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Auriculotherapy

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Would you use a therapy in your office that almost instantly alleviates headaches, muscle spasms, pain of almost any kind, even unexplained pain? Would you use a therapy that reduces the effects of burns (redness, pain and blisters) in a short time? Would you find it helpful to be able to reduce patient apprehension due to pain or spasm before you adjust? Would you like to help people stop smoking or curb a compulsive appetite? How about asthma; allergies; dysphagia; menstrual cramps; or dysmenorrhea?

Auriculotherapy can do all of this - and more. The only contraindications are pregnant women or patients with electrical implants, such as pacemakers. It is also only recommended for patients older than three years, due to the assumed lack of complete neurological development between the ear and the brain at that age. Those younger than three may respond, but possibly not as well.

From allergies to facial blemishes, there are in excess of 300 published protocols. A protocol is a set of points used in conjunction with each other to treat a condition. More than half of those published are for musculoskeletal or neurological disorders. All doctors need to be aware of the scope of practice in their respective states and restrict the type of problems they treat the public for accordingly. Aside from that, treating one's self and family can make learning this technique worthwhile in and of itself. Auriculotherapy will open new avenues of treatment that can help keep you and your loved ones out of the doctor's office.

Auriculotherapy began as auricular medicine in the 1950s, when French physician Paul Nogier happened on several people in a village that had cauterization marks on their ears. Further investigation revealed that a village lay practitioner had cauterized a particular spot on people's ears to relieve sciatic pain. Dr. Nogier tried some cauterizations himself, which proved effective, then tried some other less "barbaric" forms of stimulation and had similar success.

Further investigation and research over the next decade led to the discovery of a system of points on the ear that correlated with the entire body. Dr. Nogier later found that not only is the entire body represented on the ear, but it is represented four different times, varying in position on the ear dependent on the severity of the condition or whether it is musculoskeletal in origin. This makes it a rather interesting and challenging therapy that can be tailored to the individual patient.

Dr. Nogier's first treatise on auriculotherapy was limited to the musculoskeletal system, mainly because the spine and extremities were represented on the external ear in a clear and concise manner. Dr. Jacques Niboyet, the undisputed master of acupuncture in France, convinced Dr. Nogier to present his findings to the Mediterranean Society of Acupuncture in 1956. Dr. Bachman from Germany, attending the meeting, published his findings in an acupuncture journal that had worldwide circulation, particularly in the Far East. China adopted it and eventually utilized the Nanking Army as a test population to determine the accuracy of the points Dr. Nogier described. The Chinese (the Nanking Army Ear Acupuncture Research Team) studied soldiers that had various ailments, and found that in the overwhelming majority of cases, ear points that corresponded with the affected body parts or areas were more tender or electrically active than other points in the ear. Conversely, soldiers without problems had very few electrically active or tender points in the ear. This confirmed Dr. Nogier's ear points, and led to worldwide acceptance of auricular medicine.

The basics of auriculotherapy are somewhat different than acupuncture. In acupuncture, body points are always electrically active. With no differentiation when one is sick or well, diagnosis requires a separate technique. However, ear points representing anatomical parts of the body are only active when there is a pathology or problem with the area of the body represented by that point. This makes it possible to generically diagnose a problem. In other words, you may be able to tell that a person has a heart problem, or intestinal problem. You will not, however, be able to be more specific than that.

Ear points are divided into three categories: master, functional and body. Master points are always active and have a variety of purposes. These include points such as adrenal; shen men; autonomic; point zero; endocrine; and master cerebral. There are also a number of secondary master points. Functional points have names that describe what effect they will have on the person or what problem they will treat. These include points such as: allergy; anti-histamine; anti-depressant; aggression; asthma; skin conditions; etc. Body points describe the body part, such as: arm; hand; stomach; spinal cord; specific vertebrae; intestines; throat; heart; lungs; etc.

The protocols that have been formulated and published contain a number of primary and secondary points that have an effect on the condition being treated. When these points are active, you treat them using some form of stimulation. The most common form of stimulation is microcurrent, but other forms include needles, massage, heat and laser. A good microcurrent machine with a search capability sensitive enough to differentiate ear points is most desirable, as you should only treat a point when it is significantly electrically active. The great thing about this technique is that the patient will let you know how effective the treatment is as you are treating them, because their problems (pain, spasms, sinus, cough, etc.) will diminish as you are treating them. It can be that fast.

Some of you may already have microcurrent equipment available to you. For those of you that do, the following is only one of many protocols that you could use in your office effectively:

Tension Headaches

Primary points: occiput; temples; forehead; cervical spine; thalamus; point zero; shen men.

Secondary points: shoulder, master shoulder, tranquilizer, master cerebral, muscle relaxation.

Significant points used in auriculotherapy.



Stars = master points.

Dots = primary points

Crossed dots = secondary points

The box designates a hidden point. It is on the floor of the ear behind the antitragus.

A Quick Lesson

First, ascertain the patient's **dominant** side. If your patient is ambidextrous, treat the oscillator point on the inside of the left ear prior to treating any other points. Ask your patient to quantify the pain (1-10, #10 being the worst): "On a scale of one to 10, how bad is your pain?" Record the answer. If range of motion is limited, take note of the limitation and why (does pain limit ROM, or is it due to taut muscles, etc.?). Body points are treated first using the ear corresponding to the side of the body affected and are stimulated for at least 30 seconds before again asking the patient what level their pain is at. If it is easing but not gone, keep treating until the pain disappears or stops improving, then move on to the next active point. Master points and functional points are only stimulated for 10 seconds (except *shen men*- 20 seconds) on the dominant side ear only. Though specific frequencies for specific parts of the ear would work better, the universal frequency of 10 Hz will work nicely enough to introduce you to the awesome ability of **auriculotherapy**. Keep the level of stimulus subsensory, or just barely noticeable by the patient. **More is not better!**

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