

The Development of Auricular Acupuncture in Europe and China

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ABSTRACT

This article describes the origins of ear acupuncture, and its development through an exchange of European and Chinese experience. Different patterns of point localisation in the ear are discussed, as well as different techniques for detecting pathological points. Also described is the effect of ear acupuncture, and holistic medicine, in promoting the distribution and storage of energy in body cells to maintain health.

Key words: auricular acupuncture, Paul Nogier, energy, RAC, laser, needle material

INTRODUCTION

The earliest reference to the use of ear acupuncture is found in the *Huangdi Neijing* of the 3rd century B.C. (Only a few points were described, and considered as part of body acupuncture.) More were detected over time until by 900 A.D. in China during the Tang dynasty over 20 points were recognised on the front and back of the ear. In Europe from the 17th century records exist of some ear points being cauterised to relieve pain (Zacatus Lusitanus in Portugal, and later Dr Luciana in the 19th century in Bastia, Corsica).

However, only in the 1950s did Dr Paul Nogier, in Marseille, systematically discover corresponding points on the ear for pains and diseases of the body. His initial observation was that some of his patients had scars on part of the ear, from cauterisations carried out by Turkish healers. He was intrigued that a cauterisation on the ear could diminish the pain of, for example, sciatica. He began to examine the ears of his patients more acutely, and discovered that in certain diseases, corresponding points in the ear became painful. He was able to draw a chart of points in the ear corresponding to areas of the body. From this he realised that it was possible to project on these points on the ear the form of an embryo in the foetal position, such that the head was at the lobe, and the extremities above on the scapha, with the internal organs within the concha. This in turn helped him to localise further corresponding points on the ear. He also discovered that these pathological points were more sensitive to pressure from a small probe.

He had thus discovered a pattern of possible treatment points on the ear, but did not want to treat such a large number by cauterisation. He tried sticking needles in points, removing them after some time, and found some illnesses were relieved by this treatment. In this way the basis of auricular puncture, as it continues to be practised today, was born. He first published his findings in 1956, in Marseille. Two years later Yeh Hsiao-Lin translated and published these papers in Shanghai. From that time on the foundations of ear acupuncture were developed further in Europe and China with almost no exchange of experience. Two different lines developed, today called the French and Chinese schools of ear acupuncture.

Because of the different approaches in Europe and China, different points were found for some diseases. In Europe, for example, the treatment of spinal problems was very differentiated, with different points corresponding to musculature, vertebrae and discs at each spinal level. At that time the Chinese were content with three points, each of which treated a whole spinal section; cervical, thoracic or lumbar. Different prevailing focuses in treatment led to different points being considered as corresponding to a given ailment.

This became clear to me as I began studying ear acupuncture and developing my own experience. I found it disturbing that different sites within the ear were listed in the literature for treating the same diseases. Different educational organisations sometimes taught very different methods for the treatment of the same conditions. This prompted me to try to integrate all this knowledge from the different schools of auricular acupuncture, especially those in France and Germany, but also Austria, which had been more influenced by the Chinese School, and, of course, China itself. All the varied experiences of these dedicated physicians must, I felt sure, contain truth. Indeed, I did evolve a pattern of point localisations which could be brought together in one overview of the ear, showing different aspects of the same diseases, but without contradictions. Because of this insight I accepted in 1957 an editor's invitation to write a textbook of auricular acupuncture, because no existing books could bring together all the known points of ear acupuncture.¹

Originally Paul Nogier had the very systematic idea of treating single body parts by stimulation of single ear points. This thinking was very fixed within the experience of allopathic medicine, which treats separate parts or functions of the human body. Chinese medicine, however, was more oriented towards supporting the energetics of body systems, which then support the healing of the whole being. Indeed many Chinese auricular points have energetic functions, such as ear *shen men*, which calms Liver energy in a similar way to the body point Liv 3 *tai chong*. So, auricular acupuncture must be considered not only in terms of body systems, as a first look tempts one to do, but also in terms of energetic aspects which we understand from body acupuncture. It is important that the physician as well as the patient increases and preserves energy. The patient needs energy to heal his disorder, and the doctor, in treatment, transfers some of his own energy to the patient. This happens automatically when needling the ear with correct technique. Energy is never fixed, it is always flowing between people interacting. It is produced from nature, found in food and transferred by clothes. Each of us should be aware, therefore, of what we put inside the body as food and drink, because from this our cells are formed. We should examine our contacts, and consider whether they give energy, or take it away.

