Evolving Approaches to Care for Those in Harm's Way

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ALTHOUGH THE PHENOMENA that we now describe as post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) have, to some degree, been part of the human experience since the beginning of time, within the past decade, our understanding of these two disorders has increased at an exponential rate. While this special issue of *Medical Acupuncture* focuses on new and emerging integrative techniques for addressing these age-old problems, I thought it might be helpful to briefly review some of the historical facets associated with these two overlapping conditions. As we look back, we gain a better perspective of just how far science and medicine has come, and, as we review the articles associated with this special issue, we can obtain a better glimpse of what might lie ahead.

With this in mind, some of the first descriptions of what certainly sounds like post-traumatic stress can be traced to the biblical Book of Job, while other descriptions have a more literary basis, such as those reflected in Homer's epic, 15,693 lined poem, *The Iliad* (circa 750 BCE) and in Shakespeare's portrayal of Harry Percy in *Henry IV*, which was likely written in the late 1500s.¹

PTSD has been known by many names, with one of the earliest being that of "nostalgia," which was attributed to the observations (1688) of the Swiss physician, Johannes Hofer, MD. However, during the course of the U.S. Civil War (1861–1865), Jacob Mendez da Costa, MD, coined the term "soldier's heart" as a means of describing the physiologic symptoms associated with the stress and emotional toll of combat.²

Post-traumatic stress was not limited to people who experienced combat, as aptly evidenced by the experiences of the well-known author, Charles Dickens (1812–1870), who was one of the survivors of the 1865 Staplehurst railway accident. Accidents such as these were not uncommon in the early days of railroad travel, and are what probably led

to the use of the term "railway spine," as a means of describing the psychoemotional distress associated with having survived a major railroad accident. Although this same syndrome was later known as "compensation sickness"²—due to the subsequent opportunity for injured individuals to receive some form of monetary compensation, the mind–body–trauma connection was clearly identified.

"Shell shock" was the term coined in the aftermath of World War I, and was treated with a variety of modalities, ranging from the use of electrical "shock therapy"—advocated by the British neurologist Lewis Yealland, MD, (1884–1954) in his 1918 manuscript, "Hysterical Disorders of Warfare"—to more "sedate" forms of treatment, such as those involving psychotherapy, rest, recreational painting, and/or adherence to specialized (milk) diets.³

The military implications of exposure to the "horrors of war" became more established during the course of World War II and led to the replacement of the term "shell shock" with that of "battle fatigue" or "combat stress reaction."⁴ Although individual treatments varied, many soldiers were treated with the idea of "three hots and a cot" (e.g., the provision of a temporary respite from the intensity of the front lines, coupled with receipt of some hot meals and an opportunity for more-restful sleep), followed by a return to the camaraderie of their assigned units. While estimates vary, it appears that at least 1,393,000⁴ soldiers were treated for battle fatigue–related conditions during the course of WWII, with 37%–50%^{2,5} of all military discharges being related to that condition.

The publication of the first *Diagnostic and Statistical Manual of Mental Disorders–I (DSM-I)*⁶ in 1952, codified the diagnosis of what we now know as PTSD, although it was initially described as a "gross stress reaction."² The most current version of the guide, the *DSM-5*,⁷ was published in 2013 and now reflects the array of mood states

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and behaviors that are often associated with this complex condition.

Coincident with the publication of *DSM-5*,⁷ was a growing national and international awareness that the wounds of war, disasters, or other forms of conflict, are not always outwardly visible. Although the Seven Dragons is just one of several well-established acupuncture techniques for ameliorating the psychologic effects of trauma, a number of other approaches—such as the Battlefield Acupuncture technique of Col. (Dr.) Ret. Richard C. Niemtzow, MD, PhD, MPH,⁸ the Helms Medical Institute's six-point, Auricular Trauma Protocol,⁹ and the modification of the traditional, Four Gates treatment (also known as the "Koffman Cocktail")¹⁰—have been designed, in whole or in part, as a means of caring for military personnel who go into harm's way, in order to protect and defend the health and well-being of the country's citizens.

These techniques, along with a burgeoning array of other new applications—such as Virtual Reality Exposure Therapy, enhanced nutritional supplementation (e.g., omega-3-fatty acids), and variations of other, centuries-old approaches—such as yoga, meditation, art therapy, music therapy, animal therapy, and spirituality—have all gained enhanced visibility and increased popularity in recent years, as the need to be able to offer an increased array of integrative therapies to care for people who are suffering from PTSD and the sequelae of TBI has continued to escalate.¹¹

This, in turn, brings us back to the purpose of this special issue of *Medical Acupuncture*, which highlights several new and/or promising techniques for alleviating some of the many manifestations of PTSD and TBI—maladies that have been affecting men, women, and children ever since the dawn of humankind. The problem is not, however, just limited to military personnel and other first responders. Children are often deeply impacted by traumatic events, in particular, by the loss of parents. In fact, research by the Center for the Study of Traumatic Stress¹² has shown that of the 15,938 service members who died in the 10-year period between 2001 and 2011, 44% had 1 surviving child, 36% had 2 surviving children, and 20% had 3 or more surviving children—all of whom are vulnerable to the effects of PTSD. As such, there is a growing need to expand the repertoire of safe, effective, nonaddictive therapies that can be utilized in a variety of settings—from urban clinics to remote villages, to the front lines of combat zones or in natural disasters—which is exactly where medical acupuncture can fulfill a vital role, both now and well into the future.

In the United States, June is PTSD Awareness Month;¹³ so, as we look back on all that has been accomplished in this field, I hope you will recognize that the journey ahead has only just begun. ...

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