Case Study – Integrated Trauma-Informed Approach

Patient Background

S – Nurse

Age: 57

Reason for Consultation / Presenting Problems

S is a nurse with a strong scientific foundation. She is also educated in Traditional Chinese Medicine (TCM).

S is currently going through a significant transition phase and is in the process of transitioning from masculine to feminine identity and expression.

As part of this process, S is also breaking away from aspects of her past, including a religious background associated with what she describes as religious trauma syndrome and a high-demand religious environment.

S presents with symptoms resembling those often associated with ADD/ADHD, which she relates to her history of complex PTSD.

She experiences difficulties with concentration and initiation. For example, when reading a book, she becomes tired relatively quickly.

She also describes going into a freeze response when she needs to initiate new activities or take action, such as starting an education, preparing for a drag show, or engaging in leisure activities.

S describes this as part of a freeze, fawn and fight response pattern.

S has identified the following concerns:

- Lack of concentration
- Difficulty initiating tasks
- Lack of goal orientation
- Difficulty following through on new initiatives

Medico-Surgical History

S describes herself as generally healthy and well.

She has no known allergies to medication.

She has a birch pollen allergy, which has been decreasing over the past few years.

S has been receiving HRT (Hormone Replacement Therapy) since 2021. Her current HRT consists of oestrogen, a low-dose anti-androgen, and progesterone.

She takes no other medication.

She takes supplements including a multivitamin, vitamin D and fish oil.

Current Treatments

S's current treatments and supplements are:

- HRT (Hormone Replacement Therapy): oestrogen, low-dose anti-androgen and progesterone
- Multivitamin
- Vitamin D
- Fish oil

Magnesium glycinate was provided during the treatment process as an additional supportive measure and is described in the relevant treatment session.

S also began meditation during the treatment period. She reported that the treatment had given her more capacity to begin meditating and that meditation might also be contributing to the overall improvement.

Investigations

No relevant medical investigations, X-rays, ultrasound scans, MRI, CT scans or blood test results were available for this case.

Physical Observations

Other therapists have previously suggested that S has a blockage or restriction around the throat chakra.

From my own clinical observations, S appears highly tense around the mouth and jaw region. She moves her mouth extensively while speaking and appears to use considerable muscular effort when talking. The movement appears almost strained.

Mental and Emotional Symptoms of a Blocked Throat Chakra

- **Fear of speaking:** You worry about what others will think when you talk.
- **Hiding your truth:** You agree with people even when you disagree inside.
- **Trouble finding words:** You feel like your voice has no power or gets stuck.
- **Over-talking:** You ramble or talk too much because you feel unheard.
- **Shy or quiet:** You stay silent to keep the peace or avoid conflict.

Physical Symptoms of a Blocked Throat Chakra

- **Sore throat:** You feel tightness, pain, or a scratchy feeling often.
- **Neck and shoulder stiffness:** You carry tight stress in your neck and upper back.
- **Thyroid issues:** Your metabolism or hormones feel out of balance.
- **Voice problems:** You lose your voice easily or have a quiet, weak tone.
- **Jaw tension:** You grind your teeth or hold tightness in your mouth.

Other Causes of a Blocked Throat Chakra

- **Childhood silencing:** You were told as a child to be quiet or that your opinion did not matter.
- **Fear of rejection:** You worry that sharing your real feelings will make people leave you.
- **Dishonesty:** You lie to others or yourself, which creates inner conflict.
- **Creative blocks:** You suppress your art, writing, or other forms of self-expression.

Presenting Complaint

S describes an episode that occurred in the period leading up to her second drag show.

She had taken time off work in order to prepare for the performance, including preparing her costume and dance routine.

Her family assisted her with the music and costume. Despite having both time and practical support available, S nevertheless entered a freeze state and was unable to complete the necessary preparations in time for her performance routine.

As the pressure increased, S developed diffuse, tense pain throughout the thorax, both anteriorly and posteriorly.

The symptoms subsided after the show had been completed.

Treatment Goals

- To become more connected with her body
- To improve concentration
- To improve focus
- To improve her ability to initiate and complete activities
- To reduce the tendency to enter a freeze response

Therapeutic Approach

For this case study, I have chosen to integrate knowledge and methods from several therapeutic approaches and practitioners, including:

- Daniel Asis
- Pascal Vidal
- Godthjælp Maugendre (GMII)
- WW Medicine
- Various trauma protocols

I have deliberately chosen not to ask questions about specific traumatic events.

The reason for this is that complex PTSD does not necessarily originate from one isolated traumatic event, but may develop through prolonged or repeated exposure to stress and trauma.