My most recent insight, from meeting with an old and close friend who is a clothing designer, has been that clothes can also affect your energetic level. He is, indeed, more of an artist than fashion designer, and not a single item leaves his workshop without his personal approval. Wearing his garments, you can sense the love which he has put into every piece of clothing.

All our food is produced by my wife Barbara with great love, on our farm where plants are organically grown, and species-appropriate animals raised and even slaughtered without stress. This creates great energy within the plants and meat, which through eating is absorbed into the cells of the body.

Regarding my own success in treatment, I would draw attention to these points: by surrounding yourself with people who are dedicated to their work you can gain great energy from them and what they do, but you must also look for the right balance in the energy-exchange.

Perhaps as a result of similar insights the Chinese say: keep your attention at the tip of the needle. When needling, this will make for an optimal transfer of energy from physician to patient. The healing effect of this should not be underestimated. Because of this, sham acupuncture will also have some healing effect, even if reduced, when treating classical acupuncture points. This effect is evident in a number of studies, such as the ART study carried out in Germany in 2003, a co-operation between Berlin University and the Munich Technical University.²⁻⁵

Auricular acupuncture points which can be used for treatment are only active if pathological. This means that needling inactive, non-pathological points will have almost no healing effect. How, then, can we select those points which should be treated? This process has developed both in China and in Europe, again in different ways. Nogier's first experiences taught him that some ear points were tender when probed, others not. Understanding that painful points corresponded to different areas and conditions enabled him both to select for treatment, and also to further expand his system. He developed a spring-loaded probe, so that the pressure with which he probed a point could be standardised. The disadvantage of this diagnostic method lies in the very different individual awareness of pain, leading to a lack of objectivity.

Over time, detecting and treating pathological points, he realised that there was a change in the quality of his patient's pulse when he detected such a point. He also discovered that the electrical resistance of pathological points was different to that of surrounding skin. Of pathological points, 90 per cent had a lowered skin resistance, but 10 per cent had an increased resistance. He further found when drawing a light probe across the ear surface that, on contact with a pathological point, there was a transient intensification of the pulse wave. This effect he first called the *réflexe auriculocardiaque* (RAC), because he interpreted it as a polysynaptic reflex. It was later understood that the stimulation causes triggering of a sympathetic response, which closes arteriovenous shunts, resulting in a short-term increase of blood in the arterial system. It is also referred to as the vascular autonomic signal, or VAS. The determination of pathological

points by feeling the pulse for the RAC or VAS is the quickest, most objective and accurate method, but needs experience on the part of the physician.

The effect can be strengthened by using a gold instrument to detect points of lowered skin impedance, and a silver instrument for higher. This observation led to the introduction of the gold-silver hammer, a small handle with a gold probe projecting from one side of the tip, and a silver from the opposite, which I still use in my practice. In the hands of an experienced practitioner this method shows very high objectivity in finding pathological points. A simple steel probe can also be used for detecting both higher impedance and lower impedance points. The pulse wave provoked is perhaps a little smaller, but still distinct. So it is possible to detect points using a steel acupuncture needle, and this can be practised drawing it across the ear some millimetres above the surface, or gently touching. A further development was made by a German auricular therapist, Prof h.c. Dr Bahr. He substituted a 3-volt hammer for the gold-silver hammer, where a potential difference of 3 volts is maintained between the two steel poles by a small lithium battery. The positive pole is comparable to the gold probe, and the negative to the silver.

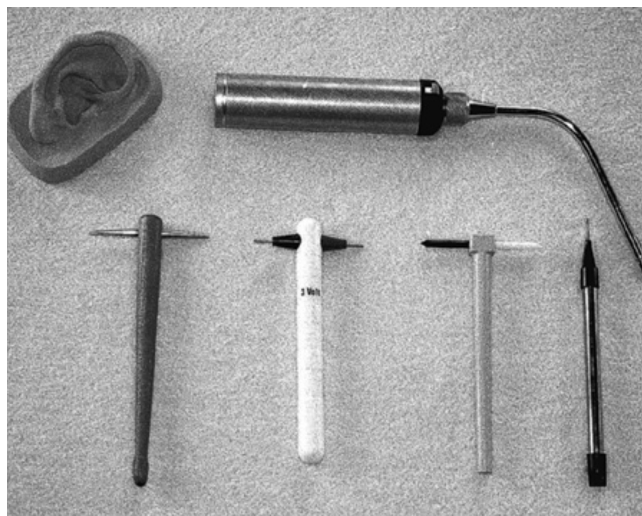


Figure 1

Top row: latex practice ear, Heine lamp. Bottom row: gold-silver hammer, 3-volt hammer, black-white hammer, constant pressure probe.

