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Serenity, Patience, Wisdom, Courage, Acceptance

Reflections on the NADA Protocol

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Following encouraging results from research investigating the use of individualised, traditional acupuncture to manage treatment side effects in women with early breast cancer, the author conducted a follow-up study to explore the use of the NADA protocol in the same clinical context.

This article charts her discoveries in applying the NADA protocol as a standardised treatment in a group setting. She discusses its flexibility and potential, and considers its limitations. Case studies present a range of different experiences and perceived benefits for three women who received this treatment, including their reactions to being treated in a group setting.

Key Words
NADA, ear acupuncture, addiction, breast cancer, tamoxifen, hot flushes, menopause.

Introduction
The NADA protocol. Its mention frequently evokes strong responses from professional acupuncturists. It may elicit great enthusiasm, as a panacea for (nearly) all ills, or it may engender disdain, regarded as being the last refuge of the lazy acupuncturist. In either case, it is mostly perceived as a tool used solely in treating addictions.

My own experience of the NADA protocol has been a process of discovery. Like many others, I was introduced to the use of ear points for treating addictions in acupuncture college. Some time after graduating, I enrolled on the course offered by NADA UK to learn this particular protocol. In clinical practice I drew on the protocol infrequently, using it to address occasional requests for support for withdrawal from smoking. However, I found it was very useful to me as a lecturer. It was a simple way to introduce the experience of having acupuncture to students on substance misuse courses. In observing the effect of this protocol on groups of acupuncture-naïve students, I was struck by the power of this relatively simple intervention that requires no diagnostic skills and little interaction with the practitioner.

Consequently, the NADA protocol seemed an interesting option when I considered using ear acupuncture as a treatment approach in a research study to manage treatment side effects in women with early breast cancer. However, as a traditional acupuncturist my belief system was firmly rooted in a preference for individualised treatment. Coming from this position, how could I justify using a standardised approach? I was pervaded by a sense of guilt, especially when considering presenting this work to my acupuncture colleagues. Was I selling out my profession? This article describes the process of my learning about the power and the limitations of this sometimes controversial acupuncture approach.

What is the NADA protocol?
The NADA protocol is a simple five-point ear acupuncture protocol developed for and originally applied in acupuncture detoxification settings. Its original concept sprang from observations made in the 1970's by Dr H L Wen, a neurosurgeon in Hong Kong (Wen, 1973). In researching the use of acupuncture for post-surgical pain, Wen discovered that applying electrical stimulation to the lung ear point relieved opiate withdrawal symptoms (NADA UK, 2004). Dr Michael O Smith, a psychiatrist and the director of the Lincoln Recovery Centre (LRC) in the South Bronx, New York, is credited with the further development of this idea into the NADA protocol. His work at the LRC has resulted in its widespread implementation as a means of supporting addiction rehabilitation. The protocol has been in use for over 35 years throughout the world, with clinical sites in the US, Europe, the Middle East, Asia, Australia, South America and the Caribbean (NADA, n.d.).

The protocol itself is simple. Needles are inserted into the ears using points *shenmen*, sympathetic, kidney, liver, and upper lung in one ear, lower lung in the other. This is illustrated in Figure 1. (To my mind, this makes it a six-point protocol, but things are never quite as simple as they seem!) The needles remain in place for 30 to 45 minutes, and are removed working from the bottom up. No stimulation is applied. Recipients are usually encouraged to maintain a silent, meditative space during the treatment session.

