

AURICULOTHERAPY

The Atlas Based on the Originals by P. Nogier

Newly compiled and edited by
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Short biographies of the Discoverers and researchers of auriculotherapy

Paul Nogier (1908–1996), the father of auriculotherapy

Paul Nogier was a french physician trained at the Lyon Medical School. Before studying medicine, he studied engineering. Thus, he had perfect knowledge of physics and his understanding of medicine was not the same as that of his colleagues, who at that time were exclusively oriented towards chemistry. Moreover, he was one of the first acupuncturists in France.

In 1951, he turned his interest to the properties of the auricle. He published the first article on what would later become known as auriculotherapy in 1956, already describing an auricular somatotopy on which an upside-down fetus could be seen.

He devoted the rest of his life to the auricle. In 1968, he described a newly discovered phenomenon called the „auriculo-cardiac reflex“ (RAC), which allowed him to further study the properties of the auricle. In 1969, he published the first book on the form of therapy he discovered, to which he gave the name „auriculotherapy.“ In the 1970s, he discovered the famous frequencies that are now known as Nogier frequencies.

Paul Nogier is the founder of the GLEM - the Groupe Lyonnais d'Etudes Médicales or Lyon Group for Medical Studies -, in Lyon, where he taught for many years and where an ever-growing group of medical practitioners and therapists gathered. Paul Nogier gave courses in Belgium, Holland, Switzerland, Germany, Italy, Spain, Canada and the USA.

In 1990, during his official visit to Lyon, the Director General of the World Health Organization paid tribute to Paul Nogier and honored the legacy that modern medicine owes to this extraordinary descendant of the city of Lyon.

René Bourdiol (1928–2003), colleague and friend of Paul Nogier

René Bourdiol was a neurologist trained at the Paris Medical School. In his younger years, he was an assistant to Professor Delmas, a neuroanatomist from Paris. He was a gifted draftsman and an exceptional lecturer who devoted his life to medicine. In 1966, he met Paul Nogier and accepted him as his teacher. Until 1981, he helped him to continue the work dedicated to auriculotherapy. René Bourdiol, through his knowledge in the field of neuroanatomy, promoted Paul Nogier's researches and thus the scientific understanding of auriculotherapy.

In 1969, René Bourdiol is the author of the drawings in Paul Nogier's book „Traité d'auriculothérapie“. It is also René Bourdiol who drew the wall map „loci auriculo-medicinae“ published by Paul Nogier in 1975. This map later served as the basis for his book „Éléments d'auriculothérapie“.



1. What Is Auriculotherapy?

The ear somatope reflects the human body as a fractal with unequalled precision. The research of somatic and functional correspondences was not based on deductive conclusions or the logic of a specific pattern, such as the inverse position of the “embryo in the ear” from which the different patterns had to be derived. This would have been a relatively “simple” method. Yet P. Nogier took nearly 30 years to publish his first complete chart!

Auriculotherapy versus ear acupuncture

At their International Symposium in Singapore in 2017 the global research community decided against the term “ear acupuncture” for this method and in favour of using the term “auriculotherapy” instead. One reason for this decision was the aim to prevent further watering down and fragmentation of the concept by using this unequivocal term and to facilitate orientation for future students. The topic of the international conference on auriculotherapy in Lyon in 2020 also focused on point localization / mapping.

2. How Were the Ear Points Detected?

In view of the great precision of P. Nogier’s somatotopes one wonders how he was able to arrive at his findings. We know that in the early 1950s the founder of auriculotherapy came across the famous cauterization area in the lumbar region on the inferior antihelical crus, which he noticed in several patients who had been treated by a naturopath and who stated that this had rid them of their sciatic pain. This famous anecdote is usually all that is mentioned when the debate approaches this crucial question that is so important for an understanding of auriculotherapy. However, what did P. Nogier do during the next 25 years after discovering this correspondence and before publishing the first synoptic somatotopes? After all, the assumption that the sciatic area is the upper part of the spinal column and is seated on the helix, and that this might point to the body that is lying upside down in the ear, was made relatively quickly. In the 1950s, the concept of the reflex somatotopes was not only known to researchers in complementary medicine, it was even in vogue. Therefore we may assume that it was not far-fetched for P. Nogier to classify the sciatic phenomenon accordingly, thus venturing a great hypothesis. Since this hypothesis was developed by a scientific and conscientious mind, it was not followed by a quick deduction but was the beginning of a decades-long odyssey.

