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Acupuncture in the Military

Interview with Richard C. Niemtow, MD, PhD, MPH

Interviewed by Daniel Redwood, DC

Col. Richard Niemtow, MD, PhD, MPH, is a military medical physician who practices acupuncture on a full-time basis for the United States Air Force. He is the President-Elect of the American Academy of Medical Acupuncture and serves as Major Consultant to the Air Force Surgeon General for complementary and alternative medicine.

Dr. Niemtow received his undergraduate degree from Goddard College in Vermont and his medical degree from the Faculty of Medicine in Montpellier, France. He received his PhD from Pacific Western University in California and his Masters in Public Health from the Medical College of Wisconsin. He did his residency in radiation oncology at the University of Texas Medical Branch in Galveston and received his acupuncture certification through the UCLA Acupuncture Course for Physicians. Dr. Niemtow is board certified by the American Board of Forensic Medicine and the American Board of Forensic Examiners.

In this interview with Dr. Daniel Redwood, Dr. Niemtow discusses the value of acupuncture for conditions involving pain, as well as his pioneering work developing effective and cost-effective acupuncture methods for dry eye and dry mouth. He also discusses the promise of “battlefield acupuncture,” in which points on the ear are used to interrupt pain signals in the brain.

For further information on Dr. Niemtow’s work, visit www.n5ev.com.

How long have you been practicing medicine in military settings? And at what point did you start including acupuncture as part of your practice?

I’ve been practicing medicine in the military since 1980 and I’ve included acupuncture in my practice since 1994.

Did you find any resistance to your using this method, which was, and probably still is, relatively unconventional in military medicine in Western nations?

I wouldn’t say there was resistance as much as there was skepticism. The majority of my colleagues had no idea what the capabilities of acupuncture were. So consequently, they did not wish to recommend or refer patients to my practice.

How did that change over time?

As they began to see successes in the types of patients that they were not able to treat successfully, they began to refer more of their most difficult cases to me. And they became somewhat intrigued.

What kinds of conditions were involved? Was it mainly pain or other things as well?

Most of the cases that were referred to me were, of course, pain. This consisted of back pain, neck pain, large joint pain, as well as other conditions like fibromyalgia and complex regional pain syndrome.

At this point, how many doctors are practicing acupuncture in the military?

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There are roughly 40 other physicians practicing acupuncture, none of which are full-time acupuncturists. I was the first full-time acupuncturist, starting in 1999. Then, about two years ago my partner became the second full-time acupuncturist in the Armed Forces.

You now practice at Andrews Air Force Base in Maryland. Do you also see patients elsewhere?

I have a full-time clinic at Andrews Air Force Base. I have a clinic at the Pentagon. I treat patients at Walter Reed Army Medical Center, mainly the war wounded. I consult the White House medical unit for difficult acupuncture cases and I'm also the major consultant to the Air Force Surgeon General for complementary and alternative medicine.

What other forms of complementary and alternative medicine are currently in use, or being contemplated for use, in the Air Force?

For the most part at this time, just acupuncture. We don't have enough data on the other complementary and alternative medicines to be convinced that it is worthwhile to begin to have physicians practicing in these areas. I'm not saying that they're not worthwhile, but the Air Force is attempting to establish acupuncture.

I know that there are chiropractors officially involved in treating members of all branches of the Armed Forces. Are you not defining them as complementary and alternative?

I guess I forgot about them. They've been practicing for several years and I almost feel that chiropractors are essentially part of mainstream medicine, because they get a lot of referrals from physicians. I would say that in the Armed Forces, chiropractors have been present more so than acupuncturists and are several years ahead of us.

You mentioned that some of the people you have treated as part of your official duties have been wounded in the wars overseas. Is acupuncture used at all on the battlefield itself?

There have been some reports that physicians who are stationed very close to the war theater have used acupuncture. To what extent, I don't know. I don't think it has been used on the battlefield among the shooting and firing of weapons. It's been mainly restricted to the large hospitals that are close to the war zone.

I read recently that there was a proposal to train non-MD military medics in acupuncture methods for acute pain control. It reminded me to some extent of the "barefoot doctor" approach in mid-20th century China. Has that idea been considered?

I can only speak for the Air Force, where right now the emphasis is to train physicians and, in that regard, to consider increasing the number of physicians who can practice acupuncture adjunctively to their specialty. As far as the other services, the Army and Navy, I've heard rumors but I don't have any further information as to whether this has materialized or not.

