Battlefield Acupuncture: A non-Pharmacological/non-opioid approach to fighting pain

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Battlefield acupuncture (BFA) description

• No universally expressed definition

• Name coined in 2001 by Dr. Niemtzow. Probably influenced by the events of 9/11 and the thought of it’s potential use on the military battlefield

• Derived from auricular acupuncture, BFA can be described as “a diagnostic and treatment system based on normalizing the body’s function through stimulation of up to five specific mirrored points on the each external ear”

• In order to understand BFA, one must comprehend the history of Auricular acupuncture as is derived from traditional Chinese acupuncture (TCA)
What is Traditional Chinese Acupuncture

• A way to stimulate healing

• It originated from China >5,000 years ago, used to treat acute and chronic pain

• There is bidirectional electrical communication/energy, Qi, (pounced “Chi”), between the skin and all organs, glands and tissue of the body that travels along pathways (called Meridians) located within the body

• A break/disturbance in the flow of this pathway → Illness or Pain

• Energy flow can be corrected by stimulating certain points on the body along the energy pathway

• Then the progress of a disease can be arrested and even reversed, bringing the patient back to health and normal function.
Meridians

- 12 main meridians
  - Stomach
  - Spleen
  - Heart
  - Small intestine
  - Bladder
  - Kidney
  - Pericardium
  - Triple burner
  - Gallbladder
  - Liver
  - Lung
  - Large intestine
Traditional Chinese Acupuncture

- 470 BC - 24 AD
  - Iron needles replaced bamboo, stones, and bone needles

- 1027 AD
  - Meridians and acupuncture points became standardized

- Mid-16th Century
  - Acupuncture was introduced into Europe

- Placement of 1-20 needles; Needles range in size from just breaking the surface of the skin up to 9 inches in length

- Needles remain in place for 15-30 minutes

(www.spine-health.com, 2016)
General theories of how acupuncture works

• **Neurotransmitter Theory:** Acupuncture stimulates an electrical signal to the brain resulting in a release of endogenous opioids (endorphins and enkephalins)
  - Acupuncture stimulates blood flow and tissue repair.
  - Acupuncture analgesic effects are blocked by naloxone, an opioid antagonist (Cheng R et al, Life Sci 1972)

• **Autonomic Nervous System Theory:** Acupuncture stimulates the release of norepinephrine, acetylcholine and several types of opioids, nerve signals to the brain that regulate the perception of pain resulting in a return of the ANS to a relaxed and restful state reducing pain

(www.mdacuclinic.com, 2016)
General theories of how acupuncture works continued

• **Vascular-interstitial Theory:** Acupuncture affects the electrical activity within the body enhancing transport in the tissues resulting in tissue healing

• **Blood Chemistry Theory:** Acupuncture affects the concentration of blood components such as triglycerides, and cholesterol allowing for homeostatic regulation

• **Gate Control Theory:** Acupuncture receptors (mehanoreceptors) that inhibit the transmission of nociceptive signals of painful stimuli in the dorsal horn

(www.mdacuclinic.com, 2016)
How acupuncture works: still under investigation

• Researchers continue to develop an evidence-based picture of how acupuncture works, armed with:
  • a growing understanding of chronic pain and its relation to neurotransmitters
  • functional MRI studies of the brain
  • more details about the local effects of acupuncture needles

• Acupuncture treatment has both local and distant effects
  • Evidence that acupuncture stimulation results in local biochemical effects that promote tissue healing.

• The treatment also reduces pain by two mechanisms
  • segmental analgesia (depressing the activity of the dorsal horn of the spinal cord) and
  • extra-segmental analgesia (decreasing pain through activation of neurotransmitters centrally in the brain)
Traditional Acupuncture: Early FMRI studies

- Cho et al. (1998; 2001) used fMRI to measure changes in areas of the brain that are involved in pain perception, relay, and attenuation
  - Somatosensory thalamus, anterior cingulate gyrus, and premotor cortex

- They stimulated the bladder and/or the gallbladder meridians in the Lower extremity

- Both acupuncture and sham controls showed decreased activation
  - Implies there is analgesic effects but not specificity of points

Cho et al. (1998; 2001)
Traditional Acupuncture works for Chronic Pain

• Value of Acupuncture in treating MSK pain and injuries is well documented

• A large number of randomized controlled trials provide growing evidence of the clinical efficacy of acupuncture for treating a variety of medical conditions (National Institutes of Health, 1997; Ernst and White, 1999; Stux and Hammerschlag, 2001)

