with the fishes)

(Grout, n.d.; Schaffer, 2006)

CES in Recent History

- Modern research into low intensity electrical stimulation of the brain was begun in 1902 by Leduc in [France](#)
- In 1949, the [Soviet Union](#) expanded research of CES to include the treatment of [anxiety](#) as well as [sleeping disorders](#).

CES in Recent History

In the 1960s and 1970s, physicians and researchers placed electrodes on the [eyes](#), thinking that other sites could not penetrate the [cranium](#). Later they found that placing electrodes on or behind the [earlobes](#) was effective and convenient

Why Not More Research on CES?

- Electrical devices are not as commonly used in psychiatry as medication. In part due to the stigma of electrical devices for use on the brain (which many relate to [ECT](#)), companies that developed such devices had a difficult time receiving financial support for needed research (Mercola and Kirsch, 1995)

CES in American Medicine

- Early Use in Addiction Treatment
- Paraplegia and Quadriplegia
- Traumatic Brain Injury (TBI) Closed Head
- Counseling, Psychotherapy
- Physical Therapy

CES Typical Treatment Protocols

- Research Protocol: 1 hour Q Day x 3 weeks
- In-Clinic Protocol: 30 to 60 minutes each time patient visits
- At-Home Protocol: 60 minutes+ per day until symptoms subside
- Maintenance: 20-30 minutes PRN for prevention of symptoms

Outcomes: Counseling/Psychotherapy

- **Cognitive Therapy** –
 - Memory Improves
 - Insight Facilitated
- **Behavior Therapy** –
 - Fear-Related Blocks Removed
 - Phobias not Felt While Current is Administered
- **Process (In Depth) Therapy** –
 - Relationship Enhanced
 - Emotional Reintegration Supported and Hastened

Getting Started with CES

- Try it yourself!
- Research devices, features, costs and select your device
- Select patients likely to benefit
- Offer as adjunctive treatment (in addition to, rather than instead of current care)
- Emphasize cumulative benefits

Presenting CES to a Patient

- Apply ear clips or headband with drop of saline solution to increase conductivity
- Turn on machine and set time
- Allow patient to dial up signal strength to comfort
- Rest, read, watch TV 30 minutes while wearing device
- Assess patient's response

Cautionary Tales

- Patient should not drive right after first session with CES because of somnolence risk
- Don't drive while using CES on head (may drive with electrodes to other body parts)
- Don't use electrodes on the head except with CES (**NOT TENS**)
- Don't use CES in/around water
- No adverse effects report in 30+ years of use

(<http://www.alpha-stim.com/healthcare-professionals/treating-mood-conditions/>)

Do:

- Use CES yourself to know how it can help
- Allow patient to select his/ her device
- Pre- and Post-test pain, anxiety, cravings, withdrawal symptoms, etc., over time
- Remind patient that CES' effects are cumulative
- Remember CES is Rx item. Insurance may cover it, especially when prescribed for pain

Do Not:

- Do not allow patient (e.g., a child with ADHD) to turn up signal to highest level at first
- Do not be afraid to use it yourself and offer it to your patients
- Do not be afraid to do research on your patients' use of CES

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NADA

- NADA - Spanish for "nothing"
- NADA - a no-nonsense, non-verbal, no-drug pharmaceutical free, and barrier-free approach to behavioral health
- NADA - Acu Detox, a five point ear acupuncture protocol for recovery
- NADA - A not-for-profit training and advocacy organization

NADA:

National Acupuncture Detoxification Association

Mission Statement: The National Acupuncture Detoxification Association (NADA), a not-for-profit training and advocacy organization, encourages community wellness through the use of a standardized auricular acupuncture protocol for behavioral health, including addictions, mental health, and disaster & emotional trauma. We work to improve access and effectiveness of care through promoting policies and practices which integrate NADA-style treatment with other Western behavioral health modalities.

NADA:

National Acupuncture Detoxification Association

History: Starting in 1974, the staff and other professionals associated with the South Bronx's Lincoln Recovery Center spent 10 years developing the basic five ear-points NADA protocol for the treatment of addiction, using the diagnostic tools of experience and trial and error. They determined a need for a national-level organization to expand training capacity and awareness of the value of acupuncture as a tool of recovery. Incorporated in 1985 in the state of New York, the National Acupuncture Detoxification Association has helped spread acu detox far and wide, nationally and internationally.

NADA:

National Acupuncture Detoxification Association

NADA was established to enroll members, establish a collection of related reference materials, codify a training curriculum and develop a flexible system for registering qualified trainers and delivering trainings. NADA has since trained more than 10,000 health professionals, including counselors, social workers, nurses, medical doctors, psychologists, acupuncturists, chiropractors, outreach workers, drug court judges, corrections officers and others to use the protocol.

