

Battlefield Acupuncture

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INTRODUCTION:

Battlefield acupuncture was developed by the author in 2001 in the course of researching a more efficient auriculotherapy system for the rapid relief of pain. The name “Battlefield Acupuncture” coined by the author was probably influenced by the events of 9/11 with the destruction of the World Trade Towers in New York City by terrorists and the assumption that this novel system could be eventually used on the military battlefield. The technique has grown in popularity and we are aware of many civilian and military acupuncturists who utilize this technique daily in the “battlefield” of medical practice. Most recently the author introduced this technique at in Germany while teaching at a workshop at the European Society for Biological Lasertherapy and Acupuncture 2007. Reports from clinicians in Europe and the Middle East are favorable and exciting. This methodology is also taught by Niemtow at the Helms Medical Institute acupuncture course and likewise receives laudatory comments. This technique delivers significant attenuation of pain in just a few minutes. The length of the pain free period does vary from minutes, hours, days, weeks, and months depending on the presenting pathology and the duration of the stimulate: needles, electric and laser excitation of the auricular acupoints.

MECHANISM OF ACTION

Traditionally pain being treated by auriculotherapy utilizes known anatomic areas in the ear corresponding to body morphology. For example, if a patient experiences acute back pain, needles are placed in the ear into the points corresponding to the “back”. If the pain is of a chronic nature, one considers Nogiers Phase techniques to position the needle stimulation. Other therapeutic stimulants may be employed such as electrical and laser devices. For example, the author successfully used the “Battlefield Acupuncture” concept with the Laser Needle apparatus (red and green lasers) as developed by Dr. Michael Weber to treat pain.

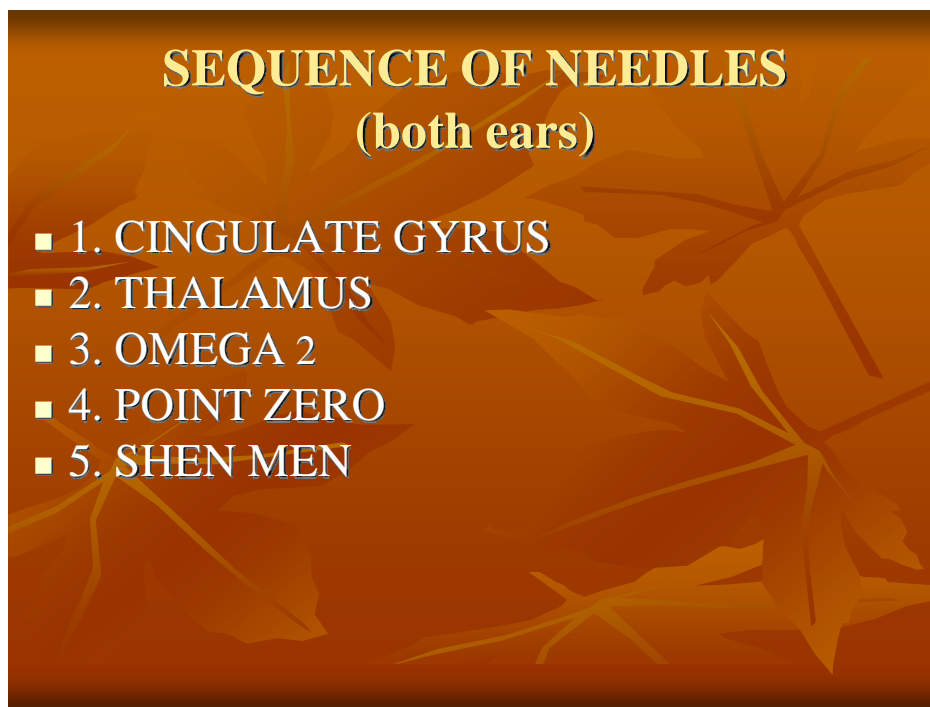
Most likely the Battlefield methodology favors the processing and the modulation of pain in the Central Nervous System involving the hypothalamus, thalamus,

cingulate gyrus and cerebral cortex structures. fMRI research studies from Dr. ZH Cho suggests involvement of these structures.