• Most Frequently cited literature for acupuncture is by Vickers et al. 2012
  • Meta-Analysis: high-quality systematic review of Randomized controlled trials using data from 29 of 31 eligible trials, with a total of 17,922 patients analyzed
  • 4 chronic pain conditions: back and neck pain, osteoarthritis, chronic headache, and shoulder pain.
  • Chronic pain studies comparing Acupuncture+usual care (including OTC meds) vs Sham acupuncture (needles inserted only superficially)
  • Result: Acupuncture was superior to both sham and no acupuncture control groups for each pain condition (all p<0.001)

• Medical acupuncture has gained respect due to its efficacy, portability, very low risk, cost-effectiveness, and safety history as well as high patient acceptance. (World Health Organization 2002)
Types of Limited Acupuncture Techniques

Scalp Acupuncture

Hand Acupuncture

Auricular Acupuncture

Image Copyright www.AcupunctureProducts.com
Auricular Acupuncture: History

• Auricular acupuncture has history in ancient China, Egypt, Rome, Greece, and throughout the Mediterranean

• First described in 1950 by Paul Nogier, a French Physician

• He acknowledged that traditional acupuncture medicine had been using ear points, but were considered empirical points for particular treatments: no “homunculus”

• Paul Nogier originated the concept of the “inverted fetus map” on the external ear (now associated with the somatotopic representation of the “homunculus” in the ear)
Auricular Acupuncture: History Continued

• Later the American Physician, T.D Oleson examined 40 patients to confirm the connection between the mapping and MSK pain with subsequent concordance between established medical diagnosis and auricular diagnosis of 75.2% .

(Oleson, Kroening, & Bressler, 1980)

• This supported the hypothesis that there is organization of the body represented on the human auricle
Auricular Acupuncture: FMRI study

• Research by Alimi et al (2002) demonstrated that needle stimulation of the auricular acupuncture point for the hand leads to selective fMRI changes in the somatosensory region of the postcentral gyrus that responds to stimulation of the actual hand.
Comparing traditional acupuncture (TCA) to auricular acupuncture (AA)

• Common Principles: Distinct approaches to diagnostic, as well as needle sites and treatment duration.

• TCA aims to restore dynamic regulation and to promote healing through needle insertion at specific sites.

• However, AA is symptom-oriented and uses the somatotopic/topographic map of the outer ear
Acupuncture for treatment of Traumatic Brain Injury-Related Headache and Pain

• Traumatic brain injury (TBI) is highly prevalent in the military, with up to 20% of service members affected (Terrio et al. 2009)

• Belief that Acupuncture will be effective at addressing the complex nature of the trauma spectrum response (TSR), of which chronic headache is one.

• Current treatments of TSR have focused on individual symptoms. (Jonas 2011)

• In addition, both TCA and AA were found to relieve multiple types of headaches, including chronic daily headaches, tension headaches, and migraine, as well as pain and other TSR symptoms. (Linde et al. 2016)
• Purpose: compare 2 types of acupuncture, traditional Chinese acupuncture (TCA) and auricular acupuncture (AA) to usual care (UC) in the treatment headache associated with TBI

• Subjects and study design: 31 participants with mild-to-moderate, non-acute TBI and frequent headaches were randomized to receive either TCA (n=11), AA (n=12) or UC (n=8). 6 weeks of treatment and then 6 weeks of follow-up

• Primary outcome: Headache Impact Test (HIT) questionnaire to assess headache one month preceding the test.
  • Other outcome: NRS reporting of chronic pain 7 days preceding follow-up

• Result: both TCA and AA groups saw reductions in mean HIT scores compared to UC (p=0.009) UC group had increased HIT scores

• Conclusion: AA could be included in treatment of pain in military training facilities.
  • Also additional evidence indicating effectiveness of acupuncture in treating TSR and supports the notion that an integrated care should produce better outcomes for the treatment of TBI and PTSD.
Fundamental Difference Between Auricular Acupuncture and BFA

• Conventionally, 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”

• Battlefield acupuncture methodology favors placement of needles in the same paired points regardless of the location, type, or chronicity of the pain

• BFA takes advantage of the processing and the modulation of pain in the Central Nervous System involving the hypothalamus, thalamus, cingulate gyrus and cerebral cortex structures.
Battlefield Acupuncture