Dr Gleditsch, a German ENT physician, developed a method he called the 'very point technique'. Here the skin of the ear is touched very lightly with the needle during the examination, and where sensitivity is reported, it is inserted. The disadvantage of this method is again that individuals have very different levels of awareness of pain.

These methods for exactly determining the position of pathological points within millimetres did not transfer to China. Chinese physicians tried rather to develop knowledge of the ways in which the shape and appearance of the ear surface changed in areas where treatment was needed. This method cannot be very precise, so they looked for techniques to stimulate larger areas, for

example with vaccaria (cowherb or cow soapwort) seeds. These are taped over the ear point with small plasters, and stimulated by the patient pressing them with a finger. This allows a larger area to be stimulated than with a needle, but consequently the stimulus is neither as intense nor as precise. This technique may be the reason why in the Chinese school of ear acupuncture only one point is shown for influencing the whole of the cervical spine, whereas the French school differentiates many points depending on the spinal level and vertebral tissue affected.

From the use of vaccaria seeds, which remain in place for some days, was developed the idea of semi-permanent needles, which can stay up to seven days in the surface skin of the ear. While these may be used for more intense stimulation, the body seems to become used to the stimulus over about seven days, after which there is little therapeutic effect. Ordinary needles continue to affect a point for some days after removal because of the stimulus of the healing of the small puncture wound, so the semi-permanent needle has no great advantage in therapy efficiency, and has also the disadvantages of more painful application and the danger of inflammation, especially if covered with a plaster.

Paul Nogier's defining ear points as gold or silver depending on the electrical characteristics of the point led to the use of gold and silver needles in treatment. Because of the expense of these materials, needles were reused frequently, and sterilised between uses. At the present time sterile disposable needles are most commonly used, made of stainless steel, because steel is effective on both gold and silver points.

One of the first German physicians to dedicate himself to ear acupuncture, along side Prof. Dr Hempfen and Dr Gleditsch, was Prof. h.c. Dr Bahr. He carried out many experiments in the use of gold and silver needles, finding different effects in the left or right ear. This complicated usage of gold and silver needles can be needlessly confusing, as placing a steel needle in the detected pathological point has an efficiently therapeutic effect. Prof. h.c. Dr Bahr also found additional points following on from Dr Nogier's work. One of his methods was to hold a vial of a

substance over the ear until a pulse change indicated a resonance with the contents of the vial. His assumption then was that the indicated point would have a similar effect on the body as the vial contents, for example Diazepam, interferon, barbiturates and so on. This assumption was validated by his own work, and by many doctors since, so many of the points used in auricular acupuncture today owe their origins to his research.

In this way he found many new points: Bach flower points, chakra points, CNS-memory points and others. Many of these need more proof of efficacy before I could advocate their use.

Nogier himself, and also, later, Bahr, Elias and Voll, and most recently Reininger, have explored the treatment of pathological points with laser stimulation rather than needles. This method is particularly to be recommended in the treatment of children, for whom, with their greater sensitivity, it offers the same efficacy as needles. In adults, however, I estimate laser stimulation to be 40 per cent less effective compared with needle use. Research into this treatment method found that different frequencies modulating the laser beam produced different effects, and the intensity of the effect is also related to the power (wattage) of the laser used.

SUMMARY

Auricular acupuncture developed from rudimentary origins in China 2,500 years ago to become a largely European influenced method of acupuncture, which has then latterly in turn been much influenced by Chinese experience. The detection of different points related to different ailments has continuously increased over the last 50 years. There are many possible ways to detect pathological points, for example the RAC pulse technique, searching for painful points, or concentrating on tissue changes at the surface of the ear. Treatment methods have changed over time and have included gold, silver and steel needles, and, latterly, lasers. Besides discovering the right points to treat and the most appropriate method of stimulation, attention should always be given to understanding the movement of energy, and ways of increasing and enabling storage of energy in body cells, and the promoting and strengthening of self-healing mechanisms.

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