I am aware that, theoretically, trauma treatment may involve identifying a core traumatic experience through questioning and auricular assessment, maintaining an image or thought connected to the experience, and continuing treatment until the VAS and/or SUD rating decreases significantly from the initial level.

However, in this case, I deliberately did not investigate or identify a specific trauma.

Instead, my clinical impression was that the stress response appeared to be chronically present, rather than being activated only by a specific past event.

I considered whether this persistent stress load could contribute to the ADD-like symptoms and the tendency to enter a freeze response.

Clinical Hypothesis

This case led me to consider the following questions:

Could a person be more susceptible to traumatic experiences because of an increased sensitivity associated with neurodivergence?

Or could trauma itself contribute to difficulties with executive functioning and thereby produce behaviour that resembles neurodivergence?

Do the two necessarily exclude one another?

My working hypothesis is that something which is continuously present in daily life, and which can be clearly identified through the patient's VAS response, may also be possible to address through auricular treatment, even when a specific traumatic event has not been identified.

This is the hypothesis I explored throughout the treatment process.

Treatment Protocol

Each treatment session initially consisted of the colours included in Pascal Vidal's trauma protocol.

The complete colour protocol was applied to the ear and, and to the back.

No questions regarding specific trauma were asked during the colour treatments.

The colours were selected according to Pascal Vidal's Trauma Protocol.

Frequency of Sessions

- 4 August 2026 – Treatment 1
- 8 August 2026 – Treatment 2
- 10 August 2026 – Treatment 3
- 16 August 2026 – Treatment 4

- 23 August 2026 – Treatment 5

Treatment 2 was an additional treatment because S was still experiencing pain following Treatment 1.

4 August 2026 – Treatment 1

Treatment

Full trauma treatment:

Green 53 / Yellow 12 / Blue 47 / Red 24 / Turquoise 44 / Cyan 80D / Indigo 98

The back was not treated during this session due to the intensity of the session.

No VAS or ear map was recorded either.

No questions were asked regarding trauma. Treatment consisted exclusively of light.

During Treatment

During the application of Yellow 12, S began making pronounced facial expressions and twisting her face as if experiencing significant pain.

Initially, I did not question the response because I considered that it could potentially represent psychological distress or emotional turmoil rather than physical pain.

It subsequently became clear that the response was physical pain.

Importantly, S described the pain as being exactly the same pain pattern she had experienced during the period of pressure immediately before the drag show.

The pain became sufficiently severe that I decided to treat the jaw region and the pain-related areas using ASP needles.

This was done only after the colour protocol had been completed.

S continued to experience pain after the treatment.

Following Days

During the following days, S experienced a recurrence of the previously described pain pattern.

The pain was manageable during the daytime, but when she lay down to sleep, she experienced diffuse pain both anteriorly and posteriorly around the thorax.

8 August 2026 – Treatment 2

Additional Treatment

This was an additional treatment because S was still experiencing pain three days after the trauma protocol.

Although S herself requested that the full trauma protocol be repeated, I decided not to proceed with it.

My reasoning was:

First, do no harm.

I wanted the physical pain to resolve before continuing with the full protocol.

Even though doing anything other than PM was not allowed, I did not have the confidence or experience to proceed in good conscience.

Auricular Treatment

Green 53 was applied with a systematic examination of the entire ear.

During the treatment, S experienced a noticeable reduction in pain.

The auricular treatment focused particularly on:

- Jaw
- O'Prime Lateralisation

Acupuncture

The acupuncture treatment focused on Liver Wind.

Additional Support

A small amount of magnesium glycinate was provided with the intention of supporting relaxation of the nervous system and assisting with the pain response.

Subsequent Development

During the following days, the pain disappeared completely.

Interestingly, despite the physical pain, S also reported a gradual improvement in her ability to focus.

She reported that she was now able to read without becoming excessively tired.

S also reported that she had started meditating and considered that this might be contributing to the improvement.

10 August 2026 – Treatment 3

Full Trauma Treatment

Green 53 / Yellow 12 / Blue 47 / Red 24 / Turquoise 44 / Cyan 80D / Indigo 98

The back was included during this treatment.

VAS

The quality of the VAS response was described as feeling “infinite.”

There was no numerical value recorded for the entry point because it was difficult to determine a precise number.

The VAS response was highly intense, persistent and insistent.

The intensity was concerningly high.

16 August 2026 – Treatment 4

Full Trauma Treatment

Green 53 / Yellow 12 / Blue 47 / Red 24 / Turquoise 44 / Cyan 80D / Indigo 98

The back was included.

Since the Previous Treatment

S continued to be completely free of pain.

Psychologically, she reported further improvement.

She described being able to snap out of things more quickly and no longer becoming as caught up in mental or emotional spirals.

The quality of the VAS response was significantly improved.