As a first step, it made sense to find the reflex zones for anatomically accessible areas of the body. Since the ear point is only active (i.e., can be found by way of a pressure stimulus, for instance) when a disorder is present, the correspondent location can be tested – e.g. via stimulation of specific spots on the body or the patients’ respective pathological situation (R. Bourdiol referred to this as “data”) and their “echo” – their resonance – on the ear. Stimulus tests and years of success monitoring – examining the effectiveness of the treatment of specific areas – were the techniques during the first decade. They are still the primary methods of point detection today.

In this manner maps of the musculoskeletal system and various other areas as well as functional points were generated that were still rudimentary compared to the last ear somatotopes from the early 1970s. They never served as a model for a “logical” deduction of structures that were still “missing” and that could not be verified via this method. Instead, P. Nogier discovered and developed additional crucial techniques of point detection and their physiological-histological verification.

Two of them were pivotal: On the one hand he was able to show that a so-called RAC/VAS (an auriculo-cardial reflex or a vascular autonomic signal), i.e., an autonomic reaction by the vascular system, exists which can also point to correspondences that are far below the conscious perception threshold (such as palpable pain). This technique offered him a much more subtle way to test and verify the reflex zones. On the other hand he discovered that the ear has clearly defined areas that oscillate in different ways, which is expressed in seven different frequency signatures (in the 1960s there were precursors of today’s low-energy lasers, with which P. Nogier only began to work toward the end of that decade).

When he met R. Bourdiol, a professor of neurology, psychiatry, and embryology, both discoveries were steered in a direction which gave the research of the ear somatotope the key that allowed it to conclusively explain the different, seemingly disparate approaches – a field equation for the fractal ear of sorts. In the 1960s P. Nogier and R. Bourdiol collaborated, sometimes on a daily basis, conducting research on:

- the ontogenesis of the nervous supply of the fractal ear as a vector of the development of the reflections of the different body tissues and their hierarchy, analogous to macroanatomy,
- the correspondences between the derivatives of the different blastodermic layers and the neuro-physiological areas,
- the correspondences between the original embryological structures and their derivatives on the one hand and the oscillation patterns of the ear on the other.

Thus the “foetus in the ear” was recognized as more than just a graphic, two-dimensional picture – an interactive, reflective “display”, as it were – and as a veritable holographic fractal. P. Nogier and R. Bourdiol again and again stressed the importance of grasping this background information. They said that along with simple methods of point detection and even entirely without the RAC this grasp sufficed to enable practitioners to correctly delineate active areas and find the important points.

After the neuro-embryological, and hence histological, reflex structure of the ear fractal had been recognized and researched in ever greater depth, it was possible to narrow down the areas – especially those of the complex nervous system – in which its different structures are represented. To achieve the high resolution of the correspondences that was relevant for the practical application of their findings, the researchers now required yet another approach: even though they now knew where the areas had to be located and where they could not be located embryologically and anatomologically, they still did not know how derivatives of the same embryological differentiation phases could be distinguished from one another in the small areas on the ear. In the 1960s P. Nogier found a detection technique for this final step as well: testing with the aid of histological preparations, cell cultures, and individual active substances in test ampules. The test person held the ampule between thumb and index finger while a microcurrent was sent through the system and the resonance point on the ear was found with the aid of the RAC/VAS. As a brain researcher, R. Bourdiol not only was enormously knowledgeable about the structure of the brain and the way it functions (even though some of the terminology has changed in the meantime, the brain areas and their functions were already known in the 1960s and 1970s), he also had access to the tissue and cell samples he was looking for. Organizing and testing hundreds of different preparations and examining the resonance correspondences found on the ear of patients with disorders of the respective structures (in vivo verification) was an arduous enterprise that took many years. With the aid of this method, the great “view” was systematically and painstakingly explored and had to be verified for every square millimetre of the ear relief.