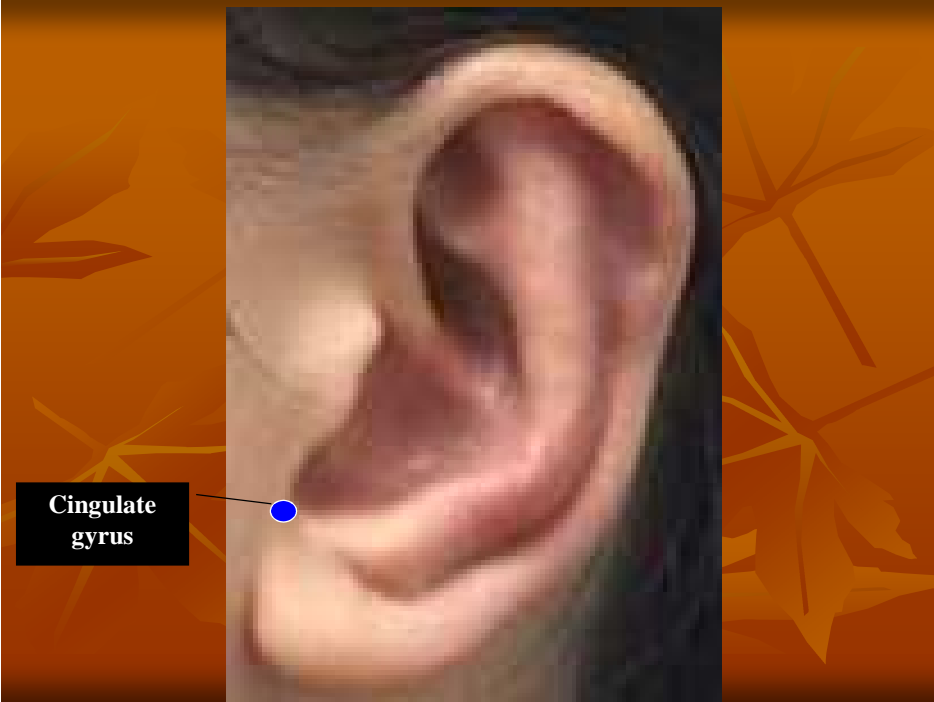
TECHNIQUE

Typically ASP needles which are semi-permanent needles have the characteristics of remaining in the ear acupoints for up to 3-4 days before being pushed out toward to the surface by the previous flattened epidermis.

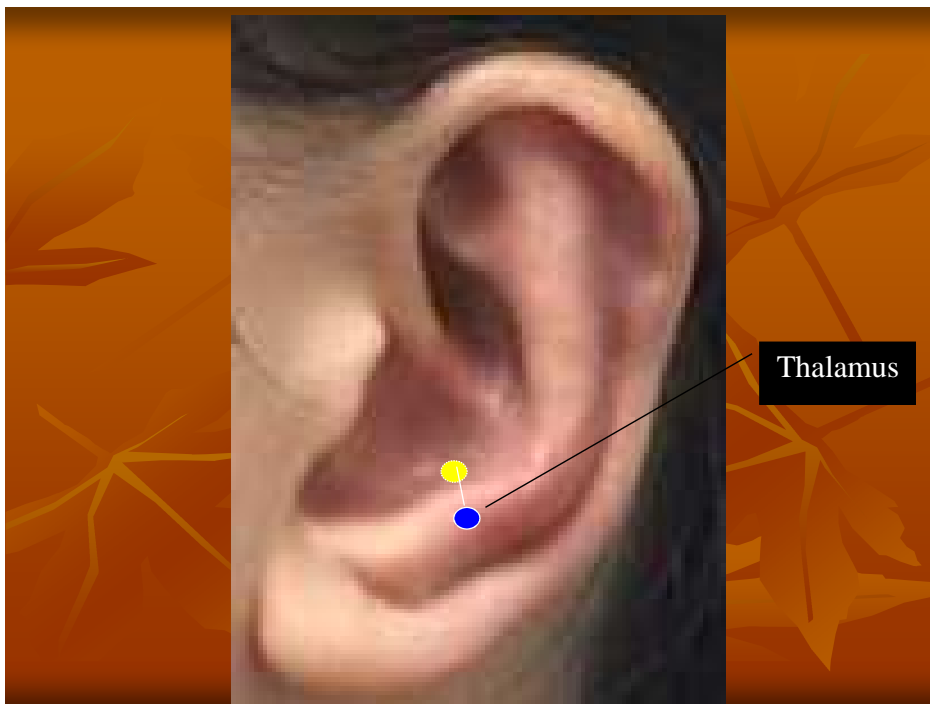
The following acupoints are sequentially administrated: Cingulate gyrus, thalamic nuclei (anterior), omega 2, point zero, and Shen Men. The clinician after performing a proper history and physical evaluation of the patient complaining of pain, initiates the “Battlefield Acupuncture“ technique.



