

Integrating Eastern and Western Medicine During Disaster Responses

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On Feb. 12, 2010, the New Mexico Disaster Medical Assistance Team (NM-1 DMAT) was deployed to Haiti to close out a medical mission in Port-au-Prince at Gheskio University and Clinic. Our site was separated from a tent city inhabited by approximately 5,000 Haitians via barbed wire and the protection of the 82nd Airborne Military Service.

We were on site there for 12 days and saw approximately 130 patients a day for various health-related reasons and for wound checks and re-dressings. After we closed the gates at night, I then treated our team with a variety of acupuncture and acupressure treatments. It was at that time that the commander of the team asked me if I would be willing to conduct some workshops for the team to give them a better understanding of acupressure and acupuncture techniques. It was a great way to introduce techniques to Western practitioners. The following is a brief description of how those trainings were conducted.

I introduced the NADA (National Acupuncture Detoxification Association) protocol in three separate workshops. I demonstrated the technique with ear needles and then ear seeds, and also demonstrated pressure points to reiterate that there were several ways to accomplish the treatment. I then demonstrated six pressure points that could assist the team members in dealing with their own personal issues such as headache, nausea, stomach issues, etc. We practiced finding and utilizing P 6 for nausea, GB 39 for migraine headaches (six individuals were able to counter or completely stop the headaches for occurring or getting worse), LI 4 for general headaches, ST 36 / SP 9 to help with fluid retention and digestive issues, and last but not least, *ding chuan*, as many had asthma or breathing difficulties associated with the damp, humid conditions of the area, not to mention there were many fires burning and acrid smells filling the environment.

Many of our team members are emergency medical technicians (EMTs) firefighters or Western medical doctors, and they also were interested in using these acupressure points to treat their own patients in their practices or daily jobs. One individual works for a major flight transport and indicated that when parents go with them on infant transports, they frequently get nauseated by the turbulent flight. This particular EMT shows them the nausea point and gets great success in stopping air sickness.

I think that as practitioners of Eastern medicine, we can better serve and integrate the two worlds via demonstration and explanation of the power of acupressure. New Mexico has acupressure in the scope of practice for our EMTs and it has proved very beneficial on more than one occasion. For example, one EMT could be setting up the nebulizer for an asthma patient while the other could be applying pressure on *ding chuan*. We have had reports that the acupressure stopped the attack and the patient did not need to use the nebulizer or suffer side effects from the asthma medication.

The more we can demonstrate how beneficial these techniques are and how individuals can benefit

from them for their own well-being, the more our profession can be accepted as integrative, not complementary. I saw many of our team members using pressure points for pain relief during our long stay in a very austere environment, and several indicated to me that when they returned to their respective homes, there were going to explore the NCCAOM Web site to find a practitioner in their hometown. It was a wonderful way to give people a knowledge base and more power over their own health care.

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