• Auricular therapy
• Invented Dr. Richard Niemtzow
  • Airforce Force Radiation oncologist
  • Certified acupuncturist (as full time practice
    US NMC, San Diego, CA)

• Primary Aim of development of BFA was
  for the treatment of pain, especially in
  the military

(www.youtube.com, 2014)
BFA (Anecdotal Evidence)

• Dozens of marines receiving care in the pain management clinic at naval Hospital Camp Lejeune. A 19-yr old with low back pain receiving a total of 10 BFA needles reported being nearly pain free with an increase in ROM and flexibility (Brennan 2014)

• Three Soldiers in Afghanistan with Post-concussive headache s/p IED blast, received BFA and reported decreased MSK pain and headaches and a state of calm and relaxation (Koffman and Helms, 2013)

• A marine medically retired for 7 years due to crush injuries s/p IED blast, had BFA intervention and reported improved extremity pain and better sleep (due to decrease in hypervigilance, irritability, and suicidal behavior)
BFA (The Pilot Study)

Purpose: Compare the effects of standard emergency medical care with acupuncture and without (only the cingulate gyrus and Thalamus insertion)

Auricular acupuncture treatment had a 23% reduction in pain for patients presenting with acute pain (P<0.0005).
- Randomized control study, Block randomization. Done at the Malcolm Grove Medical Center, Andrews air force base.
- Outcome measure: Numerical rating scale
- 100 participants active duty and their dependents), 50 acupuncture with standard ER care and 50 standard ER care only
- Auricular acupuncture group [two points: ASP needles to the cingulate gyrus and Thalamus—areas of brain that appear to mediate acupuncture analgesia on FMRI(cho et al 2002); also had been shown by Dr. Niemtzow in hundreds of patients]
- Both groups had reduction in pain after 24 hours
- Conclusion: Auricular acupuncture may be an effective adjunct to standard emergency care for acute pain
Pain: Both a Civilian and Military issue

According to the National Center for Health Statistics

- Pain is the most common reason Americans access the health care system

- Pain is a major contributor to health care costs and a common cause of long-term disability (about $61.2 billion/year in lost productivity due to pain including backache or headache)

- 76.2 million Americans (one in four) have suffered from pain that lasts longer than 24 hours. (National Center for Health Statistics, www.report.nih.gov, 2013)
Pain associated with TBI: Civilian and Military

• Globally: Incidence of TBI at 10 million/year

• 1.7 million ED visits/yr among U.S. civilians

• TBI is the signature wound of recent conflict particularly in Iraq and Afghanistan

• Military personnel experience TBI from a number of situations, falls, vehicular accidents, and blast exposure (blast accounts for 80% mild TBI in the military)

• Post-traumatic headache is the most prevalent symptoms of the Post-concussion symptom cluster/syndrome
Symptom Cluster, Post-concussion Syndrome

- Take a detailed history and physical
- Determine which symptoms are worse enough to be driving the others
- Treatments should be individually tailored
- Educate the patient (lower PCS at follow-up for Pts with injury education).

Post-traumatic headache

- Cumulative incidence 92% (compared to 71% for mod-severe TBI)
- Prevalence remains high (58%) throughout the first year after mTBI
- Prior history of headache increases risk; older age appears protective
- PTH is classified as a secondary Headache. Acute <3months; Chronic>3mo.
- majority migraine phenotype, 75% are daily or near-daily
- Compared to non-traumatic chronic headache disorders, more cognitive/somatic symptoms, unemployment, PTSD (31%) and worse QOL.

- Pathophysiology unknown.
  - Peripheral: activation of peripheral trigeminal (calvarial/dural/periosteal) cervical, sympathetic afferents
  - Central: altered descending modulation of pain transmission neurons

Lucas S. Curr Pain Headache Reports 2015;9:48
CAM Used in treatment of PTH

**Complementary and Alternative Medicine**

- **B2 Vitamin**
  - 200mg bid Level B

- **Magnesium**
  - Mg** Glycinate/citrate 200-600 mg Level B

- **Feverfew**
  - 3-10mg

- **Melatonin**
  - 0.2-0.5mg Level B
  - (? Especially for those triggered by odors)

- **Acupuncture**

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- Kucuzkaya et al., Dev Med Child Neurol 2013;55:536-641
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- Holland et al., Neurology 2011
Pain and pain treatment in the military

• Pain control is more challenging for military populations

• More extensive injuries and greater pain severity in survivors of combat-related blast injuries compared to those of non-blast and civilian.

