

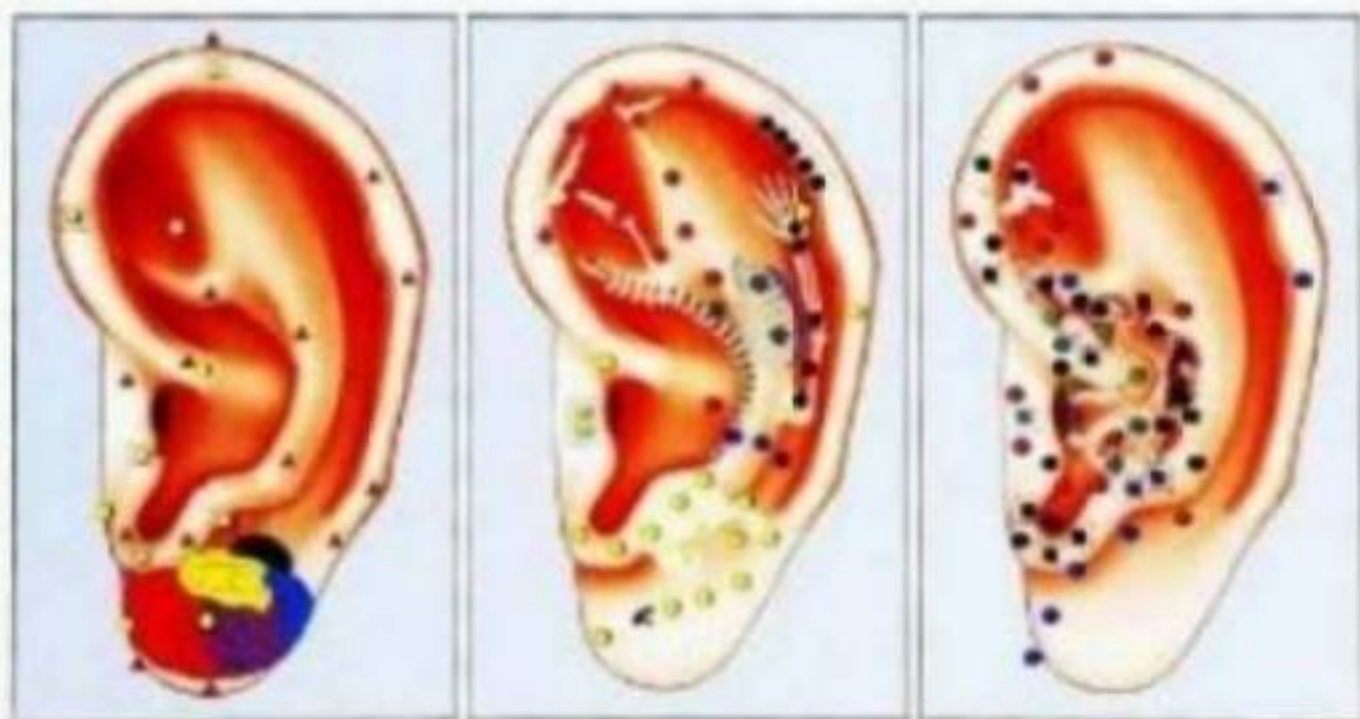
THIRD EDITION

# Auriculotherapy Manual

*Chinese and  
Western Systems  
of Ear Acupuncture*

Terry Oleson

Foreword by Raphael Nogier



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**Note**

Medical knowledge is constantly changing. As new information becomes available, changes in treatment, procedures, equipment and the use of drugs become necessary. The author and publishers have, as far as is possible, taken care to ensure that the information given in this text is accurate and up to date. However, readers are strongly advised to confirm that the information, especially with regard to drug usage, complies with the latest legislation and standards of practice.

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# Foreword

I have known Dr Terry Oleson for a number of years and I am very pleased to have been asked to write some lines of introduction for the third edition of the *Auriculotherapy Manual: Chinese and Western Systems of Ear Acupuncture*. I have very high regard for the advanced level of information contained in this book. Dr Oleson states extremely well that there are two very different approaches to understand about auriculotherapy. One approach is Oriental, the other one is Occidental. The Oriental approach calls upon the basic concepts of classical acupuncture. Most prominent are the concepts of yin and yang. In this Eastern approach towards auriculotherapy, the notion of 'energy' is omnipresent. The metaphysical view of the world and of man is the primary focus, even more prominent than the doctrines of physiology and anatomy.

