

Auricular Therapy: Diagnosis and Treatment

James A. Jackson, MT(ASCP)CLS, Ph.D., BCLD,¹ Marsha McCray, RN,² Hugh D. Riordan, M.D.,² and Ronald E. Hunninghake, M.D.²

Auricular therapy was described by the Chinese over 4,000 years ago.¹ However, it wasn't until the 1950s that Dr. Paul Nogier, Lyons, France,² and later, the Chinese Nanking Army Ear Acupuncture Research Team,³ published somatotopic maps, or charts of the ear. This allowed specific points on the ear to be correlated with various structures and/or functions of the body which were based on actual experimental research rather than theory.

Both the Nogier and Chinese ear charts view the auricular homunculus as an "inverted fetus". Others state that the auricular homunculus more closely represents a "person standing on his head, arched backward, with his back to his internal organs".⁴ The two charts developed by the Chinese and Nogier are not exactly the same. The somatotopic placement of the face, head, body, arms and most internal organs are nearly identical on both charts. There is a difference, however, in the placement of points representing the spinal column, feet and legs, heart, kidney, spleen, adrenal gland and nervous system. Because of these differences, a new nomenclature system of the auricle was developed by Oleson and others at UCLA.⁴

At the Center, the Nogier somatotopic ear chart is used in auricular therapy. One of the authors (HDR) was trained in the technique by Dr. Nogier over 25 years ago. The protocol used is that the patient/co-learner is made aware of auricular therapy as a treatment option. If selected, one of the four trained Center employees will conduct the session. All auricular treatment is done in a separate room. The patient will describe the location of their pain (or their pathology). The ear is then cleaned with alcohol to remove skin oils. An impedance meter, ACK-U-METER™, model HMR-400 with current source (HMR Interna-

tional, Shapres, Florida) is used to detect areas of low skin resistance on the ear. These points are then used to relieve pain and/or pathology through the use of transcutaneous electrical nerve stimulation using the current source of the HMR-500 meter. This is applied at about 8 seconds at a time up to one minute, or until the pain is relieved. Sessions are repeated as needed, or for long term control, silver pellets or small acupuncture needles may be placed on the points identified. The Center has had very good success using auricular therapy on many patients with different conditions. Many times therapeutic benefits are observed during the treatment, or shortly after. Examples of cases are described in the following paragraph.

Case #1 The patient is a 73 year old white female with a nose bleed for three days. There was no history of hypertension or bleeding problems. Examinations revealed a small bleeder in the right nostril. Powdered vitamin C was applied with slight pressure. The bleeding stopped for a short period of time but restarted again. Before packing the nostril, it was decided to see if auricular therapy would be of benefit. Treatment options were identified and transcutaneous electrical stimulation was done on the following points using the Nogier chart: Inner nose, allergy, Shen Men, stress control, forehead, lungs, and lungs,. After treatment, the bleeding stopped, and to date, there has not been a reoccurrence.

Case #2 The patient is a 23 year old white female with a history of low back pain "off and on for several years". She has used prescription muscle relaxants and acupuncture in the past to help control the pain. She was seen at the Center for sudden onset of low back pain radiating to below the waist. The following auricular points were identified and treated: On the right ear, upper lumbar on the front and back of ear; left ear, Sciatic point, upper lumbar and upper sacral. Immediately after stimulation, the patient stated that the "pain was a little better". Silver pellets were applied

1. Professor and Assistant. Dean. Graduate School. The Wichita State University. Wichita. Kansas 67208.

2. The Center for the Improvement of Human Functioning International. Inc.. 3100 N. Hillside. Wichita. Kansas 67219.

to the upper lumbar site on both ears to sustain the effect. The patient was scheduled to come back in one week for a follow-up visit. On the day of the appointment, the patient called to cancel her appointment "because her back pain was almost gone". Five months later, the patient returned complaining of back pain due to "turning wrong when attempting to get up from a couch". Two auricular treatments as described above were administered one week apart. She reports the pain is much improved and she continues to be followed at the Center.

Case #3 The patient is a 71 year old white female with a diagnosis of osteoporosis and Addison's disease. The patient complained "of lots of aches and pains due to her osteoporosis, she could not make up her bed and had difficulty dressing herself." Sensitive auricular points were identified on her ears which corresponded to her upper and lower back. After only five treatments, the patient stated she had little discomfort, was able to make her own bed and to dress herself with little difficulty. She continues to be treated weekly. This controls her pain so well that she has stopped taking her pain medication.

Case #4 This is an eight year old white male with a history of enuresis. The usual

treatments of restricting fluids before bed, voiding before bed, etc., did not seem to help. The father is a physician well versed in holistic medicine. He started using pressure points on the ear corresponding to the urethra, bladder and kidney. Each night the treatment was performed, the enuresis stopped, on nights the treatment was not performed, the enuresis returned.

At the Center, auricular therapy is used as a diagnostic and therapeutic option. It is relatively painless, inexpensive, easy to use in experienced hands and may give immediate results. We recommend its use.

References

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