• Those with blast related injuries require larger opioid doses than non-blast

• Some long-term sequelae of pain include PTSD, depression, nonrestorative sleep patterns, ADL dysfunction, and chronic pain syndromes.

• Common pre-hospital pain medication has been IM or IV morphine (requires needle, disposal of sharps, difficulty with dose titration, risk of morphine induced respiratory and cardiovascular depression)

• Standard interventions for pain may have Logistical difficulties: decreased availability of medication or Not easily portable
BFA in the treatment of pain

• BFA provides a convenient and expedient method for treating pain

• Can treat pain (both acute and chronic, nociceptive and neuropathic), all over the body, by using needles applied only to the ear, with signs of healing seen on other parts of the body

• BFA is beneficial in pain management for up to 80% of Veterans treated (anecdotal)

• Pain relief can be temporary or permanent (days, weeks, months, or years of relief have been reported)

• Additional treatments are linked to extended pain relief
Types of BFA needles

• Needles can be either Titanium, silver, or gold-plated steel.
  • In our clinic, we use the gold-plated steel ASP needles.

• Metal Choice and reasons
  • Silver: Depleting in terms of effect on Energy or Chi,
    • cheapest of the three,
    • magnetic and hence Not MRI safe as is somewhat susceptible to magnetic field
  
  • Titanium: Tonic (energizing) in terms of Chi
    • Not magnetic and, so is MRI safe.
    • Most Expensive of the three
  
  • Gold-plated steel: Neither depleting or tonic.
    • Magnetic and hence Not MRI safe as is somewhat susceptible to magnetic field
BFA needles

- The needles used in BFA are very small (1/16 inch)

- Aiguille Semi-Permanente (ASP) sterile needle are inserted 1 millimeter using a 2.5 cm plastic injector

- Standard sharps disposal not required

- Semi-permanent, typically stay in place for 2-4 days

(www.mdacuclinic.com, 2016)
BFA Needle Placement Sites

(www.insidesurgery.com, 2010)
Why BFA is needed even most now

• Although there is meager evidence base for BFA, there is a strong suggestion that it works!

• Short training process

• Non-opioid/non-pharmacological treatment of pain
  (current approaches to pain and the problems or short-comings)
    • Decreased incidence of adverse effects or contraindications
    • Does not cloud thinking, judgment, or consciousness like opioids
The opioid Crisis and the case for BFA

• The use of prescription opioids in the treatment of pain has increased notably over recent decades. (Alford DP. N Engl J Med 2016; 374:301-3)


• 16,651 opioid related deaths in 2010. (Dart et al, 2015)

• The problem of opioid overuse and dependence is seen in the military as well as in civilians

• Opioid-related side effects of nausea, vomiting, pruritus, sedation, and dizziness could lead to a delay in recovery

• Acupuncture has been shown to be an effective treatment for chronic pain.

• Battlefield acupuncture (BFA), an easily learnt subset of auricular acupuncture has been shown to treat a variety of painful disorders in active members and veterans. (King HC et al. Mil Med 2013:178:867-74)
BFA Protocol: Patient selection

• All non-pregnant patients and age≥ 18 yrs, regardless of medications or diagnoses, may be considered for the BFA technique if they have:
  • acute or chronic pain
  • an interest in participation
  • ability to observe for the rare instance of inflammation
  • availability to follow up by phone or by visit

• At the practitioners discretion, mature adolescents age ≥15 yrs may be considered for BFA, if above criteria is met.

• A traditional medical diagnosis must be made for the condition being treated before any BFA needles are placed

• Generally, pain persisting >6months AND stable is safe to treat with BFA
BFA Protocol: Patient selection continued

• Pain that is changing, new or acute demands careful evaluation before BFA treatment is offered.

• Modifications of this expectation may be indicated in battlefield situations or emergency department when active diagnostic procedures are on way.