The Western approach towards auriculotherapy, that which Paul Nogier first proposed, rests upon the scientific method of observations, and the repetition of such observations. It is also grounded upon the basic foundations of anatomy and physiology. In the Western approach, there is no notion of energy and no metaphysical philosophy that underlies this technique. In fact, without going into details, the external ear has particular diagnostic and treatment properties because of its innervation and because of the presence of neuro-vascular complexes. These complexes are small, actual entities consisting of micro-hormones dispersed under the skin of the external ear.

There are actually two juxtaposed somatotopic systems which explain auriculotherapy as it is practiced today in Europe. The first system is based on nervous fibers distributed throughout the auricle and is purely a reflex. It is with this system that one uses auriculotherapy to alleviate pain. The second system rests upon the existence of the neuro-vascular complexes discovered by the team of Pr Senelar: Odile Auziech, Claudie Terral. On the external ear, there exist cutaneous points of reduced electrical resistance that correspond to histological microformations made up of a nerve, a lymphatic vessel, a small artery, and a veinule. It is these microformations that are called neuro-vascular-complexes. Stimulation of these complexes by infra red light modifies the temperature and the thermal regulation of internal body organs, thus modifying their function.

Schematically, the external ear is like a computer keyboard which acts on the whole organism through the intermediary of the central nervous system and the auricular micro-hormonal system. This auricular system has two types of computer keys, one set connected to the spinothalamic system that modulates pain perception and another set which initiates the release of active hormonal substances which modify specific internal organs. When looking at the ear, one will obtain a different effect if a needle is used, or a laser light, or a magnetic field. As with everything in medicine, great skill is required to master this technique. The computer keyboard on the ear allows clinicians to effectively treat pain, functional disorders, addictive problems, and minor psychiatric disorders.

It is well known that Paul Nogier, my father, discovered the somatotopic properties of the external ear. There are just a few fortunate people who not only dream, but who are able to carry out their dreams and bring them into reality. Paul Nogier was at the same time a man of innovative thoughts and a man of productive action. He was a gifted clinician of exceptional abilities who attentively listened to his patients, respected what they had to say, and thoroughly investigated their maladies. Tirelessly, he examined patients from Monday morning to Saturday evening, trying to understand and to cure their illnesses. One cannot understand the work of Paul Nogier without knowing his character. He was a man who spent much of his time proposing sometimes contradictory new ideas, the majority of which fell by the wayside. Nevertheless, his most original ideas remain: the somatotopic representations on the ear, the vascular autonomic signal, and the treatment effect of specific frequencies. It is for these discoveries that many students followed him so devotedly. At the same time, confronted with so much apparent inconstancy, much of the teaching by this great master was not understood or fell out of favor.

This third edition of the *Auriculotherapy Manual* strives to bring closer together Western neurophysiological concepts and Oriental energetic concepts as they relate to auriculotherapy. Dr Oleson lives in a state in the USA which also assimilates Western and Eastern cultures. Perhaps only in California could one be able to do the work that he has done. In the third edition of this book, the origins of auriculotherapy are traced to historical sources in the West as well as China. The use of acupuncture points on the external ear has had a long tradition in Oriental medicine, which expanded in a different direction with the introduction of the somatotopic ear charts developed by Paul Nogier. At the same time, interest in auricular medicine brought greater attention to the practice of classical acupuncture in Europe.

This book explores a broad range of theoretical perspectives that have been developed to understand the underlying bases of auriculotherapy. The somatotopic features of multiple micro-acupuncture systems, the relationship of ear acupuncture to other concepts in Oriental medicine, and holographic models are all described in a comprehensive manner. Neurophysiological investigations of auricular acupuncture, and the role of hormonal substances such as endorphins, are substantiated with numerous scientific studies. Artistic illustrations revealing the anatomical regions of the external ear facilitate greater comprehension of the correspondences between the ear and the body. The auricular zone system developed by Dr Oleson provides clinically useful reference guidelines for conducting auricular diagnosis and auriculotherapy treatments. The predominant portion of this book presents several hundred ear acupuncture points organized by major anatomical systems. Auricular representation of the musculoskeletal system, visceral organs, endocrine glands, and the nervous system are differentiated by their anatomical location and clinical function.

