

CLINICAL VIGNETTE

Auricular Acupuncture Using Battlefield Acupuncture (BFA) Protocol for Chronic Pain Related to Metastatic Breast CA and Bilateral Hip AVN

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Case Presentation

A 58-year-old female veteran was referred to chronic pain clinic to explore non-opioid treatment options related to her Metastatic Breast Adenocarcinoma. She had been managed on immediate release morphine elixir 10mg TID. Her past medical history is significant for multiple medical problems, including chronic post-traumatic stress disorder, obstructive sleep apnea, glaucoma, chronic back pain, hip pain, neck pain, obesity, drug induced interstitial lung disease, and long term systemic steroid use for lung disorders.

Her initial presenting complaint was 10+/10 lower buttock pain for six weeks without any inciting event identified. She noted no buttock pain with sitting and pain was aggravated with prolonged standing. She had tried massage, heat packs, lidocaine patch, and topical diclofenac gel with only temporary benefit. Chart review identified an MRI of her bilateral hips done five years prior which noted bilateral hip avascular necrosis. Initial plan included differential diagnosis of progression of bilateral hip Avascular Necrosis, pain worse with weightbearing; ischial bursitis (however pain not worse with sitting); lumbar radiculopathy (however no reported radiating paresthesia or red flag findings). Plan was to get updated MRI of the bilateral hips and return for repeat examination and consideration for possible opioid rotation with repeat urine toxicology.

Upon return visit two months later, she continued to report 7/10 pain with sitting which increases to 10+/10 with any movement. Additionally, she reports associated right leg radiating pain to the lateral aspect of the knee. She notes her pain interferes with sleep and the opioid pain medication regimen provides little relief. Comprehensive interdisciplinary and multi-modal pain management was offered and included a trial of Battlefield Acupuncture (BFA trial). Risks/benefits and alternatives were reviewed and discussed, and veteran was amenable to proceed with placement. She endorsed significant relief post BFA placement, indicating that her pain level had reduced to 3/10 and she was able to achieve fluid sit to stand transfers. As she exited the clinic, she was ambulating instead of using her wheelchair and she sported a big smile and was extremely appreciative of the complementary alternative medicine option of BFA.

Discussion

Acupuncture has been around for several thousand years and has evidence-based support for use. Battlefield Acupuncture (BFA) protocol was developed in 2001 by Air Force Colonel Richard Niemtzow, MD. He was a flight surgeon and acupuncturist taking care of active duty soldiers unable to take sedating medications. He identified five points in the outer ear that addressed all types of body pain and allowed soldiers to continue their duties with minimal interruptions. The pilot study in the field was so successful that it was brought to the VA where providers were trained and credentialed to place small semi-permanent needles that could be left in place for several days. BFA is a unique auricular/ear acupuncture procedure that provides non-opioid pain management for veterans. The protocol follows an ordered placement of the points, Cingulate gyrus, Thalmus, Omega-2, Point Zero, and Shen Men. The auricular outer ear is cleaned with an alcohol swab and the point placement is interspersed with assessment of gait to monitor for any balance difficulty and pain report.

This case highlights the importance of this specific protocol that is a non-invasive, non-pharmacologic management that can help to augment palliative cancer pain control. Under the Comprehensive Addiction and Recovery Act (CARA)¹ mandate, Complimentary Alternative Medicine options have become more widely utilized in patient care to reduce opioid dose escalations in vulnerable patient populations.² However, traditional acupuncture requires specific intensive training and credentialing. The BFA protocol is a four-hour training course that educates non-acupuncture providers to implement very specific auricular points that can provide pain relief. Institutions have individual requirements to accomplish credentials with proctoring and mandatory observation but overall, this training allows this treatment to reach a broader scope of patients.

REFERENCES

1. Comprehensive Addition and Recovery Act (CARA). CADCA. Available at: <https://www.cadca.org/comprehensive-addiction-and-recovery-act-cara>.
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