• For Patients who are aviators, special duty personnel or operators of heavy or sensitive equipment, must coordinate treatment with Patient’s supervisor or primary consulting provider

• BFA may be repeated many times. Observe the ear for irritation or infection
Who Should Avoid BFA

• **Patients should not receive BFA if:**
  • Pregnant or might be pregnant/planning on becoming pregnant
  • Have an aversion to needles or a vasovagal response to needles
  • Active infection present in an ear which is to be treated (treat only the uninfected ear)
  • Bleeding disorder is present (relative contraindication) or anticoagulation (Appropriate INR is anecdotally <3.0)
**Battlefield Acupuncture**

**WHAT IS BATTLEFIELD ACUPUNCTURE?**

Acupuncture is a method of delivering health care which originated in China over five thousand years ago. Researchers around the globe are beginning to reveal the mechanisms of acupuncture’s effectiveness. Aimed with a growing understanding of chronic pain and its relation to chronic pain in the brain and body as well as advanced scanning techniques, these researchers are developing an evidence-based picture of how acupuncture works. Acupuncture treatment has effects where the needles are placed and in areas distant from where the treatment is performed. There is evidence that acupuncture needles cause the release of body chemicals which promote tissue healing in the region where they are inserted. The treatment also reduces pain by two methods. First, pain transmitters at the level of the spinal cord are suppressed. Second, chemical transmitters (including adenosine) are released in the brain, also suppressing the sensation of pain.

Where does Battlefield Acupuncture fit in with traditional acupuncture?

Traditional acupuncture is commonly thought of as the application of dozens of needles at various points on the trunk of the body and/or extremities. Through time, various schools of daociimist in China, France, South Korea, and Japan have developed a style of practice which emphasizes more localized and focused needle placements. Examples include scalp acupuncture, hand acupuncture, and ear acupuncture. Battlefield Acupuncture is a form of acupuncture in which needles are placed only at the surface of the ear. The theory behind this practice is that the entire body and all its functions are represented on specific points on the ear. This representation allows treatment of far-ranging conditions using needles applied only to the ear. There is scientific evidence which confirms the connections between regions of the ear and the distant body functions, and research which confirms therapeutic benefits when needles are inserted in the ear regardless of the time of illness or pain.

Where did Battlefield Acupuncture come from?

Battlefield Acupuncture was created by Dr. Richard Hunsaw while on active duty in the United States Air Force in 2002. Dr. Hunsaw discovered that a very specific sequence of needles inserted into the ears would provide rapid and highly effective relief of many types of pain.

Tell me about the needles & do they hurt? Battlefield Acupuncture uses very small, non-permanent needles which are inserted into the skin of the outer surface of the ear at 9 distinct points. Most patients experience a minor discomfort when these needles are placed, and the discomfort will go away in a short amount of time. The needles remain in place for two to four days, at which time they will fall out on their own. Occasionally the needles will become uncomfortable when sleeping or if something brushes against the ear (such as the telephone). If the needles are causing discomfort or distress, they may be easily removed with fingernails or tweezers.

Is there anyone who should avoid Battlefield Acupuncture?战场-When Acupuncture has been proven to be safe and effective for a broad range of patients and pain conditions, however, if you are pregnant (or might be pregnant), or if you are allergic to needles (or have a history of reactions to needles), you should not receive Battlefield Acupuncture treatment. If you have a bleeding disorder or you are on any medications which thin the blood, your risk of bleeding or bruising may increase. You may still receive Battlefield Acupuncture if you suffer from the wound with your provider. Be sure to discuss the possible risks with your provider, and ask if you should avoid Battlefield Acupuncture. We are also aware of cases in which Battlefield Acupuncture has not been recommended. Battlefield Acupuncture treatment is not to be coordinated with your flight surgeon or occupational therapist.

What are the possible side effects of Battlefield Acupuncture? Acupuncture is a relatively safe procedure with few side effects. Acupuncture has a long history of safety, and side effects are rare. The risks of acupuncture (all uncommon) include: discomfort or pain at the needle site, bleeding or bruising, inflammation, infection, broken needles, feeling dizzy or nauseated, dizziness, and feeling light-headed. Side effects can occur. If you undergo your regular treatment, temporary discomfort or bruising may occur on the treated area of the ear. It is possible for existing symptoms to become worse after Battlefield Acupuncture, this is rarely always or temporary and is considered a positive sign that you are responding to the treatment. Remembering that we are still learning about the mechanisms by which acupuncture works, it follows that we may not have completely identified additional areas of acupuncture effectiveness.