What Is The NADA Protocol?

- 5 acupuncture needles to each ear
- Client may elect to have fewer needles, or to have "seeds or beads" instead
- Community (group) acupuncture model
- Takes 20 to 45 minutes
- Canned protocol (does not diagnose or treat specific conditions as does whole body acupuncture)

What Is the Point?

- "The five points are: (1) The **Autonomic Point** which calms the nervous system and helps with overall relaxation; (2) the **Shen Men** or "spirit gate," which reduces anxiety and nervousness; (3) the **Kidney Point**, for calming fears and healing internal organs; (4) the **Liver Point** for detoxification, blood purification, and to quell aggression; and (5) the **Lung Point**, which promotes aeration and helps clients let go of grief" (Bruce, 2011).

Benefits of NADA Protocol

- Decreased Cravings and Anxiety
- Improved Sleep
- Decreased Relapse Incidence and Duration
- Increased Treatment Retention

(Ahlberg, Skarberg, Brus, and Kjellen, 2016; Bergdahl, Berman, and Haglund, 2014; Chang and Sommers, 2014; Stuyt, and Meeker, 2008).

Who Can Receive NADA Treatment?

- Just about anyone (adjusted for age and overall health status) who provides written consent
- Just about anywhere a client may sit

Who Can Deliver NADA Treatment?

- Anyone who is trained and certified as an AcuDetox Specialist (ADS)
- Depending on State licensure and scope of practice
- Physicians, Nurses, Licensed Acupuncturists (often is part of LAc training), Chemical Dependency Counselors, Mental Health Counselors, Clinical Psychologists, etc.

Why Give/Receive NADA?

- Minimize withdrawal symptoms (many clients require no pharmacologic support for detox when they receive NADA)
- Provide a calming experience
- Facilitate meditative state
- Increase retention and reduce risk of relapse
- Decrease duration and severity of relapse
- No shaming, blaming, or lecturing

(Bullock, Culliton, and Olander, 1989)

Where is NADA Provided?

- Detox centers
- Treatment centers, especially those with holistic philosophies
- Hospitals
- Jails, prisons
- Community and private mental health offices
- Community centers
- Disaster sites (e.g., Acupuncturists Without Borders)

(LaPaglia, Bryant, and Serafini, 2016)

Where Can I Learn NADA?

- The National Acupuncture Detox Association holds a conference each year; the training is often provided as a pre-conference option. Clinical practice is performed at local chemical dependency treatment programs
- NADA-certified instructors offer trainings throughout the year in various locales around the US

What Will I Learn?

- The history of NADA
- The structures of the ear
- The appropriate points for needling
- The necessary equipment and how to use it
- Tips and tricks for effectiveness and developing confidence
- Safety techniques
- Another important tool for helping people who suffer from addictions

What Will I Get Out of NADA?

- Passion
- Pride
- Humility: you will learn from GREAT people!
- Respect for clients' struggles to recover
- Another tool for Making a Difference
- Professional Satisfaction
- Fellowship with other passionate clinicians

What Does NADA Cost?

- Initial training costs about \$500 (plus travel and lodging if required) and includes membership in NADA
- Needles and equipment (sharps container, magnetic pick-up for dropped needle retrieval, alcohol planchets, cotton swabs, cotton balls) can cost as little as \$1.00 per person per treatment
- It is priceless!

NADA Does NOT Require...

- A quiet place
- Soft music
- Ambience
- Teaching/lecturing/conversing with the clients

NADA Does Require a Safe Process

To avoid exposure to stray needles...

- Clients and Clinicians must wear closed shoes (no flip flops, no sandals, no bare feet)
- Clients must remain seated during the treatment, and until the needles are removed
- Clients must signal the ADS when needles have dropped; only the ADS retrieves dropped needles

Other Safety Issues

- Each client must have eaten that day (to avoid *needle shock*)
- Each client should pin back her/his hair if needed to allow access to the ears
- Each client should cleanse his/her external ears with an alcohol pad prior to the needle placement
- Each client should drink plenty of water after

Here is the Process

- ADS ensures room is set up so he/she can move freely between the chairs
- Clients enter room, sign consent for treatment (helper ensures each person has signed)
- Clients sit and wait for ADS to approach and offer treatment
- Each client cleanses ears with alcohol pad
- ADS places needles in each person, in turn

The Process Continued

- Clients sit quietly while needles are in ear(s)
- Clients raise hand to signal if ADS attention is required or if treatment must terminate
- ADS quietly scans the room during the treatment session and assists clients as needed
- ADS returns to remove needles after 20 to 45 minutes

The Process Continued

- Needles are removed and placed in sharps container
- Each client's ears are checked for bleeding
- ADS ensures each client feels well and is ready to depart
- Clients leave the room
- ADS tidies up and stashes equipment

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