1. Either the left or right ear is chosen for the placement of the needles.
2. An ASP needle is inserted into the cingulated gyrus.

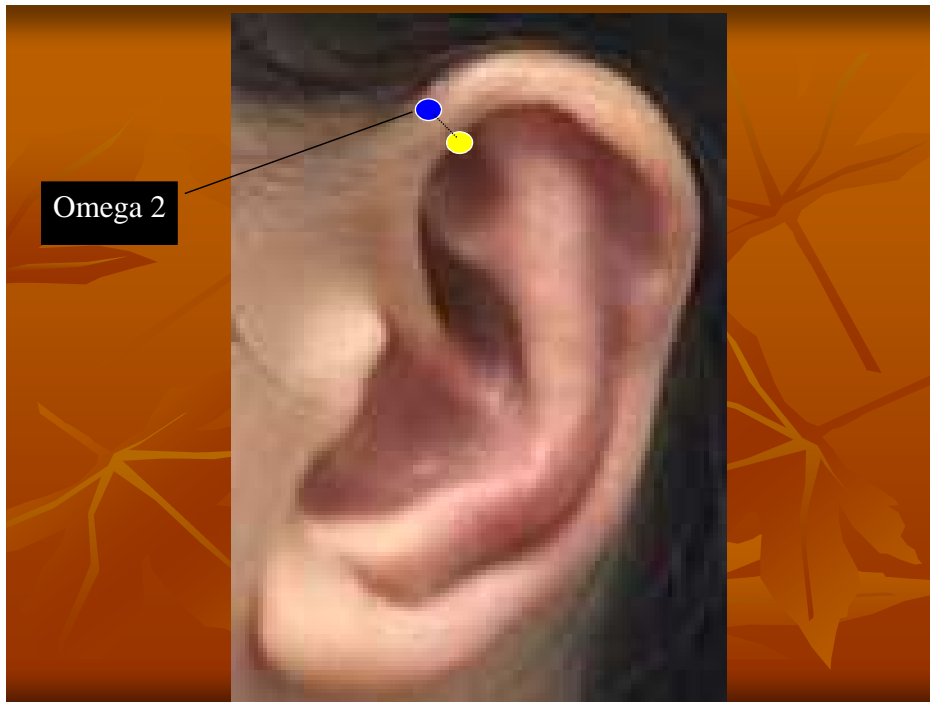


1. The patient is allowed to ambulate for about 2 minutes to determine whether pain attenuation has occurred. If no pain attenuation has occurred, an ASP needle is inserted into the cingulate gyrus of the opposite ear and the patient ambulates to determine the new pain level.
2. If pain attenuation has been achieved via the cingulated gyrus, another ASP needle is placed in the anterior thalamic in the ear that has produced the most pain attenuation. The patient ambulates and the new pain level is determined.



