

Medical Acupuncture Meets the Military

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I HAVE BEEN PRACTICING medical acupuncture since 1975 and teaching it since 1978. I have enjoyed the full spectrum of experiences with patients and interactions with students, most of them good and all of them valuable as learning moments that have refined my skills and perception as a physician and as an acupuncturist.

In 2008, Cols. Richard C. Niemtzow (MD, PhD, MPH) and Arnyce R. Pock (MD) introduced me to Gen. Bruce Green (MD, MPH), then the Surgeon General of the U.S. Air Force. He was interested in introducing acupuncture into Air Force medicine and coordinated the first military-exclusive courses in 2009 and 2010. After the Air Force programs, the U.S. Navy followed with a series of courses, to which the U.S. Army sent students as well. In 2012, the three services started sending their candidates to the Helms Medical Institute (HMI) semiannual civilian programs rather than funding smaller military courses. To date, more than 200 military physicians have completed the comprehensive 300-hour training through these courses.

Many military physicians have been exposed to acupuncture and inspired to seek acupuncture training because of the work of Col. (Dr.) Niemtzow, originator of Battlefield Acupuncture (also known as BFA), an auricular needle protocol used to treat acute and chronic pain. This is a safe, easily taught, and highly effective five-point treatment that Col. (Dr.) Niemtzow has taught tirelessly during the last 10 years to more than 3000 military and Veterans Health Administration (VHA) providers. The positive clinical results and enthusiastic embrace of this technique has had the impact of socializing the concept and practice of acupuncture in many military and VHA settings that would otherwise have had no exposure to it.

Being inexperienced with most things military, my colleagues and I on the Helms Medical Institute (HMI) teaching team were intrigued to learn the culture of military medicine: the practice environments; time constraints; staffing challenges when factoring in deployments; range of patients' physical and psychospiritual symptoms; and balance between maintaining active duty status and being medically discharged from the Service. Many aspects of

military medical practice are parallel to civilian practice; yet others introduce guidelines and considerations that we, out here, do not think about.

For me, the pleasure of working with groups of mostly young, well-trained, highly confident physicians has been one of the great highlights of our experience with the military. The other transcends the pleasure of good students—interacting with, evaluating, and treating active duty and veteran patients, all now clustered under the rubric of “wounded warriors.” I would like to tell you readers about one wounded warrior, a Marine named Jeff, who, seven years before we met, had been catapulted from an armored vehicle when it struck an improvised explosive device crater in Iraq, landing on his outstretched arms. Both of his wrists were crushed, he suffered bilateral radius and ulna compound fractures, and had a traumatic loss of consciousness for several hours.

Jeff described having constant 8–9/10 pain that was not alleviated by the medications that his VHA clinic was prescribing for him. Both of his hands were severely limited with respect to extension and flexion; he had multiple scars from the 14 surgical repairs he underwent during rehabilitation; and he was profoundly depressed, felt hopeless, and was suicidal. We worked with him every 2–4 weeks over 6 months, initially doing aggressive scar deactivation, deep needling in the damaged tissue, using auricular and scalp points, and a series of calming and centering treatments to lower his anxiety, calm his tormented memories, and bring his concentration into focus. Six months later, Jeff felt like a new man: both hands were mobile with minimal pain; he could work productively in the house doing cooking and taking care of his young children, go shopping without the anxiety and fear of not knowing what was at the end of the aisle, ride a bicycle to the park with his children, invite friends for barbecues, and sleep uninterrupted for at least 6 hours without checking that the doors were locked; and he no longer contemplated divorce or suicide. He was training himself to play left-handed golf.*

*Visit www.acusfoundation.org to see a short video of Jeff.

Following Jeff's transformation through acupuncture from a housebound cripple to a whole and healthy family man was, for my HMI teaching colleagues and myself, the gateway to a commitment to help bring acupuncture into military medicine. In 2013, while interest and enthusiasm about acupuncture among military physicians was growing, funding was being curtailed. To keep the momentum of acupuncture going in the military, HMI created a nonprofit sister organization—the Acus Foundation—with the mission to educate military physicians in medical acupuncture and integrate it into military medicine. I took on yet another role, of fundraiser, that was indispensable in keeping the young nonprofit alive.

In 2015, the Acus Foundation was invited to train the family practice residents at Nellis Air Force Base in Nevada in the HMI/Acus military medical acupuncture approach, and to follow the effect of these treatments on patients' symptoms and quality of life. One year after starting this cycle of training, surveys of the residents revealed two very positive trends in their clinical caseloads: (1) a 75% reduction in symptoms from one or a series of acupuncture treatments; and (2) a 50% reduction in prescriptions for

medications to treat symptoms. In 2016, the clinic achieved \$250,000 savings on off-base referrals for pain-management treatments, compared to 2015 expenses. These surveys reported only trends and were not randomized controlled trials. At Nellis, we are following through with a series of trials to track acupuncture's effect on the clinical problems for which acupuncture is most commonly provided.

At this time, the funding for acupuncture training and integration of the practice is uncertain in the military. What is certain is that respect and enthusiasm for medical acupuncture has been well-established and that this enthusiasm will continue to manifest in productive and fulfilling opportunities to integrate medical acupuncture into military medicine.

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