A precise numerical value at the entry point remained difficult to establish, but there was a clear qualitative improvement.

During Treatment

S was again strongly affected by the treatment.

This time, however, the response was not characterised by pain. Instead, she experienced significant tension around the jaw and throat.

S repeatedly needed to yawn deeply in order to release tension in the jaw.

Her facial expression became visibly distorted. She made facial expressions, groaned, sighed and yawned repeatedly and appeared generally uncomfortable.

Temperature Response

On two occasions, S suddenly became extremely cold.

She spontaneously asked for a blanket despite having been warm upon arrival.

During the second episode, she asked for an additional blanket because she was unable to get warm.

Back Treatment

During the back treatment, S became noticeably calmer.

She described an experience similar to one she had previously experienced with a hypnotist.

She reported visual impressions of travelling, seeing monuments from European cities, and having a strong sense that everything would be okay.

She did not feel weighed down by thoughts concerning the church.

She also described her anger as no longer being overwhelming. Instead, it appeared to move into the background and felt increasingly irrelevant.

23 August 2026 – Treatment 5

Full Trauma Treatment

Green 53 / Yellow 12 / Blue 47 / Red 24 / Turquoise 44 / Cyan 80D / Indigo 98

Physical Status

S remained completely free of pain.

Her throat felt less rough.

However, she was uncertain about how much the tension in the throat region had actually released.

Functional Improvement

S reported a significant improvement in her functional capacity.

Towards the end of the week, she had been able to sit down several times and had been able to sit and read.

This was considered a marked functional improvement compared with the initial presentation.

Treatment Experience

S described the treatment process as follows:

Initially, she reacted strongly.

She then became relaxed.

The reaction returned, followed again by relaxation.

She described the experience as beginning in the head and then moving down into the chest.

S described experiencing a strong energy of anger.

However, she was unable to pinpoint exactly where the anger should be directed or what it should be addressed toward.

She described the anger as potentially representing a boundary:

“No more.”

She subsequently experienced coldness.

Her body became activated, her muscles tensed, and then relaxed again.

At one point, there was no longer any thought activity.

The experience became purely bodily.

Eventually, there was complete silence.

She described simply being present in the moment.

A question then emerged:

“What am I free to do now?”

Thoughtlessness

S described the absence of thought as significant.

She experienced a sense that:

“The body wanted this.”

Compared with previous treatments, she experienced considerably more flow.

She felt that the treatment was building upon what had occurred during the previous session.

There were no specific images this time.

Instead, she described the experience as:

“Pure energy.”

Auricular Treatment – Points / Zones and Rationale

The auricular treatment included the Jaw and O'Prime Lateralisation points.

The Jaw point was selected because of S's pronounced jaw tension and the relationship between the jaw, eye coordination and the pain pattern she experienced. S had also previously described a sensation of blockage or restriction around the throat chakra.

The O'Prime Lateralisation point was selected because of the perceived relevance of lateralisation in relation to S's neurodivergent-like symptoms, difficulties with executive functioning and general stress response.

The use of the Lateralisation point was also informed by approaches in which lateralisation is used in relation to ADHD-like symptoms and general stress.

ASP needles were used in these areas where indicated during treatment.

Preliminary Clinical Observation

A particularly significant and recurring response was observed during the application of Yellow 12.

During each full trauma treatment in which Yellow 12 was applied, S showed a marked physical and emotional response when the treatment reached this particular colour.

This was especially pronounced during the first treatment, where S developed intense physical pain and facial tension while Yellow 12 was being applied. The pain was subsequently identified by S as being exactly the same pain pattern she had experienced during the period of intense pressure before her drag show.

The response to Yellow 12 appeared repeatedly throughout the treatment process and was notable because Yellow 12 is also described in Pascal Vidal's trauma protocol as one of the colours used during the trauma treatment.

Over the course of five treatments, several changes were observed and reported:

- The acute thoracic pain resolved completely.
- The previously recurring pain at night disappeared.
- Concentration improved.
- Reading became less exhausting.
- S reported improved ability to initiate and engage in activities.
- She reported being able to interrupt mental or emotional spirals more quickly.
- The VAS response appeared qualitatively less intense.
- Jaw and throat tension became more prominent during later treatments.
- She reported a stronger sense of being present in the body and in the present moment.
- Emotional material, particularly anger and issues around boundaries, appeared to become less overwhelming.

Initial Green 53 Exploration / VAS Profile

During the initial Green 53 exploration, it was difficult to determine a precise number of VAS “strokes”, as the response appeared almost endless.

The sessions were long, and the intensity of the response made it difficult to maintain sufficient time and patience to quantify the VAS response numerically.