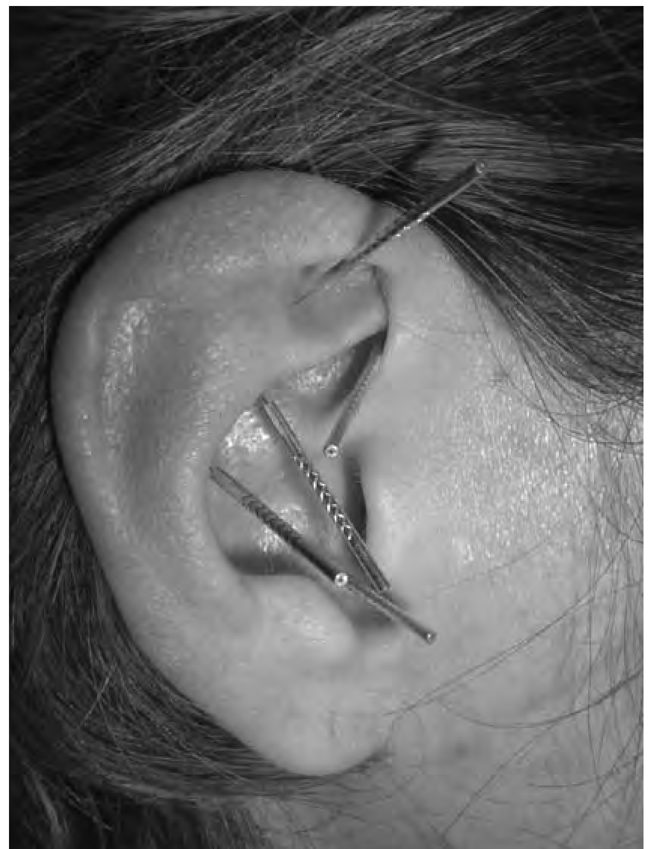

Figure 1. Ear showing NADA ear points (courtesy of the Lynda Jackson Macmillan Centre)

Delivery in a group setting is an integral feature of the NADA protocol. Limited funding meant the Lincoln Recovery Centre could not deliver treatment on an individual basis (Kolenda, 2000), and the concept of group treatment for acupuncture was born – or at least 'rediscovered' in America. This aspect of the protocol makes it an attractive proposition whenever resources are limited. A small number of practitioners can treat large numbers of people in relatively small amounts of time.

Another feature that is frequently disregarded is that the NADA protocol is almost always used as one component of a larger, multi-faceted approach. In organisations throughout the world, its application is seen as part of a solution, never as the whole solution. It often functions as an entry point that opens the door to

other treatment approaches. These can include body acupuncture, other complementary medicines, conventional medicine, counselling, craft work, and/or social programmes. These packages of care are designed to meet the needs of individuals who often have complex health and social problems.

Not only had I turned my back on my principles and profession, I was now not delivering the protocol in the prescribed manner!

NADA is flexible and adaptable

I chose to use the NADA protocol in my research into using acupuncture to manage hot flushes in women with early breast cancer. Having obtained encouraging results from a previous study using individualised, traditional acupuncture, the researcher in me had to rise to the challenge of exploring the potential effects of using a standardised approach! I treated more than 55 women for hot flushes and night sweats experienced as a side effect of taking tamoxifen and Arimidex, two adjuvant treatments for breast cancer. The women were treated in small groups of about five per group, although this number varied according to recruitment and attendance constraints. The results are encouraging and will be reported separately.

I departed from what I had been taught in my NADA UK training and did not enforce absolute silence on the groups. I encouraged the women to use the space as a time for relaxation and quiet reflection, observing how they chose to use this time. Perhaps not surprisingly, the women chose to share information about their experience of having breast cancer, its treatment, the hot flushes they were suffering, and how the experience was affecting their lives. Some sessions were so lively that I was compelled to remind the group that they would enhance their treatment by keeping silent. And so the second strand of my guilt developed. Not only had I turned my back on my principles and profession, I was now not delivering the protocol in the prescribed manner!

It was not until I went to New York in April 2005 that I was able to lay this guilt to rest. There I learned just how flexible and adaptable the NADA protocol is, and that part of its strength lies in adapting it to the needs of its recipients. During my visit to the Lincoln Recovery Centre, I learned that the service is open all day rather than restricted to set times. This is because the LRC finds that people with addictions are not necessarily very good at keeping appointments, so a service that is flexible and can accommodate this is more likely to be successful. Observing in the clinic, I learned that the protocol might be delivered to a group, or individuals might have it on their own. I also saw a client reading a book with the needles in her ears – a practice I had previously understood was definitely not allowed! I also subsequently learned that at the LRC, talking is not banned and quiet conversation is allowed. Phew!