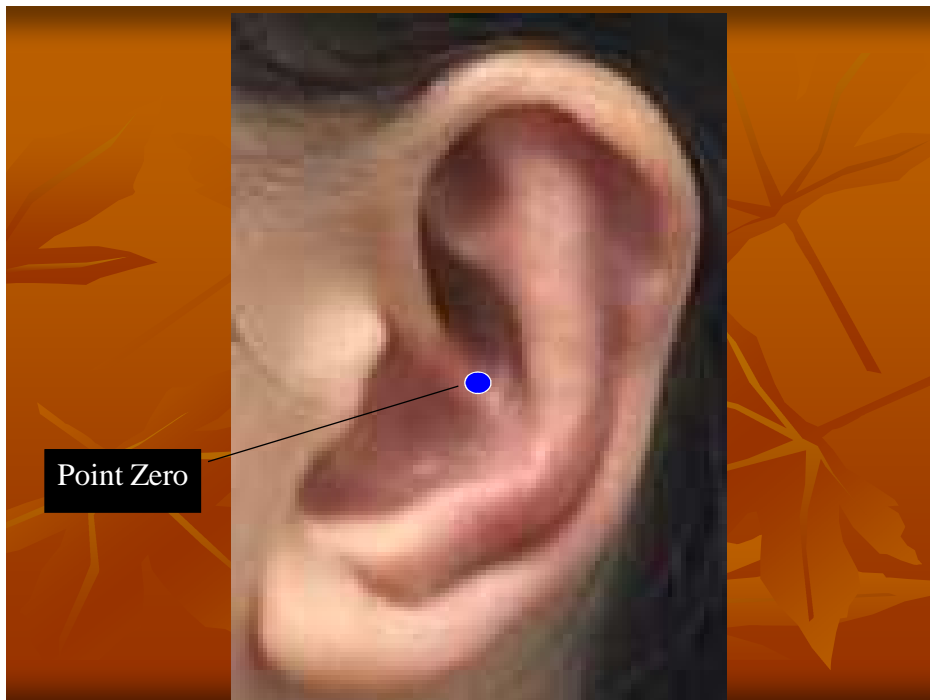


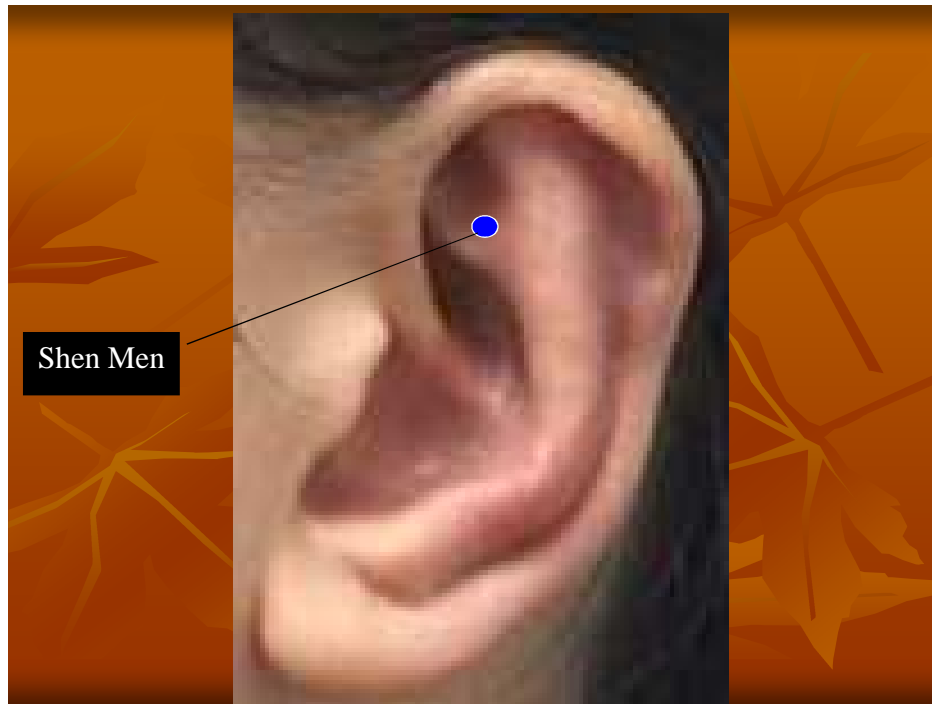
3. Whichever ear insertion produces pain attenuation, ASP needles are placed in a similar sequential manner into omega 2, Shen Men and point zero.





