

UNCONVENTIONAL MEDICINE

Introduction to the Unconventional Medicine Series

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The following pages will be the first of an ongoing series of articles in the *Journal of Special Operations Medicine* on unconventional medicine. One of the valued characteristics of our community is out-of-the-box thinking. That trait, applied with credibility, will provide innovative topics for use in operational medicine and will be the agenda for this program.

The intent is to enlist experts and those with practical experience to write pieces that represent both old and new perspectives on unconventional or uncommon medicine and can be used in both austere and resource-limited environments by Special Operations Forces and nongovernment organizations.

Topics may include primitive medicine, improvised medicine, cultural dynamics affecting medical care in specific geographic regions, operational environments and medical support, innovative applications of medical planning and care, and, possibly, reprints of historical value.

It is hoped these works will inspire interest, innovation, and the application of medicine in our community. Too often we can find ourselves caught in the therapeutic box. Legal and ethical concerns notwithstanding, we should exercise our cultural creativity in medicine just as we do in job execution.

Subject matter parameters will always include the following to ensure they are in the best interest of JSOM readers:

1. The subject must be of a credible and recognized application of medicine
2. The work must demonstrate support to austere and resource-constrained environments

3. The work must provide lessons in medicine and current applicability in today's environment
4. The article must emanate from expertise and experience uncommon to clinical medicine
5. The work may be of historical value

If we receive exceptional notice and feedback on a particular subject or experience, we may potentiate that interest by requesting a more formal presentation on the topic during the next Special Operations Medical Scientific Assembly (SOMSA) Conference. This may allow the repetition, evolution, and exposure of a subject to be more thoroughly applied in our community.

I am honored to host and facilitate this series and am grateful to MSG (Ret) John Dominguez for both his suggestion and for his trust.

With that, the effort begins in this issue with an example of "What's old could be new again." The use of larvae in the debridement of wounds is a time-tested therapeutic on battlefields and hospitals through the turn of this century. Although uncommon in today's developed world, maggot debridement therapy (MDT) still has great potential and application in challenged environments if executed properly. There are few specialists with more expertise than our author, who is a daily practitioner of the therapy and teaches the subject often, and we have developed a step-by-step process for MDT use independently to include a telemedicine contact for expertise, advice, and advocacy.

Enjoy this new ongoing series. Please participate with requests, comments, and critiques. We hope that you find the unconventional medicine effort meaningful and take the initiative to share and exercise the subjects to your best benefit.



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