One of the most profound moments of my visit to New York occurred in a workshop run by Carlos Alvares, who has worked with the protocol at the LRC for over 35 years. Asked how he explained the functions of the ear points to patients, he replied that he found it was not appropriate to use complicated explanations of relationships to the organs. Instead, he chooses to explain the points in terms of what they can give the recipient, that is, 'serenity, patience, wisdom, courage, and acceptance'. This encapsulates the spirit of NADA. It functions to make the patient feel safe, to facilitate them opening up to themselves, to allow healing to take place in the individual's own space and time.

Later, I learned that I was not alone in applying the protocol to conditions other than addiction rehabilitation. The World Trade Healing Services sprang into action the day after the 9/11 disaster, offering the NADA protocol as part of their Stress Reduction Services. They still operate, offering a package of care services for the many New Yorkers who have experienced, and continue to suffer from, the stresses caused by this devastating event. The NADA ear acupuncture service is one of the most popular of their offerings. At a presentation given at the 20th Annual NADA Conference, Joan Dolan of St Vincent Catholic Medical Centres recounted its effects. Firemen in particular had been deeply traumatised and unable to deal with the emotional burden of what they had seen and experienced. The NADA protocol provided a grounding, stabilising, and calming effect. Its non-verbal, non-threatening approach established the platform from which many people were able to progress to other therapies such as counselling to deal with their trauma and loss.

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At this conference, I gained insight into the variety of ways the NADA protocol is used. The Instituto Mundo Libre in Peru works to reincorporate street children into society. Their programme uses a range of components, from psychiatry to candle making workshops, as well as the NADA protocol. Marilu Gonzalez Posada, the Institute's president, recounted the story of 'John'. He was a young street child who the psychiatrist labelled 'untreatable' on initial examination. However, with patience and the NADA protocol, 'John' made progress. He became calm, his concentration improved, he obtained an education and went on to achieve a high-ranking post in the military. Ms Posada maintained that the NADA protocol was the key to this transformation – a miracle achieved using many means, but which would not have been possible without the contribution of the NADA protocol at the outset.

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Women's health is another example of the wide range of conditions for which the NADA protocol is used. Dr Ralph Raben, an obstetrician and gynaecologist from Hamburg, Germany uses the protocol in group clinics to address a range of women's conditions. These range from menstrual disorders to recurrent bladder infections, from morning sickness to breastfeeding problems. Of particular interest is the work done with gynaecological patients with a history of sexual abuse. These patients often 'somatise' their fear and trauma, rejecting help in the form of psychotherapy. Again, the non-verbal, non-threatening and low cost NADA treatment can be a vital first step on the pathway to physical and emotional healing for these women.

These are but three examples of the many applications for the NADA protocol. There were more – some focused on addiction related issues, others were directed at conditions where addiction was not the issue. I came away from New York feeling inspired by the adaptability of this approach, and was overwhelmed by ideas for a range of possible new applications where it could prove beneficial. I ceased to feel guilty about not enforcing silence on the groups in my study. From subsequent work with these women, it is apparent that this interaction helped them to overcome a sense of isolation they have as a result of having cancer. As one participant said:

> 'I thought it was beneficial actually because the cancer tends to cut you off… and anything that breaks down the barriers that either you or the disease puts up, all the better.' **(Walker 2005)**

Reflections on the NADA protocol

What have I learned about the NADA protocol?

I have learned that the NADA protocol is a treatment option that can be used in a number of settings, in a number of different ways. It is immensely flexible, and can be tailored towards the needs of its target audience. This was reassuring to me. I had adapted the protocol to make it relevant to the women with breast cancer who were participants in my study.