Note the placement of the ASP needle on the Helix Root





4. Whichever ear insertion produces pain attenuation, ASP needles are placed in a similar sequential manner into omega 2, Shen Men and point zero.
5. After the dominant ear has received ASP needles in all the “Battlefield Acupuncture” points, the pain level is evaluated. If the pain level is 0-1/10, the therapeutic goal is achieved. In the case where the pain level is above 1/10, the contra-lateral ear is needled in a similar manner.
6. The maximum number of ASP needles in each ear is 5. If the “posterior” thalamic point is employed the number is raised to 6. The posterior Thalamic is sometimes difficult to pique. Note: that the Thalamus Point is normally located in the posterior aspect of the antitragus. Difficulty in placing a needle in that area can be overcome by placing the needle in the anterior area of the antitragus similar pain attenuation.

RESULTS:

PATIENTS

ALL FAILED WESTERN PAIN MEDICATIONS

(data developed by Niemtzw)

A 40 y/o M Sciatic LBP 10/10 4 weeks TX: 1/10 F/U: 3 days: 9/10

B 52 y/o M Lt Shoulder Pain Bursitis 7/10 1 month TX: 0/10 F/U: 10 days: 2-3/10

C 36 y/o F 6 years Elbow and Leg Pain 7/10 TX: 1/10 F/U: 8 days: 3/10

D 43 y/o F 9 years TMJ 4/10 TX: 0/10 F/U: 2 days: 5/10

E 77 y/o F 10 months Fibromyalgia 6/10 pain TX: 2/10 F/U: 2 days: 3/10

F 24 y/o F 5 years Carpal Tunnel bilat 4-5/10 TX: 0/10 F/U: 4 days: 4/10

G 21 y/o F 2 years TMJ 4/10 TX: 1/10 F/U: 2 days: 2/10

H 78 y/o F 7-8 years Left Hip / DJD pain 8/10 TX: 2/10 F/U: 3 days: 1/10

I 50 y/o F 17 years Fibromyalgia Pain 9/10 TX: 0/10 F/U: 5 days: 6.5/10

The patient should experience a reduced pain period ranging from minutes, hours, days, weeks or months depending on the pathology treated. The “Battle Field Acupuncture” may be repeated many times. The clinician should observe the ear

for irritation or infection. The author has not experienced any infections in the ear. In some cases the patient will experience healing and will achieve a long lasting pain free period. Other patients who usually are older and have more complicated pathology will not experience healing. The needles will serve to take the place of pain medication. The author has found that treating a patient with ASP needles biweekly is sufficient in most cases.

DISCUSSION:

Military use of this technique centers about the pain free period when a narcotic cannot be used that would produce lethargy and as a result would cancel a critical mission. Because these points are most likely dealing with pain processing at the central nervous system level, a general quick response to all pain patterns occurs; simple and complex etiologies. Because the ears are almost always accessible, this method is very convenient and simple to practice without undressing the patient; especially during combat situations.

Generally speaking, I find that the specific combination of Omega 2, Shen Men and Zero Point, bilaterally, without walking the patient, but with fast insertion of the needles appears extremely beneficial for resolving most migraine headaches. This should be first accomplished, bilaterally, with regular acupuncture needles and then after the termination of the migraine, the needles are withdrawn and the gold ASP needles are inserted without walking the patient.

CONCLUSION:

This technique has been successfully taught to many physicians. The majority of my colleagues report immediate results. In my quest to even better the performance of the "Battlefield Acupuncture" two major modifications have been developed and remain very simple to apply. A third modification involves stimulating the ASP needles with fluorescent dyes plus ultraviolet light that most likely agitates the electrons in the ASP needles to stimulate the acupoint. As with all modifications it is best to test these concepts with a clinical trial to make sure that the concept really works. Future research should determine the mechanism of action of this technique. A study involving fMRI and PET scan would be appropriate. In any case this technique is presented to you the clinician to serve your everyday pain challenges and aspire more development and research.

