

Original Paper

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 Center 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 in Gottingen, Germany while teaching at a workshop at the European Society for Biological Lasertherapy and Acupuncture 2007. Reports from clinicians in Europe and in the Middle East were favorable and exciting.

This methodology is also taught by Niemtzw 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.”¹ If the pain is of a chronic nature, one considers Nogiers Phase techniques to position the needle stimulation.² 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.³

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 Z.H. Cho suggest involvement of these structures.⁴

TECHNIQUE

Typically, ASP gold needles (Sedatelac, Chemin des Muriers F-68540, Irigny, France, obtainable from www.omsmedical.com), which are semi-permanent needles, have the characteristics of remaining in the ear acupoints for up to 3–4 days or longer before being pushed out to the surface by the previous flattened epidermis.

The following acupoints (Figure 1) are sequentially administered: Cingulate Gyrus, Thalamus point, Omega 2, Point Zero, and Shenmen.⁵ The clinician, after performing a proper history and physical evaluation of the patient complaining of pain, initiates the “Battlefield Acupuncture” technique. Note that the Thalamic and Omega 2 points are located in the hidden areas of the ear. However, you have the choice of placing the needles as indicated in the appropriate figures below but usually, I place the needles in the visible areas.

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SEQUENCE OF NEEDLES (BOTH EARS)

- 1. Cingulate Gyrus
- 2. Thalamus
- 3. Omega 2
- 4. Point Zero
- 5. Shenmen

FIG. 1. Sequence of Needles

1. Either the left or right ear is chosen for the placement of the needles.
2. An ASP needle is inserted into the Cingulate Gyrus (Figures 2, 3).
3. 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.
4. If pain attenuation has been achieved via the Cingulate Gyrus, another ASP needle is placed in the Thalamus point in the ear that has produced the most pain attenuation (Figures 4, 5). The patient ambulates and the new pain level is determined.
5. Whichever ear insertion produces pain attenuation, ASP needles are placed in a similar sequential manner into Omega 2 (Figures 6, 7), Point Zero (Figure 8), and Shenmen (Figure 9).
6. 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.
7. The maximum number of ASP needles in each ear is 5.



FIG. 3.

RESULTS

Nine patients taken at random and depicted below (Figures 10, 11) are listed by age and duration of pain. The results of the ASP needles are depicted by the initial attenuation of pain followed by pain evaluation at the follow-up. For most patients, there is a period of pain attenuation; for others, there is not (failure). All of these patients did not respond to Western medications for pain control.

DISCUSSION

Military use of this technique centers about the pain-free period when a narcotic cannot be used that would produce



FIG. 2.

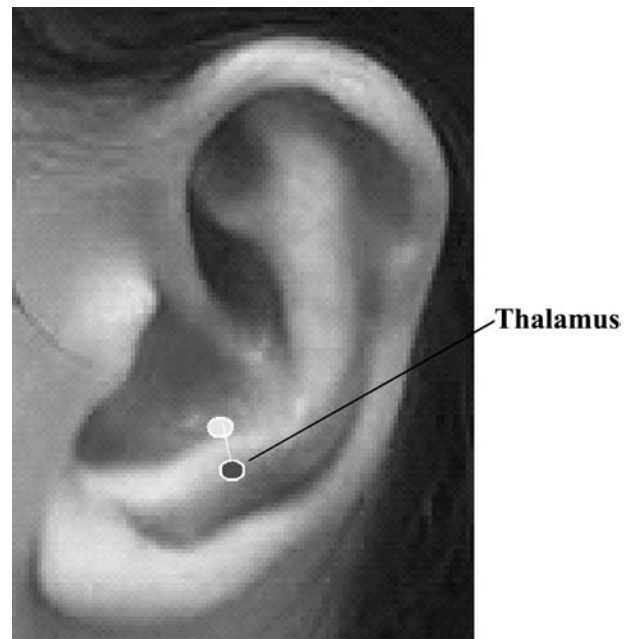


FIG. 4.

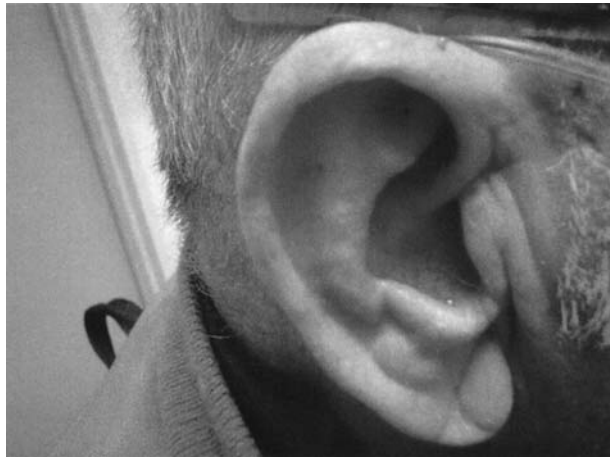


FIG. 5.