I learned that the NADA protocol is almost always part of a larger programme, that it is never seen as a solution in itself. It is often a fundamental component that helps to make the other components function effectively. Frequently, it is the entryway that makes deeper treatment possible.

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I learned that the NADA protocol reaches out to people who are inarticulate, who are underprivileged, who are socially deprived. It also helps those who are functioning within society, but who may be deeply traumatised, to begin to deal with their distress.

Overall, I believe the NADA protocol is a valuable tool to have in our acupuncture toolbox. It rarely provides a 'one-stop' solution to the range of conditions we see. Yet there are many instances where it can be the 'golden key' that provides an opening that often makes deeper treatment and more profound change possible.

Three case studies

These studies illustrate the variety of responses women had to having treatment with the NADA protocol in a group setting to manage the hot flushes that are a side effect of tamoxifen taken as adjuvant treatment for early breast cancer. Treatment consisted of eight weekly sessions in groups of about five women.

Case 1: April

Background

April, age 57, had been treated with surgery, chemotherapy and radiotherapy, and the last of these treatments had been eight months prior to joining the NADA study. She had taken Hormone Replacement Therapy (HRT) for five years prior to her cancer diagnosis. She had been taking tamoxifen for 11 months and began to experience hot flushes soon after starting this. Feeling uncomfortable, out of control and 'cross', April asked her consultant to change her medication. He suggested she try acupuncture.

On joining the study, April was experiencing an average of 12 flushing incidents per 24-hour period, with a range from 10 to 15 per day. Night sweats woke her three to four times per night and she found it difficult to get back to sleep. She had felt 'exhausted, wiped out' after chemotherapy. She did not feel she was getting much better although she followed a programme of regular exercise to rebuild her strength gradually. Emotionally, she felt angry and frustrated; she was not as strong as before and could no longer do the same things. Her eyes felt dry and one would 'weep' when she got anxious.

Progress through treatment

April reported that she felt very tired after the initial two NADA sessions. She found she needed a lot of sleep; after the second treatment, she reported improvements in her quality of sleep. She also felt calmer in herself and had 'a feeling of wellbeing throughout the week'. The hot flushes were also becoming less frequent. At her fifth treatment, she noted that her energy was 'quite good', that her levels of flushing were staying constant in spite of warm weather, and she was feeling 'content and

quite relaxed'. A week later, she reported that she was having much less trouble with her eyes. The following week she was delighted to report that her husband had noticed that she had much more energy. At her eighth and final session, April felt she had achieved her objectives: her hot flushes had reduced during the day, the night sweats had reduced in frequency and intensity, and she had a more peaceful sleeping pattern and improved levels of energy. She was also pleased that her eye problems had diminished.

Long-term feedback
Four weeks after the end of her course of treatment, April wrote that she had been feeling 'more confident, more energetic, less tired because I have slept well at night. My dry eyes have improved a great deal'. At 18 weeks after the end of treatment, April still felt positive about her experience. She reported that her hot flushes were still not as intense as they had been. She appreciated the opportunity to talk with other women who had experienced breast cancer. Overall, she said that during the course of acupuncture she 'felt terrific – cheerful and full of energy... I felt better physically'.

Case 2: May

Background
May, age 59, had been treated with surgery and radiotherapy, and the last treatment had been nine months prior to joining the NADA study. She had taken HRT for seven years prior to her cancer diagnosis.

On joining the study, May was experiencing about 17 flushing incidents per 24-hour period, ranging from 12 to 20 per day. These were particularly bad in the evening and they woke her up to six times at night. She sweated rather than flushed.

May described herself as being 'not a very relaxed person'. She kept very physically active, and found it difficult to keep still or relax, particularly in the evenings. At the time of her participation in the study, she was involved in preparations for her daughter's wedding, which she described as 'hectic' and 'stressful'. Her objectives for treatment were to stop the sweats and to sleep through the night.