The treatment plans presented at the end of this book integrate ear acupuncture points discovered in the West as well as in China. In European applications of auricular medicine, greater emphasis is placed upon palpation of the vascular autonomic signal to determine the reactivity of an ear point and its appropriateness for treatment. This book is a very important contribution to the field of health care in the West and the East. Dr Oleson's work is significant. Even if I ardently defend the Western conceptualizations of auricular acupuncture based upon the ear's unique physiology, I wish that his book meets the success which it well deserves.

Lyon, July 2003

Raphael Nogier MD

# Preface

When one has been on a journey for almost three decades, it is not uncommon to wonder how the journey first began. For me, the exploration of the fascinating field of auriculotherapy started with an afternoon lecture I heard while completing my graduate studies at the University of California at Irvine (UCI). The presentation itself had nothing to do either with acupuncture or the external ear, but it stimulated my mind to be drawn to a path that continues to excite me still. The UCI Department of Psychobiology sponsored a weekly guest lecturer series that brought in visiting faculty from all over the United States, but that day's presenter was from our neighboring California campus at UCLA. Dr John Liebeskind mesmerized me with his pioneering research on a concept that, in 1972, was completely new to the field of neuroscience. His laboratory had demonstrated that electrical stimulation of the periaqueductal gray of the brainstem could inhibit behavioral reflexes to painful stimuli. While the sensory pathways that carry pain messages to the brain had been thoroughly investigated, the laboratory of Dr Liebeskind provided the first scientific indication that the brain has the capability to turn off pain as well as respond to pain. It was several years later that subsequent studies would discover endorphins, the morphine-like substances that serve as the body's naturally occurring analgesic. What had made the Liebeskind research so impressive was that the analgesia produced by electrical stimulation could be blocked by the chemical antagonist to morphine known as naloxone. I wrote to Dr Liebeskind after the lecture, met with him at UCLA, and soon submitted an application for a federally funded postdoctoral scholarship working in his laboratory. As my doctoral dissertation examined the firing patterns of neurons in the somatosensory and auditory pathways during Pavlovian conditioning, my postdoctoral grant sought to examine neural firing patterns in the brain pathways related to the inhibition of pain sensations.

In Jungian psychology there is the concept of synchronicity, a meaningful coincidence of separate events that do not seem causally connected (Jung 1964). Jung himself noted that the classical Chinese texts did not ask, What causes an event?, but instead, What likes to occur with what? Too often, individuals fail to notice such synchronistic events, dismissing them as random coincidences. I can often observe such events only in retrospect. I began my work in Dr Liebeskind's lab after receiving my PhD in Psychobiology in 1973. It so happened that the neuroscience laboratories at the UCLA Department of Psychology were in the basement of an 11-story building. After a walk down a long underground hallway one arrived at the UCLA Acupuncture Research Clinic. What first drew me to that end of the building was a strange smell which seemed like marijuana, but in fact was the Chinese herb moxa. While I conducted animal research experiments during the day, I began spending more of my free time hours interacting with the doctors investigating the effects of acupuncture. In 1974, UCLA was one of only a few, major US universities to explore the multiple dimensions of alternative medicine. The UCLA pain clinic successfully treated hundreds of chronic pain patients with acupuncture, biofeedback, hypnosis, guided imagery and nutritional counseling. The directors of the clinic, Dr David Bresler and Dr Richard Kroening, invited me to their offices one afternoon and asked me to be their research director. It was like an invisible force pushed me from behind as I leaped at the opportunity. I did not have any acupuncture skills, but as a psychologist I had extensive training in conducting research. And thus began the amazing journey.

The first research project that we undertook was to examine auricular diagnosis, rather than conduct a clinical outcome study. At that time, the medical profession devalued acupuncture as simply a placebo, but a diagnostic study could not be contaminated by a patient's desire to please their practitioner. It took several years to design the research and collect the data, but there was an energizing atmosphere affecting everyone participating in the clinic that made it a great pleasure to work there. I was surprised myself when the results were finally analyzed and there was such a strong statistical finding. By just examining the external ear, and blind to a patient's diagnosis, a physician could identify the parts of the body where a patient had reported musculoskeletal pain. While I was initially only a scientific observer of such