From your point of view, would such a program make sense? Do you think that it's potentially a good idea, assuming the logistics could be worked out?

I think that right now, for the Air Force, acupuncture should be limited to physicians until it's fully developed. At this time, it's not a Tricare [military medical insurance] benefit, so military beneficiaries do not have this as a medical

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benefit. Acupuncture occurs at various bases because you have an interest on the part of physicians that wish to practice it along with their specialties, but there is no requirement that acupuncture be practiced at any military facility.

To answer your question, I think the most important thing is that our medical system is mainly based on a Western diagnosis. So for people practicing acupuncture and diagnosing a patient for the first time in terms of Traditional Chinese Medicine, this type of diagnosis would not fit in. Our regular Western physicians would have no way of interpreting it. And, of course, because acupuncture is not a Department of Defense benefit, it would be awkward and not fit into the system. At this point it's very premature.

So we're talking about an incremental evolution, one in which you are playing a key role. When I first became aware of your work, you were at the Naval Air Station in San Diego. You later came to Maryland. Where you work now, what is your typical day like as a full-time acupuncture practitioner?

In 1999 I was invited by the Navy to be a guest of the Naval Medical Center in San Diego, as the first full-time acupuncturist in the Armed Forces. I accepted the offer and the Air Force accepted and approved that assignment. In 2002, I was then returned back to the Air Force and, at that time, the Air Force requested that I come to Washington, DC, to expand acupuncture throughout the Air Force. My assignment was Andrews Air Force Base, through the Malcolm Grove Medical Center.

As to a typical day for me, there's a lot of variety. Mondays, for example, for the entire morning and probably into the afternoon, I take care of war-wounded patients at Walter Reed Army Medical Center here in Washington, DC. In the afternoon, I am involved in a research protocol with the ophthalmology department involving dry eye, investigating the usefulness of acupuncture for the treatment of xerophthalmia.

What have you seen thus far in terms of acupuncture's helpfulness for that condition?

We presented two papers, one of which was a poster presentation. It appears from the data that acupuncture is very useful, especially in mobilizing the lubricating factors in the eye. Patients who receive the treatment (most, not all, of them) report relief of the itching and the dry eye condition that they have chronically experienced.

I'm recalling that you also have worked with dry mouth in cancer patients, which seems to expand on the theme of dryness. What did you find there?

As you probably know, I'm a radiation oncologist. That's my medical specialty. I developed an acupuncture treatment for dry mouth right around 1999-2000, when I was at the Naval Medical Center. That has been very well accepted around the United States and in Europe, and it was demonstrated in Shanghai and Beijing, China. It's extremely popular in restoring saliva for patients who have lost their saliva as a result of head and neck malignancies that have been treated with radiation, chemotherapy and surgery. The success rate is extremely high. It's been published in major journals and I receive a lot of questions from patients and physicians wanting more information on the technique, which is available on my website (www.n5ev.com).

Is the protocol that you developed one that uses the same point pattern for each patient, and is it therefore based on the Western medical diagnosis? Or is it a different kind of approach?

The technique for both dry mouth and dry eye is a protocol that is the same for every patient. This differs from

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treatments in Traditional Chinese Medicine, where they are adapted to the individual patient's condition and energy state. The treatment for dry eye and dry mouth is a very straightforward protocol that works on all patients, without any modification based on the patient's energy requirements.

It seems that a major advantage would be that it is applicable by acupuncture practitioners, whether or not they primarily practice through a traditional Chinese diagnosis. What is the standard medical treatment for dry eye and dry mouth, and in what ways is acupuncture preferable?

For dry eyes, treatment consists of different kinds of eye drops for the most part. For dry mouth, it consists of medications taken by mouth which are systemic in nature, or treatment locally in the mouth. The advantage of the acupuncture treatment is, number one, that there are no side effects related to it. Number two, for dry mouth it appears that two treatments will help the patient for a period from six months to several years.

Two visits total?

Yes. It's very, very economical. For the dry eyes, I don't have enough data saying how long the effect lasts. But I would say it appears that it will last, in many cases, over six months to a year. With dry mouth, for which I have treated literally hundreds of patients, it's very normal for patients to write me and tell me that it's lasted well over six months, or over several years. This seems to be the norm for me.

Were you the first to develop this protocol?