Despite the difficulty in establishing a precise numerical entry point, the quality of the VAS response changed throughout the treatment process. It gradually became softer, less intense and less strained.

Integration of the Back Treatment

Pascal Vidal's description of the integration of the treatment when using light on the spine, following PM on the ear, seems to have had a similar effect in this case:

- The patient calmed down.
- She became more present.
- She experienced a sense of seeing a clear future, similar to the experience she had previously had with a hypnotist.
- She was no longer weighed down by thoughts concerning the church.
- Her anger appeared to move into the background rather than being overwhelming.

During the back treatment, S described visual impressions of travelling and seeing monuments from European cities, together with a strong sense that everything would be okay.

Side Effects and Sensations

Throughout the treatment process, S experienced a number of physical and subjective sensations.

- Intense thoracic pain during the first treatment
- Facial tension and facial expressions
- Jaw tension
- Throat tension
- Repeated yawning
- Groaning and sighing
- Episodes of suddenly becoming very cold
- A need for additional blankets
- Strong emotional responses
- A sense of anger and boundaries
- Periods of complete mental stillness
- A strong sense of being present in the body
- Visual impressions during the back treatment
- A sense of calm and of seeing a positive future

The thoracic pain that occurred following the first treatment subsequently disappeared.

Clinical Evolution

The clinical evolution from one treatment to the next showed a gradual change in both the physical and psychological presentation.

Initially, the most prominent response was intense physical pain corresponding to the previously experienced stress-related thoracic pain.

Following the additional auricular and acupuncture treatment, the pain disappeared.

At the same time, S began reporting improvements in concentration and her ability to read without becoming excessively tired.

During the later treatments, the physical pain remained absent, while the treatment responses increasingly appeared around the jaw and throat region.

S subsequently reported improvements in her ability to disengage from mental or emotional spirals, improved functional capacity, and a reduced tendency to enter a freeze response.

Results of Treatment

S reports that she is doing well.

She remains free of the thoracic pain that was present at the beginning of the treatment process.

She reports improved concentration and an increased ability to sit down and read.

She also reports being able to interrupt mental or emotional spirals more quickly.

Her freeze pattern has decreased noticeably.

S continues to experience episodes of passivity and thoughtlessness, but describes a clear reduction in her freeze pattern over the past few weeks.

Overall, the change in functional level is considered a marked improvement compared with the initial presentation.

Future Evolution / Further Treatment

I am curious about continuing with photonic treatment, particularly further treatment involving Lateralisation, in order to observe what further results may be achieved.

Based on the clinical evolution, further treatment may be considered. The frequency would depend on the patient's continued response and clinical needs.

Reflection and Working Theory

This case raises an interesting question regarding the relationship between trauma, chronic stress, neurodivergence and executive functioning.

Rather than attempting to locate a single historical trauma, the treatment focused on the current physiological and emotional expression of stress.

The recurring thoracic pain provided an interesting example.

The same pain pattern that appeared during an acute period of psychological pressure before the drag show was reproduced during the first colour treatment, despite no questions having been asked about the previous event.

This led me to consider whether the body may retain and express a stress response even when the original psychological narrative is not actively being recalled.

The subsequent changes in pain, concentration, functional capacity and subjective experience may warrant further observation.

At this stage, however, these observations should be regarded as clinical observations and hypotheses rather than evidence of causality.

The case therefore raises the possibility that addressing a person's current physiological stress response may be relevant even when no single traumatic event is identified.

Further treatment and observation would be necessary to determine whether the improvements are sustained and whether they continue to correlate with the auricular and photonic interventions.

Appendix 1 – Auricular Treatment Documentation

Purpose of the Photographs

The photographs are included as documentation of the auricular zones and colours used during the treatment process.

The ears shown in the photographs are rubber anatomical ear models representing the patient.

The coloured pinheads placed on the ear models illustrate the locations/zones where VAS was located.

The photographs at the top of each image show the individual colour/filter units used during the photonic treatment. The pinheads placed on top of the colour/filter units illustrate which filter was used with the corresponding colour.

The needles shown in the ear models illustrate the auricular treatment points/zones used during the relevant treatment.

Treatment 1 – 4 August 2026

No photograph is available from Treatment 1.

Due to the intensity of the treatment and my own reaction to the intensity of the session, I was not able to document the treatment photographically.

Treatment 2 – 8 August 2026

No photograph was taken during the additional auricular treatment or acupuncture treatment.

Treatment 3 – 10 August 2026

Photographic documentation of the treatment:

S – 10/8 – 3rd Treatment

Treatment 4 – 16 August 2026

Photographic documentation of the treatment:

S – 16/8 – 4th Treatment

Treatment 5 – 23 August 2026

Photographic documentation of the treatment:

S – 23/8 – 5th Treatment