phenomena, I subsequently took numerous classes and seminars in auriculotherapy and body acupuncture. There were not many US acupuncture schools at that time, but there were plenty of teachers. While mostly unknown in the white, black and Hispanic parts of Los Angeles, there were a large number of practitioners of Oriental medicine in the Asian districts. They were very willing to share their knowledge of their ancient and almost mystical arts. It was only after I presented the results of the auricular diagnosis research to the International Society for the Study of Pain that I learned of the whole field of auricular medicine that is practiced in Europe. American doctors prefer the electrical detection and treatment of acupuncture points more than Asian doctors, and several electronic equipment manufacturers sponsored seminars that incorporated the work of European as well as Chinese acupuncturists. I had read about the pioneering auriculotherapy work of Dr Paul Nogier, but I began studying with physicians who had actually studied with him in France. Dr Tsun-Nin Lee sponsored a presentation by Nogier in San Francisco, and it was then that I first had the opportunity to meet this great man. Dr Nogier only spoke in French, so Dr Joseph Helms had to translate the material into English. It is not always easy to listen to lectures as they are translated, but Dr Nogier held the audience enthralled. He had read of my research on auricular diagnosis and made a special invitation to meet with me, which I was very glad to accept. I had three more opportunities to meet with him personally at international congresses in Europe, and it always seemed like an honor. I always wished that I had more time to upgrade my high school French so that I could converse with him more fluently, but it is very intriguing that a meeting of minds can occur beyond one's linguistic abilities. I feel very fortunate to have received individual guidance on understanding the underlying mechanisms that can account for the impressive benefits of auriculotherapy.

Dr Richard Kroening had once told me that in medical school, when learning a new medical procedure, the motto is see one, do one, teach one. While not progressing quite that fast, I have now had the occasion to teach courses in auriculotherapy at colleges and universities across the United States. The adage that one learns from one's students continues to apply even after 20 years of teaching. Students come to me and inform me of patients they have treated with auriculotherapy for unusual conditions that I have only studied in books. While they tell me that they learned how to do such treatments from earlier editions of my *Auriculotherapy Manual*, the clinical contents of this manual did not begin with me. The works of many acupuncture masters in Asia, Europe, and America inspired me to compile their teachings in a meaningful way. I also had the good fortune to connect with Dr Jim Shores who co-sponsored the International Consensus Conference on Acupuncture, Auriculotherapy, and Auricular Medicine in 1999. It was my continued efforts to understand this unusual clinical procedure that has led to this most recent edition. That stimulation of the external ear can affect conditions in other parts of the body does not seem intuitively obvious. Even after treating hundreds of patients with this approach, it continues to amaze me that it can work. The purpose of this book is to explain both the theoretical basis and the clinical practice of auriculotherapy so that others may know of its value.

I would like to acknowledge Tim McCracken, Jan James, and Sinuhe Alberto Avalos for their invaluable assistance in producing this book. I want to also thank Danny Watts for his willingness to serve as the model for the human figures used in this book.