Progress through treatment
May reported no reactions to treatment until after her third treatment, when she noticed that she felt relaxed after the session and managed to sleep quite well that night. Her course of treatment coincided with a period of hot weather, which made her symptoms more uncomfortable. At her fifth session, she was disappointed that nothing was changing for her, although she acknowledged she was feeling more relaxed during the treatment and for the rest of that day. At her sixth session, she reported that she had only had 2-3 hours sleep per night during the previous week and could not cope during the daytime. She was still finding wedding preparations stressful, and was unable to heed my advice to find time to rest. Although there was a slight reduction in hot flushes and her sleep was gradually beginning to improve towards the end of her course of treatment, May was disappointed the acupuncture had not had a greater effect.

Nonetheless, she was very pleased to have taken part in the study. She valued it because she 'felt listened to', her problems were not 'trivialised', and she realised that she wasn't the only woman experiencing these problems. She also said she had benefited from the relaxation that the group sessions afforded.

Long-term feedback
May found the group experience most beneficial. At four weeks after the end of her treatment, she wrote:

> 'It was helpful to meet other women with similarly severe symptoms. I felt very alone and ignored until I went on this acupuncture trial. I was totally unprepared for the huge and unpleasant side effects tamoxifen has had on me.'

At 18 weeks after the end of treatment, she reflected that because of the treatment she no longer felt 'quite so distressed by the hot flushes'. She was pleased to have taken part, and said that prior to having the treatment she 'was feeling isolated and that nobody cared. I don't feel like that now.'

Case 3: June

Background
June, age 41, had had a mastectomy, chemotherapy and radiotherapy, and the last of these treatments had been 11 months prior to joining the NADA study. She had been taking tamoxifen for 13 months and the hot flushes had come on 'suddenly after about six weeks'.

On joining the study, June was experiencing an average of four flushing incidents per 24-hour period, ranging from one to nine per day. Night sweats were particularly strong and woke her several times a night. She was always tired in the mornings. Her energy was improving slowly but she could still get exhausted easily. She felt her emotions were improving; she had been depressed and was having counselling. She had recurrent viral infections. Her objectives for treatment were to reduce the night sweats, to have 'more zing', to feel stronger, and to have less strong hot flushes.

Progress through treatment
June had read and understood the study information. However, at her first treatment she declared that she would not take part if she had to be treated with the group. Mindful

of the challenges of recruiting study participants, I offered to treat June alone as long as separate treatment rooms were available.

June reported that she felt 'wiped out' after her first treatment, and that she 'felt worse' after the second. During consultation prior to her third treatment, she stated that she was tired of feeling exhausted, that counselling was more draining than helpful, and that she was extremely concerned that she had discovered a new lump. During this session, she broke down completely. Her distress was so great that I called in the nurse for assistance. June eventually calmed down. The nurse gave her information about the lump, assessed June to make sure she was not a danger to herself, and arranged an emergency appointment with the psychiatrist for the following Monday. I treated June using *shenmen* and kidney ear points only, making sure she was capable of getting home after the dramatic session.

I was surprised that June attended for her next appointment and even more surprised to hear that she was feeling better. Venlafaxine, a tranquiliser, had been prescribed, but June was reluctant to take it. X-ray results confirmed that the lump was not a recurrence of cancer. She said that the flushes were less strong and sleep was improving gradually.

At her fifth treatment, June reported a definite reduction in hot flush frequency, and said they were also less severe. The following week she again reported fewer flushes, and that she was not getting night sweats. Her sleep continued to improve, as did her energy. She also asked to join the group for treatment! At her last session, she felt that her initial objectives had been met, and that the treatment had been 'definitely worthwhile'.

Long-term feedback

Four weeks later, June reported that the treatment had had a marked effect on her problem. She felt stronger, had more energy, and had returned to work. At 18 weeks after treatment ended, June still remarked on the 'dramatic reduction (in flushes) after four treatments.' She was so pleased with acupuncture that she found a BAcC acupuncturist near her, and had acupuncture once a week to help her to 'continue to recover health and energy'.

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