**Will Battlefield Acupuncture help me?** In the course of treating thousands of patients in the past decade, our experience at the Air Force Acupuncture Center suggests that approximately 95% of people will have pain symptoms reduced by Battlefield Acupuncture. A small percentage of people will not respond to the Battlefield Acupuncture protocol. There is no way to determine who will respond and who will not prior to initiating the treatment. Some patients obtain permanent relief of pain with a single treatment, some patients require only five to ten sessions, while the majority of patients can expect to have a number of treatments with the first treatment, and subsequent treatments continue to reduce the pain.

What can I do to optimize my treatment? On the day of your treatment, avoid strenuous exercise, heavy tobacco, or yard work. Avoid alcohol and sex for a minimum of six hours before and after the treatment. Eat a healthy, moderate diet all day, to include a light meal before receiving your treatment. Unconstrained otherwise by your regular provider, control of your medications during acupuncture treatment. Keep written notes of your response to the treatment - the status of your pain, changes in sleep, energy levels, and feelings of wellbeing. Bring these notes with you so that your Battlefield Acupuncture provider can use them to personalize your treatment.

Where can I get more information?
The American Academy of Medical Acupuncture:

http://www.medicalacupuncture.org

Acupuncture Today:

http://www.acupuncturetoday.com

The Pacific College of Oriental Medicine:

http://www.pacificcollege.org
Actual Procedure: C.T.O.P.S

- Patients undergo insertion of 5 auricular semi-permanent (ASP) needles to the following traditional ear acupuncture points bilaterally:
  - Cingulate Gyrus,
  - Thalamus,
  - Omega 2,
  - Point Zero
  - Shen men
Optimizing treatment: Pre and Post-procedure instructions

• Relax the rest of the day, no heavy exercise, house work or yard work

• Avoid alcohol and sex for a minimum 6 hours before and after treatment

• Eat a healthy, moderate diet all day. Light meal before treatment

• May Return to normal activity the next day (?24 hours) after the procedure

• Continue your regular medications unless otherwise instructed

• If after the procedure a needle site has pus, too reddish or painful than will be expected — take out the needle, wash the area with soap and water or alcohol. May visit the ER or Clinic if needed

• Remember the Gold plated needles are not MRI safe, so take them out if getting an MRI
What are the Possible Side-effects/associated Risks

- Onset may be up to 30 minutes after the procedure
  - pain at needle site
  - lightheaded
  - bleeding or bruising
  - infection
  - Dazed
  - dizziness
  - nausea
  - sleepiness
  - fainting

- It’s possible for symptoms to temporarily worsen after a treatment, this is a sign that you are responding to the treatment.

- Rarely a vasovagal response can be followed by a brief seizure.

- Patients may also experience a euphoric response (if so, then ask Patient to remain in clinic until the feeling is gone. Patient is NOT to drive or use machinery until the feeling has resolved—this may take hours)
BFA Training

• Americans spend $3.4 billion out of pocket for integrative medicine treatment.

• Beginning in 2006, there has been an educational process for both medical and nursing students of the uniformed services university of the health sciences.

• After students are taught content relevant and research about BFA, students practice on silicon ear models, with their classmates and instructors and in supervised clinical practice situations.

• At the end of the training the student must pass a content specific quiz and demonstrate competency in both a skills examination and with real patients experiencing pain.

• Then the student may receive a formal certificate and a credentialing letter that they can take with them.

• The training is provided by fully trained medical acupuncturists (At the VAMC, only those certified in both traditional acupuncture and BFA may teach the BFA course).
The Training Process for BFA for providers

• 4 hours of BFA training by a certified medical acupuncturist (trained in both Traditional acupuncture and also in BFA)

• In the State of Ohio; MD’s, DO’s, and chiropractors may be trained in BFA. No such provision for NP’s

• In Michigan, NP’s also can train in BFA
BFA Summary

• Traditional and Auricular Acupuncture are becoming increasingly popular forms of CAM therapy in the United States

• Battlefield acupuncture (BFA) is an easy to learn form of Auricular acupuncture

• BFA is rapid, safe, has minimal side-effects and has no drug-drug interactions

• BFA may be used as a compliment to or in place of a pharmacological agent for the treatment of pain.

• BFA can be effective in rapidly reducing both acute and chronic pain, regardless of underlying etiology.

• BFA is exceedingly cost effective: 50 cents/needle (single gold ASP needle), and BFA can be repeated many times

• BFA requires formal certification (DOD, VHA)
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