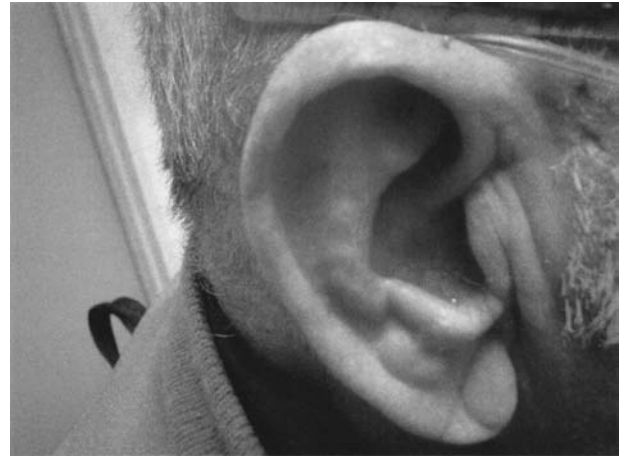


FIG. 7. Note the placement of the ASP Omega 2 needle on the Helix Root.

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.

The patient should experience a reduced pain period ranging from minutes, hours, days, weeks, or months depending on the pathology treated. The “Battlefield Acupuncture” may be repeated many times. The clinician should observe the ear for irritation or infection. The author has not exper-

rienced 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.

Generally speaking, I find that the specific combination of Omega 2, Shenmen, 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 termi-

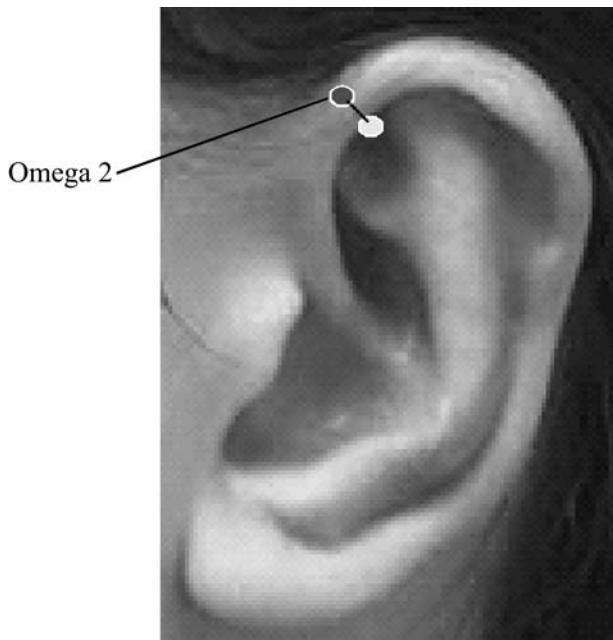


FIG. 6.



FIG. 8.

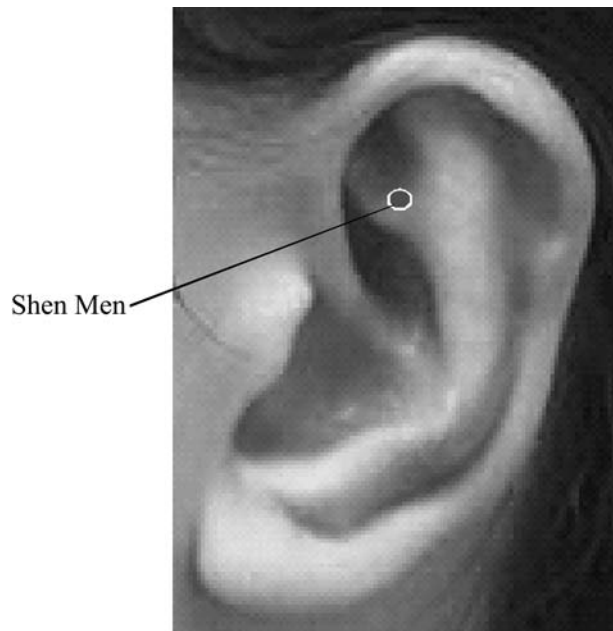


FIG. 9.

nation of the migraine, the needles are withdrawn and the gold ASP needles are inserted without walking the patient.

CONCLUSIONS

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

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 5 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 TS: 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

FIG. 10. Remark: TX = Treatment and resultant pain level on a scale of 1–10.
FU = Follow-up

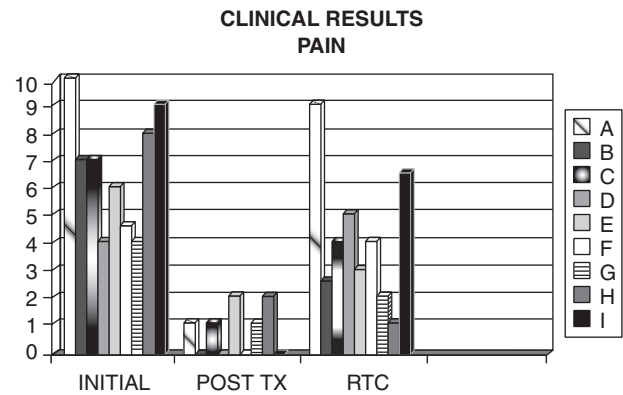


FIG. 11. Same patients as Figure 10, but presented as a histogram

Initial = Pain level on a scale of 1–10

Post TX = Pain level after treatment

Pain level at the return to clinic for follow-up.

the “Battlefield Acupuncture,” 2 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.

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