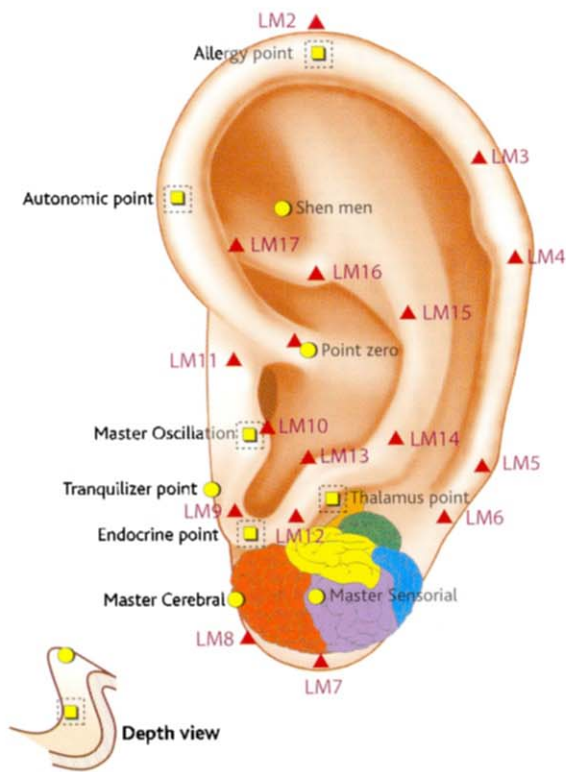
Los Angeles 2003

Terry Oleson

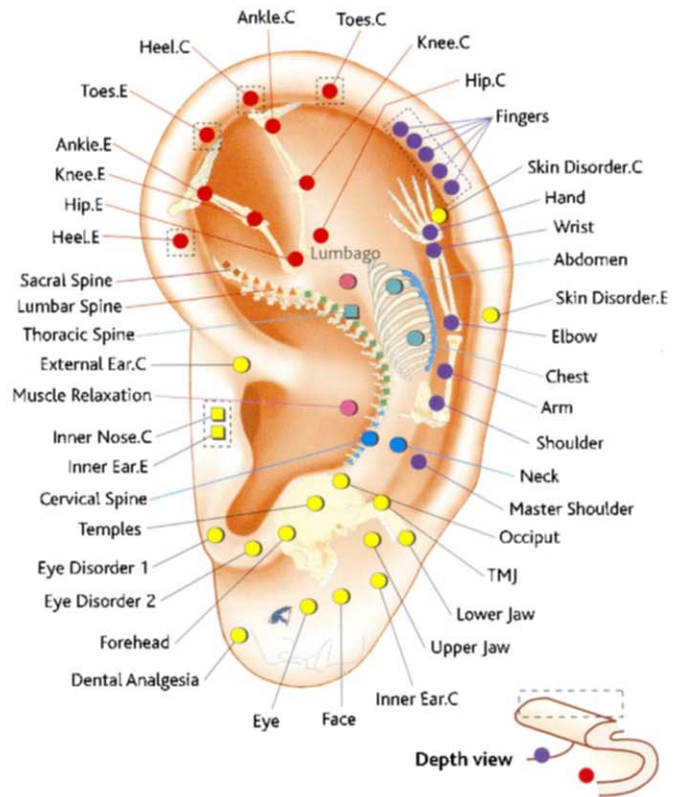


# Auricular microsystem points

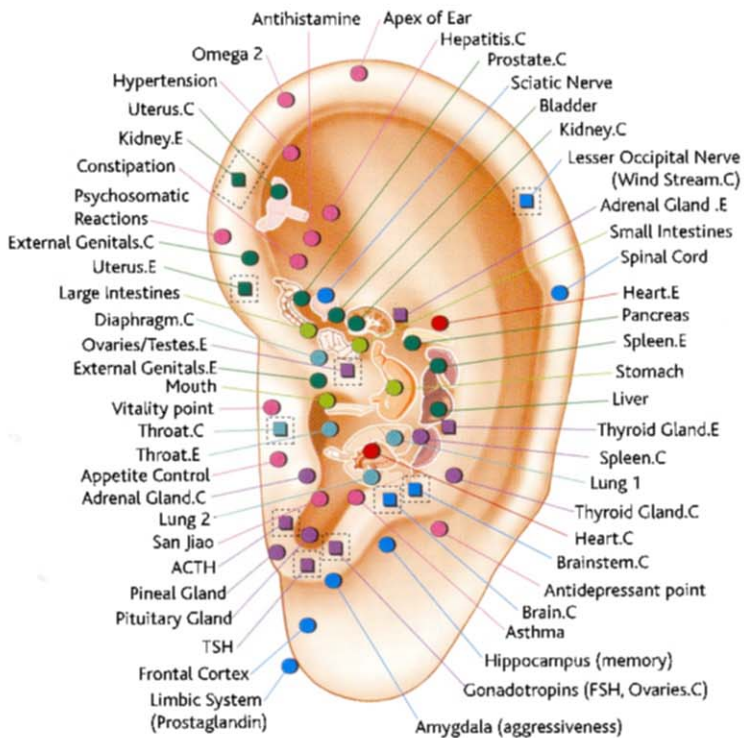
## Master points and landmarks



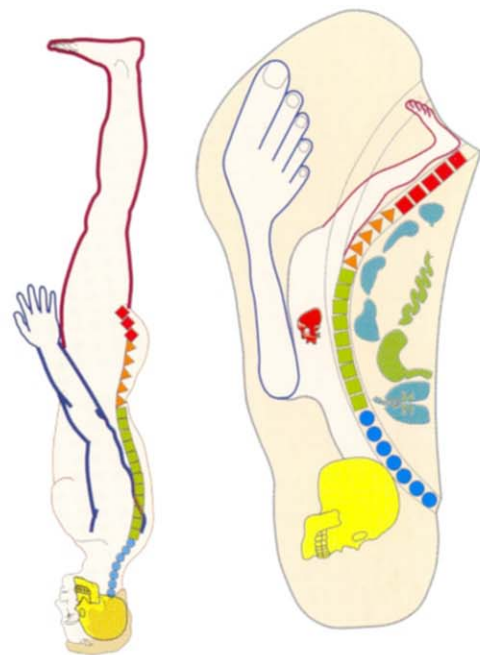