P. Nogier’s extraordinary spirit of research and discovery, R. Bourdiol’s unique qualifications as a neurologist, brain researcher and embryologist with an excellent three-dimensional imagination, and the two researchers’ high standard of scientific research and precision constitute one of those rare coincidences which allow for great things to happen. They led to the publication of the somatotopes of auriculotherapy in the late 1960s and early 1970s.

3. Why Do All Ear Charts Differ from One Another?

In the last 60 years, countless “charts of auriculotherapy / ear acupuncture” have appeared on the market. We can sum things up quickly by saying: each one is different. Not only do many names not match, neither do localizations themselves. Points are shown on one chart but are missing from another one, and vice versa. At the same time, as in any good training and by the authors of this book, too, great emphasis is placed on the importance of the precision of the localizations. How do these two facts go together?

Plate 1 – Embryo



Plate 2 – Embryonic nerves

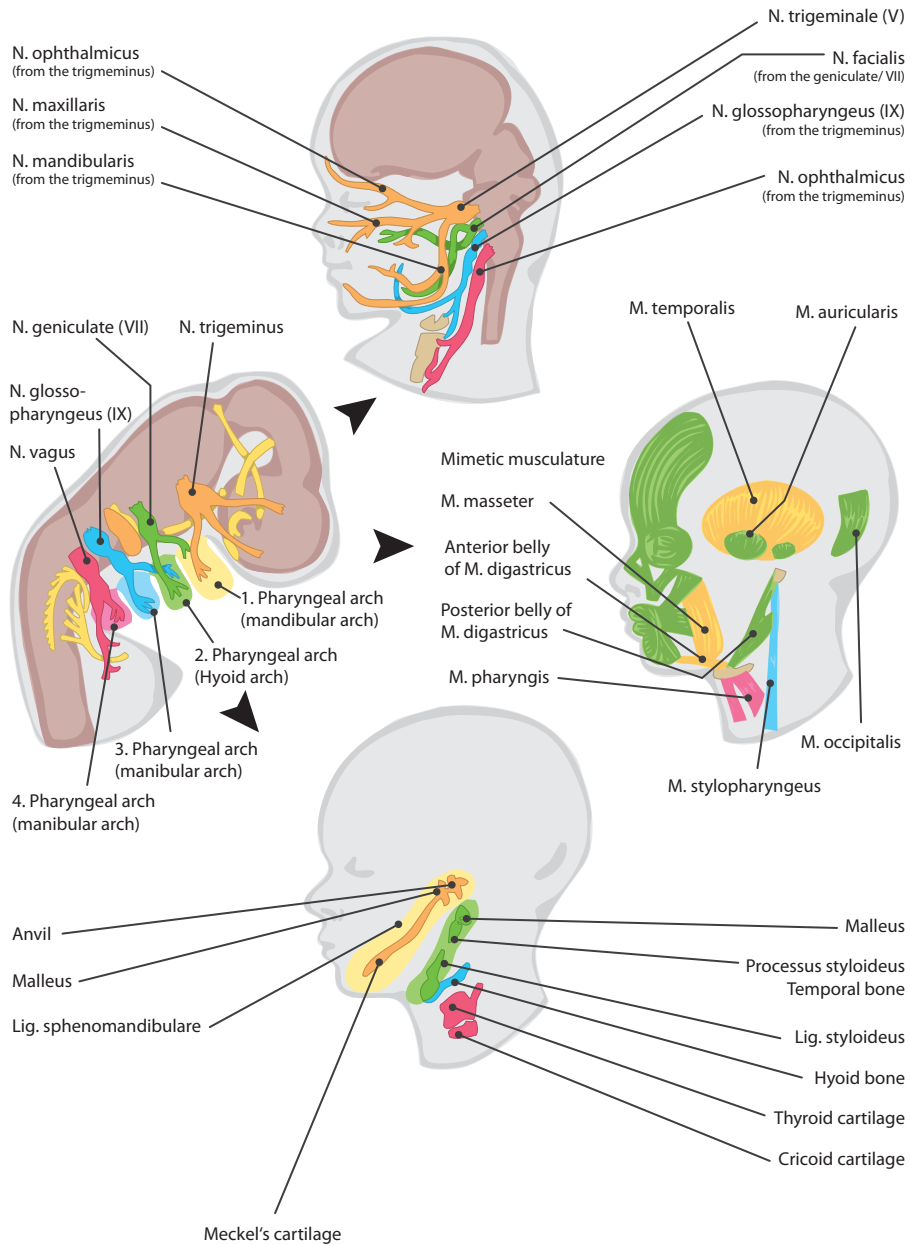


Plate 8 – Musculoskeletal system from the front

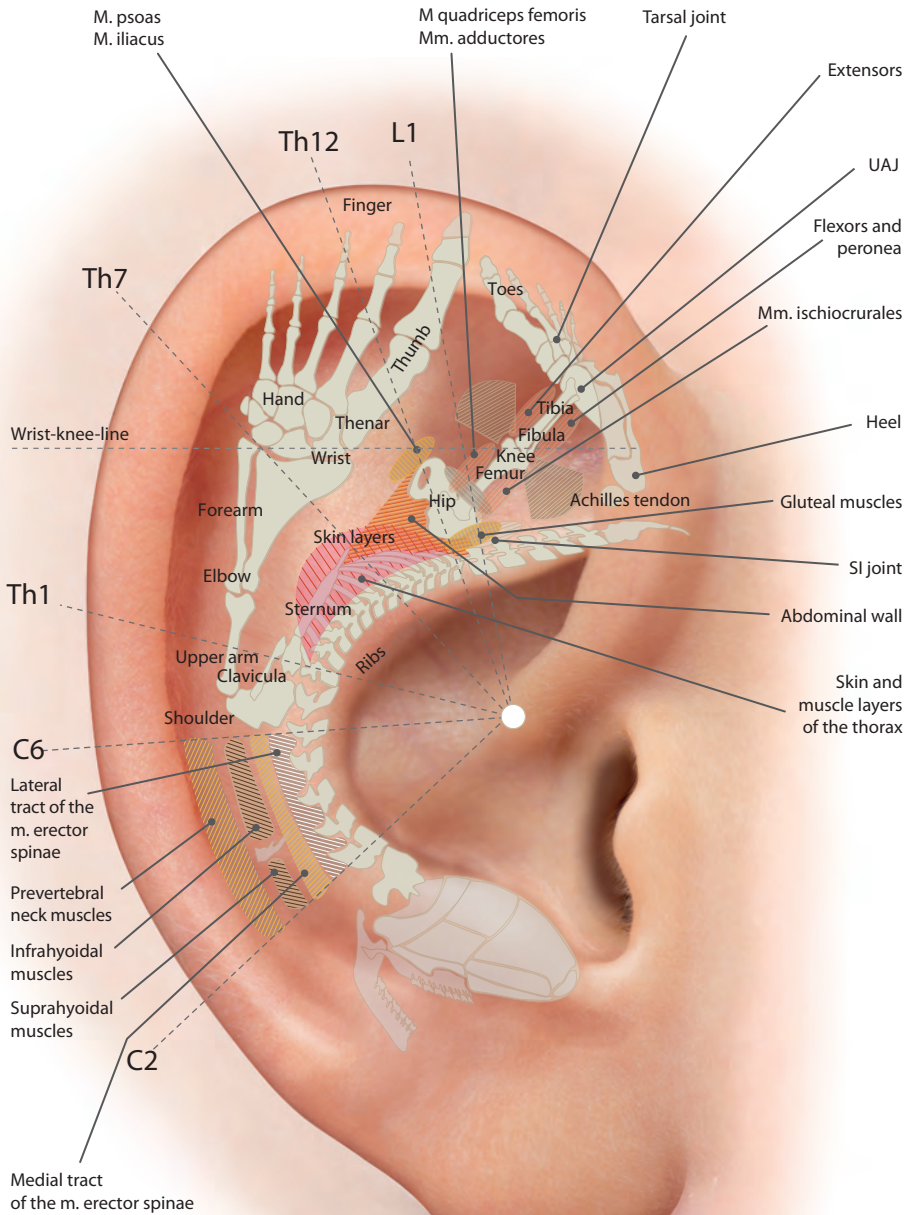
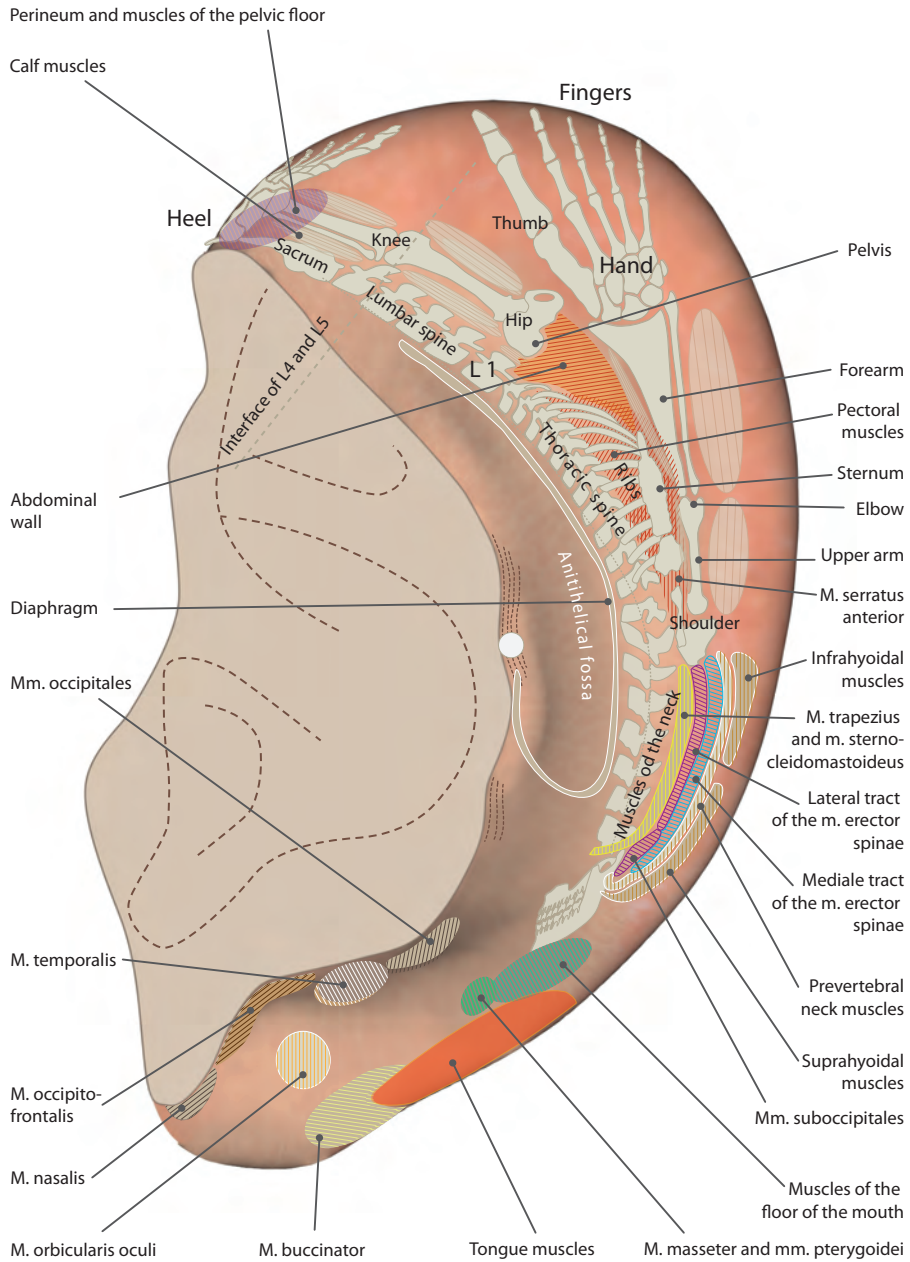


Plate 9 – Musculoskeletal system from the back



palpitations, dyspnoea, anxiety, local and generalized vasomotor disorders, etc. can be treated here.

