

latimes.com/news/local/la-me-ptsd-treatment-20111226,0,317377.story

# latimes.com

## San Diego naval hospital testing unusual PTSD treatment

**Naval Medical Center San Diego is studying whether an anesthetic used during childbirth could help relieve symptoms of post-traumatic stress disorder.**

By Tony Perry, Los Angeles Times

December 26, 2011

Reporting from San Diego -- The Pentagon is spending hundreds of millions of dollars searching for a treatment for post-traumatic stress disorder, the overarching term for the nightmares, flashbacks, anxiety and restlessness suffered by many troops returning from Iraq and Afghanistan.

advertisement

Nearly all of the dozens of research projects involve long-term counseling and prescription drugs.

But researchers at the Naval Medical Center San Diego believe that something as seemingly simple as injections of an anesthetic given to women during childbirth may be effective in alleviating the symptoms associated with PTSD.

Early testing on several dozen veterans of the Iraq and Afghanistan conflicts has proved promising, with some, although not all, showing signs of relief from stellate ganglion block treatment, researchers said.

"It may be a significant tool in our armory" to fight PTSD, said Dr. Robert McLay, a psychiatrist and director of mental health research at the medical center.

McLay, whose book "At War With PTSD" will soon be published by Johns Hopkins University Press, says he was skeptical when he first heard about the treatment.

"I thought this was a little wacky when it was mentioned," he said.

But now McLay and Dr. Anita Hickey, a Navy captain and pain control specialist, are midway through a two-year study of 40-plus active-duty Marines, sailors and soldiers diagnosed with PTSD. One of the early findings is that volunteers receiving the injections are doing better than those receiving placebos.

McLay and Hickey hope to present their findings to the American Psychiatric Assn. at its May convention in Philadelphia.

Many questions are yet to be answered: Why does the treatment appear to work on some patients but not others? How many shots are needed? What about side effects? Are combat cases of PTSD different from non-combat cases?

"There is a lot to be studied," Hickey said.

Still, if the treatment proves effective, much of the credit will go to Dr. Eugene Lipov, a Chicago anesthesiologist who has pioneered its use among his patients, many of them former military personnel.

"If we don't get PTSD under control, our crime rate and social disability are going to be out of control," said Lipov, founder of Chicago's Advanced Pain Centers.

In hopes of treating recent veterans or active-duty personnel, Lipov submitted three applications for federal research funding. He was rejected three times by the Pentagon despite, in 2007, having support from the junior senator from Illinois at the time, Barack Obama.

Then, a Navy doctor from San Diego heard Lipov's impassioned testimony before a congressional committee and was intrigued. That led to a \$250,000 grant to the Naval Medical Center San Diego, a modest amount in the world of medical research.

In fiscal year 2010, the Navy's Bureau of Medicine and Surgery allocated \$800 million for more than 80 research projects on PTSD.

One of Lipov's patients, Raleigh Showens, 64, of McHenry, Ill., had suffered from PTSD since returning from service as an Army medic in Vietnam. "All I saw was torment, death and destruction," he said in a telephone interview.

A year ago, frustrated with counseling and medication, Showens said, he was on the verge of suicide. He took up Lipov's offer of free treatment and received an injection on Dec. 20.

"That was the first night in 40-plus years that I'd slept all night," he said. But three days later, the effect seemed to wear off, and Showens needed a second injection.

Showens said he feels so good that he has quit all counseling and medication.

McLay said his theory is that if the injection method proves effective, it will be best used in addition to therapy, not as a substitute. "I think it will be good to have a variety of treatments," he said.

There are differences between the work of Lipov and the Navy researchers involving what drug is best (obstetricians use several different ones for epidurals) and what is the best method for locating the precise location in the neck for the injection (Lipov likes X-ray, Hickey prefers ultrasound).

The treatment aims to affect the body's sympathetic nervous system through the nerves in the neck. The bundle of nerves that control the "fight or flight" syndrome in the brain are known as the stellate ganglion.

The injection, Lipov said, "resets" the nerve bundle to calm down the agitation and "hypervigilance" that are common to PTSD sufferers. Although denied federal funding, Lipov has received \$81,000 from the Illinois Department of Veterans Affairs and has 10 veterans enrolled in his own study.

Lipov and Maryam Navaie, president and chief executive of the La Jolla-based Advance Health Solutions, plan a trip to Washington early next year to lobby key members of Congress.

And in February, *Military Medicine*, the monthly publication of the Assn. of Military Surgeons of the U.S., will publish an article by Lipov, Navaie, Hickey and four other researchers discussing Lipov's findings and the early results from the Naval Medical Center San Diego study.

On one point all the researchers agree: PTSD will remain a medical challenge long after the end of the wars. McLay said PTSD, by different names, can be traced to the days of Achilles and the Spartans.

"I see Marines, SEALs, Green Berets — the toughest men on earth — and they still have PTSD," McLay said.

[tony.perry@latimes.com](mailto:tony.perry@latimes.com)

Copyright © 2012, [Los Angeles Times](#)