In the United States. The protocol that I'm using is perhaps the most popular. I do remember a Swedish group before me that developed a protocol for dry mouth, but it required many, many treatments, and needles all over the body. There was no real guarantee that the treatment would be successful, where with the treatment that I have developed, it is very rare when it fails.

What other protocols have you developed?

The other thing is the battlefield acupuncture. I completed developing that in 2001. The basis is that there are various systems for treating pain using ear acupuncture. These systems originate from the Chinese, the French and the Germans, and they're complicated. For instance, in the French system, as illness becomes more chronic—whether it has to do with pain, or a skin condition, or psychological condition—the points begin to change position on the ear. So you have to be very much aware of where to look to find these points.

Are you saying that you don't just have to use different points, each with a standard location on the ear, but that, in fact, the place on the ear that a particular named point is located—the point location itself—changes?

Yes. Say, for instance, you have elbow pain. Maybe you developed arthritis two months ago. As that evolves over a period of time, an activated point that may need to be treated in the ear, begins to change its anatomical location. Consequently, you can understand how complex this can become for the acupuncturist trying to treat the patient. There is a French system, a German system, and a Chinese system. In many cases, they essentially contradict each other. This can be very difficult for people trying to learn and execute this clinically.

Battlefield acupuncture is based on the principle that pain, for the most part, is processed in the central nervous system, in the brain. By interrupting the signal in the brain, or interrupting its processing, one has the possibility

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of attenuating pain. There are five ear points that I use for battlefield acupuncture, which never change. Needles are placed at these points and within a few minutes there is rapid pain relief, extremely rapid. Probably more so than what you would expect doing traditional ear acupuncture employing the French, German, or Chinese systems. And these are the only five points that you have to learn, instead of hundreds of points with each of the other systems.

So that has great practical value for someone who has been injured, on the battlefield or elsewhere.

The Air Force has an ongoing project now, where we have taught just these five points to physicians who are not acupuncturists, so that they can use them adjunctively in their practices. For instance, in family medicine, where they have many patients that come in with pain syndromes that are not responding to medications. They're able to use this protocol successfully, which for them is extremely helpful. They reduce the patient's pain so there's a lot of gratification. Both parties are happy, the physician and the patient.

In general, do you find that the effects are lasting?

It depends on the pathology of the patient. Some patients come in with very advanced pathology. If you have a deformed joint or a bulging disc, acupuncture is not going to change this. It's almost like taking a giant Tylenol without any side effects. Over a period of time, we notice that with many patients, the remission period will increase. On some of our younger population of patients, we find that there is a curing effect from the acupuncture, in the sense that the patients' pain goes away. They may still have a bulging disc, they may still have the arthritis, but they don't require any more pain treatment. Which I find to be truly amazing.

Is it that a reflex within the nervous system has been uncoupled, or a decrease in inflammation?

I don't think we understand the mechanism at this point.

You've served as a senior editor, or editor-in-chief, of research journals such as The Journal of Alternative and Complementary Medicine and Medical Acupuncture. How would you summarize the state of acupuncture research today, for people who are not familiar with it?

I would tell people who are not familiar that we are beginning to understand acupuncture in terms of our Western information, with our own science. We can understand acupuncture by our Western anatomy, biochemistry, immunology, and biophysics. The mystery of this very ancient modality is being elucidated by the same techniques that scientists use to study other types of mechanisms at work in the treatment of various types of diseases. I would emphasize that acupuncture is amenable to these types of investigations. So the idea that it's a mystery is beginning to change, as researchers discover the reasons that it works.

Is there anything else that we haven't touched upon, that you wish to tell our readers?

I think that the battlefield acupuncture is proving itself to be very practical. In my travels to Europe, many acupuncturists there practice whatever system they have traditionally used, and also find the battlefield acupuncture to be very competitive, if not quicker and more efficient. This is what people tell me. I've had the same remarks made to me when I was in China. In this country, the battlefield acupuncture technique appears to be very popular. I'm not able to tell you how many people are using it, but when they see it in action, a lot of them switch their regular Traditional Chinese Medicine pain tactics to this system of the battlefield acupuncture.

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So this doesn't replace traditional acupuncture as a whole, but in terms of pain, it's particularly to the point, so to speak.

It has its advantages. It's very well accepted and probably easier to use than most traditional acupuncture techniques.

Ease of use is a very important thing in health care.

Yes, and it's *very* cost-effective.

Daniel Redwood, the interviewer, is Editor-in-Chief of *Health Insights Today*.