## Musculoskeletal points



## Internal organ and neuroendocrine points



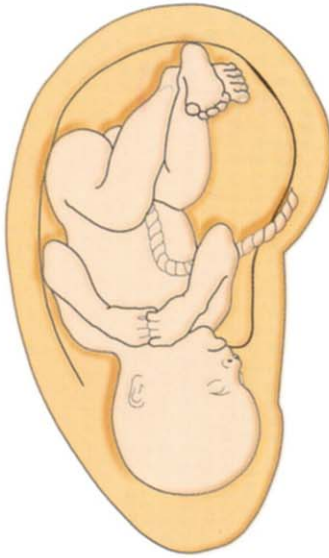
## Auricular somatotopic map on posterior of ear



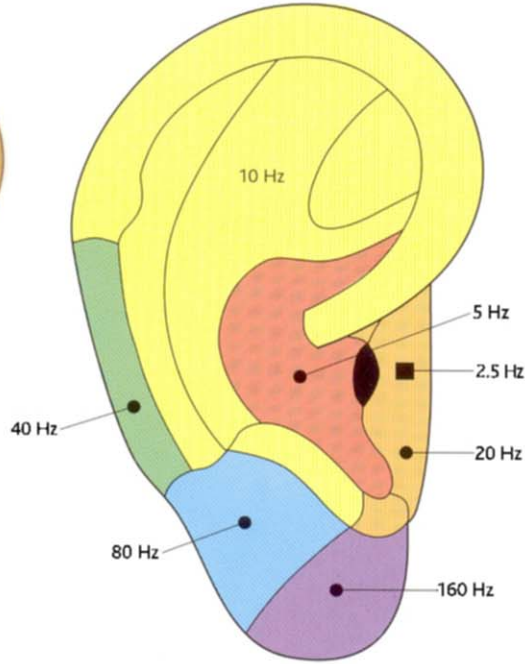
.C – Chinese ear reflex point  
.E – European ear reflex point

# Anatomical zones of the ear

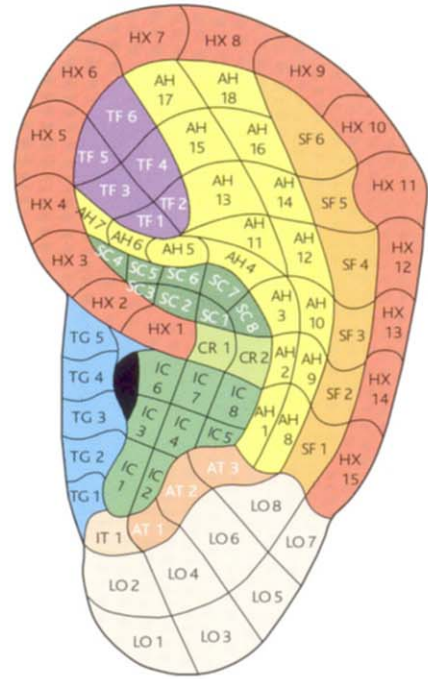
Inverted fetus map



Frequency zones



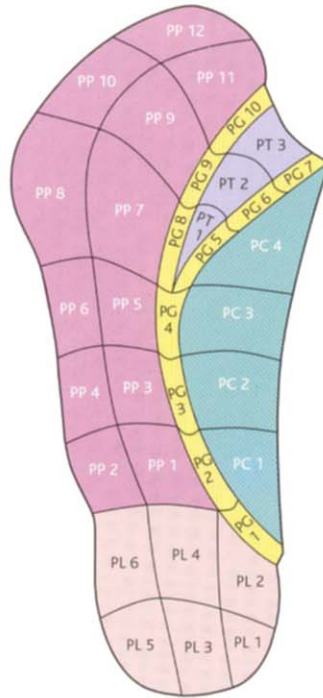
Surface view of auricular zones



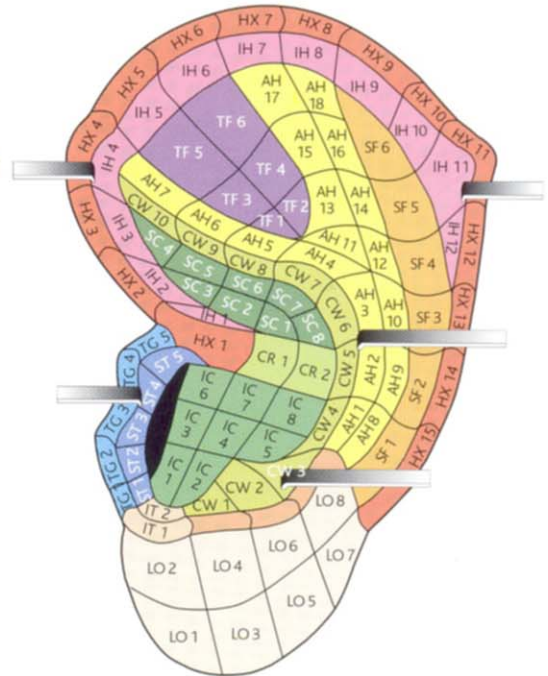
**AZ Auricular anatomy**

- HX Helix
- AH Antihelix
- LO Lobe
- TG Tragus
- AT Antitragus
- IT Intertragic Notch
- SF Scaphoid Fossa
- TF Triangular Fossa
- SC Superior Concha
- IC Inferior Concha
- CR Concha Ridge
- CW Concha Wall
- ST Subtragus
- IH Internal Helix
- PL Posterior Lobe
- PG Posterior Groove
- PT Posterior Triangle
- PC Posterior Concha
- PP Posterior Periphery

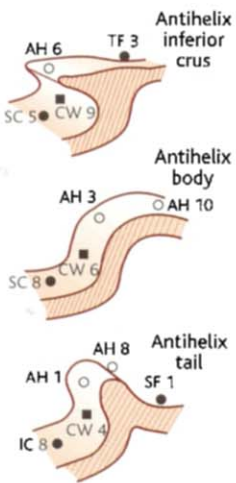
Posterior view of auricular zones



Hidden view of auricular zones



**Depth view**





# Overview and history of auriculotherapy

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- 1.1 Introduction to auriculotherapy
- 1.2 Health care practitioners using auriculotherapy
- 1.3 Historical overview of auriculotherapy
- 1.4 Ear acupuncture developments in China
- 1.5 Auriculotherapy and auricular medicine in the West
- 1.6 Comparison of ear acupuncture to body acupuncture

## 1.1 Introduction to auriculotherapy

Auriculotherapy is a healthcare modality in which the external surface of the ear, or auricle, is stimulated to alleviate pathological conditions in other parts of the body. While originally based upon the ancient Chinese practice of acupuncture, the somatotopic correspondence of specific parts of the body to specific parts of the ear was first developed in modern France. It is this integrated system of Chinese and Western practices of auriculotherapy that is described in this text.

## 1.2 Healthcare practitioners using auriculotherapy

**Acupuncturists:** The practice of classical acupuncture and Traditional Chinese Medicine (TCM) includes the insertion of needles into ear acupoints as well as body acupuncture points. These two approaches of stimulating acupuncture points on the body or the ear can be used in the same treatment session or in different sessions. Some acupuncturists stimulate ear reflex points as the sole method of their acupuncture practice, often finding that it is more rapid in relieving pain and more effective in treating substance abuse than body acupuncture.

**Biofeedback therapists:** Whereas biofeedback is very useful in teaching patients self-control techniques to achieve general relaxation and stress management, auriculotherapy augments biofeedback procedures by producing more direct and immediate relief of myofascial pain and visceral discomfort.

**Chiropractic doctors:** Auriculotherapy has been used to facilitate spinal manipulations, deep tissue work, and motor point massage. Stimulation of auricular points reduces resistance to the release of muscle spasms and the correction of postural positions by chiropractic adjustments. When auriculotherapy is applied after a manipulative treatment, it tends to stabilize postural realignments achieved by a chiropractic procedure.

**Dentists:** Auriculotherapy has been used to achieve dental analgesia for the relief of acute pain from either dental drilling or teeth cleaning procedures. For chronic problems, such as headaches and temporomandibular joint (TMJ) dysfunction, auriculotherapy can be combined with trigger point injections, dental splints, and occlusal work, thus facilitating more successful alleviation of chronic head and neck pain.

**Medical doctors:** Physicians specializing in anesthesiology, surgery, internal medicine, and family practice have employed auriculotherapy for the management of chronic pain, the treatment of acute muscle sprains, and the reduction of unwanted side effects from narcotic medications. Whether practiced by themselves, or by medical assistants working under them, auriculotherapy has been used to alleviate a variety of somatic complaints seen in standard medical practice.

**Naturopathic doctors:** Naturopathic practitioners often include auriculotherapy along with homeopathic, nutritional and preventive modalities. Auricular diagnosis has been used to

determine specific allergies and appropriate herbal recommendations. Auricular stimulation can relieve distress originating from dysfunctional internal organs.

**Nurses:** The standard medical care provided by nurses can be greatly assisted by the application of auriculotherapy for the systematic relief of pain and pathology that is not adequately alleviated by conventional medications or procedures.

**Osteopathic doctors:** Auriculotherapy has been used to facilitate the correction of misaligned vertebrae, to reduce severe muscle spasms, and to augment pain management procedures.

**Physical therapists:** Auriculotherapy is a powerful adjunct to transcutaneous electrical nerve stimulation (TENS), traction, ultrasound, and therapeutic exercises for the treatment of acute whiplash injuries, severe muscle spasms, or chronic back pain.

**Psychotherapists:** Psychiatrists and psychologists have employed auriculotherapy for the reduction of anxiety, depression, insomnia, alcoholism, and substance abuse.

**Reflexologists:** Tactile manipulation of reflex points on the ear can be combined with pressure applied to tender regions of the feet and hands in order to relieve specific body aches and internal organ disorders.

### 1.3 Historical overview of auriculotherapy

**Ancient China:** All recorded systems of classical acupuncture are attributed to the Chinese medical text, the *Yellow Emperor's classic of internal medicine* (Veith 1972), compiled between 206 BCE and 220 CE. In this text, all six yang meridians were said to be directly connected to the auricle. Only the yang meridian channels travel to or from the head, whereas the six yin meridians were said to connect to the ear indirectly through their corresponding yang meridians. These ancient Chinese ear acupuncture points, however, were not arranged in an anatomically organized pattern. They were depicted on the ear as a scattered array of non-meridian points, with no apparent logical order. Reactive ear acupoints that were tender to palpation were referred to as yang alarm points.

**Ancient Egypt, Greece and Rome:** The Egyptologist Alexandre Varille has documented that women in ancient Egypt who did not want any more children sometimes had their external ear pricked with a needle or cauterized with heat. Gold earrings worn by Mediterranean sailors were not just used as decorations, but were said to improve vision. Hippocrates, the 'father' of Greek medicine, reported that doctors made small openings in the veins behind the ear to facilitate ejaculation and reduce impotency problems. Cutting of the veins situated behind the ear was also used to treat sciatic pains. The Greek physician Galen introduced Hippocratic medicine to the Roman empire in the second century CE, and commented on the healing value of blood letting at the outer ear.

**Ancient Persia:** After the fall of Rome, the medical records of Egyptian, Greek, and Roman medicine were best preserved in ancient Persia. Included in these Persian records were specific references to medical treatments for sciatic pain produced by cauterization of the external ear.

**European Middle Ages:** The Dutch East India Company actively engaged in trade with China from the 1600s to 1800s. As well as silk, porcelain, tea, and spices, Dutch merchants brought Chinese acupuncture practices back to Europe. Doctors working with the company had become impressed by the effectiveness of needles and moxa for relieving conditions such as sciatic pain and arthritis of the hip. This pain relief could be obtained by needles inserted into body acupoints, by the cauterization of the external ear, or by cutting the veins behind the ears.

**Modern Europe:** In 1957, Dr Paul Nogier, a physician residing in Lyons, France, first presented his observations of the somatotopic correspondences of the auricle. Considered the 'Father of Auriculotherapy', Dr Nogier originated the concept of an inverted fetus map on the external ear. He developed the proposition after noticing scars on the ears of patients who had been successfully treated for sciatic pain by a lay healer. Nogier's research was first published by a German acupuncture society, was then circulated to acupuncturists in Japan, and was ultimately translated into Chinese, for distribution to acupuncturists throughout China. The Medical Studies Group of Lyons (GLEM) was created to further explore the clinical benefits of auricular medicine.