Location: across the entire superior part of the hemiconcha inferior (vagal area)

Auditory canal, external area

Significance: The external area is entirely innervated by the intermediate nerve / Wrisberg's nerve and comprises physiologically different areas with parasympathetic tonality. Establishing an organized system here is as complex as it is for the external face of the tragus. The deep pole area has a generally energetic quality, and the peripheral, posterior and external area is of a local, autonomous nature and clearly concerns the cranium.

Local disorders can be treated behind the tragus:

- in the superior area: pharyngitis
- in the middle: otitis
- in the inferior area: sinusitis

Location: above the external area of the funnel of the auditory canal

Auditory canal, superior pole

Significance: This area corresponds to the parasympathetic system of the pelvis. Its effect reaches the level of the ovaries, the uterus, the testicles, the bladder, and the rectum. Here urinary disorders, erectile and ejaculatory dysfunctions, impotence, and frigidity can be treated. There is also a clear correspondence between this area of the parasympathetic nervous system of the pelvis at the superior pole and the superior part of the tragal crest.

Location: above the pole of the funnel of the auditory canal

Auditory canal, inferior pole

Significance: This area is the site of the cranial parasympathetic system, which corresponds precisely with the inferior part of the autonomic, contralateral crest (typical somatic inversion!).

Location: The area is above the inferior pole of the funnel of the auditory canal.

Auditory canal, head area

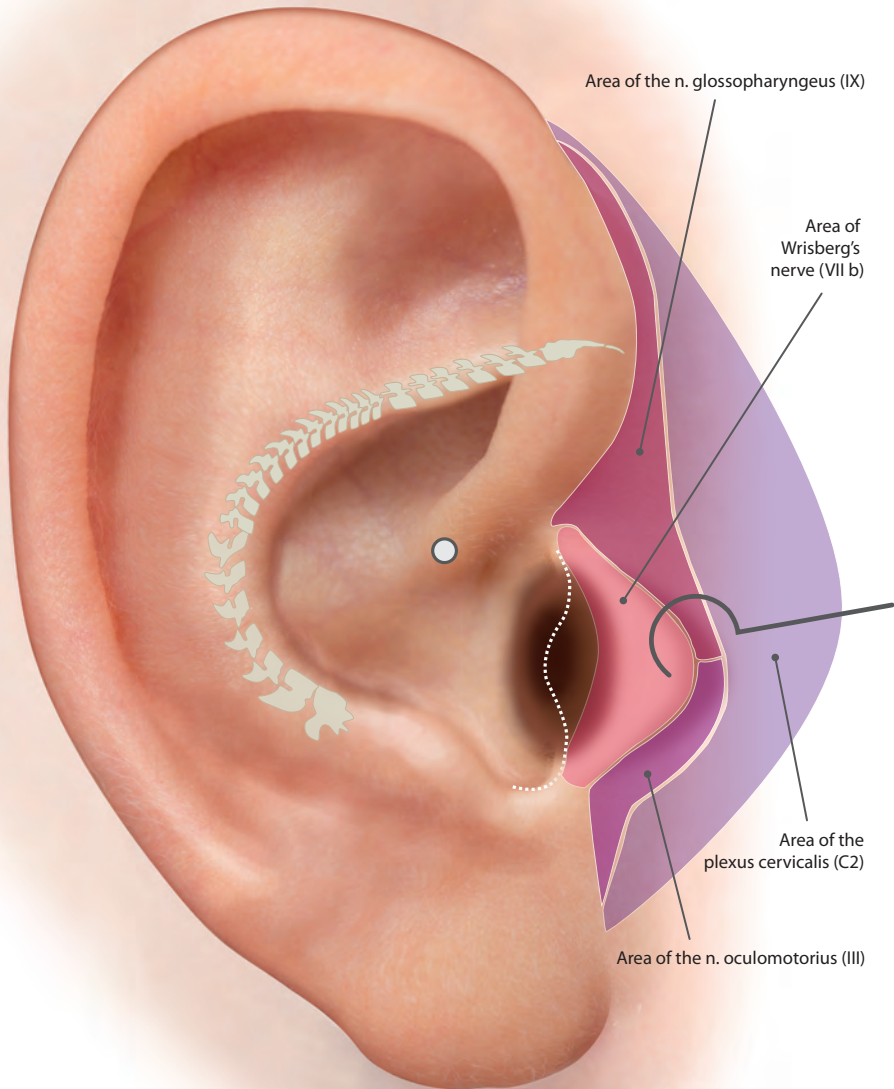
Significance: The posterior and external zone of the external area of the auditory canal resonates with the cranium (cephalic area). We can distinguish three areas here:

- a superior area, which concerns the pharynx and corresponds with the inferior ganglion,
- a central area, which has a local effect on the skin,
- an inferior area, which has an effect on the sinuses and corresponds with the parasympathetic sphenopalatine ganglion (ganglion pterygopalatinum) at the palate bone.

Fainting, vertigo, sweating, diverse headaches, migraines, etc. can be treated in this area.

Location: above the posterior and external area of the area of the external auditory canal

Plate 46 – Tragus area 1 = innervation of the tragus



1. Ten Important Orientation Rules

The following ten orientation guidelines are useful for obtaining a quick overview of the criteria that are important when selecting the points for effective auriculotherapy. Once you know these aspects, finding the important points will be easy.

Rule 1 – Laterality: right or left ear?

Basic orientation

- Unpaired organs are situated on the homologous ear (e.g. liver > right, spleen > left).
- Paired organs are situated on both ears, with the diseased part being on the homologous ear.
- Functional points (without anatomic correspondence to an organ) that are to be toned are situated on the side of the individual's laterality. Functional points that are to be sedated are situated on the opposite side of the individual's laterality.
- Some points do not follow these rules. The exceptions are stated in the descriptions of the points.
- As a general rule, some corresponding areas on both ears have a different, complementary charge (e.g., the different sections of the duodenum alternate from right to left) or a different emphasis (e.g., the localization "anxiety" on the dominant site corresponds to "worry" on the non-dominant side).

How do you define laterality?

All test methods are simple. The most reliable results are provided by the three methods mentioned last.

• Applauding

This preferred test is used to determine the "dynamic" hand, which is on top when a person claps his or her hands, while the "receptive" hand is at the bottom and open. In a right-handed person the right hand is the dynamic one.

• Sighting

In the absence of visual disorders, this is an excellent test. The test person is given a sheet of paper with a hole through which he or she should immediately look with one eye. If the person uses the right eye, he or she is right-handed and vice versa.

• Dynamometric measurement

The side of laterality is the stronger one.

• Using a nail file

A right-handed individual uses a nail file in the right hand actively and still actively uses his or her fingers when the nail file is held by the left hand. The reverse is true for left-handed persons.

• Ear test

One of the most reliable tests was employed as early as 1965: a copper wire of sufficient diameter whose strands have been slightly separated is used to tap the tragus and earlobe of both ears. The side on which this stimulation is felt most clearly indicates the person's laterality.

• Drawing test

P. Nogier remarked that the notion of perspective is a sure indication of laterality. Here the subject is asked to use his or her right hand to draw on a sheet of paper a road flanked by trees and houses and ascending toward the horizon, and then draw with the other hand on another sheet of paper. When comparing the two drawings, we often notice the following phenomenon: while one drawing may look less assured and not very artistic, it may demonstrate a better sense of perspective. This sense indicates the person's laterality and in this case does not correspond with the seeming and supposed laterality.

• Result of a massage

Asymmetrical ear massages are used most frequently, since pathological states always reflect an imbalance. When the massages are performed in the correct direction and tonality, no problems

will occur and the patient can better express his or her uniqueness. If mistakes are made, however, this inevitably causes disorders, such as a sense of inner discomfort, difficulty finding ideas, or even dissociative personality disorders which may last several days or even weeks. This most difficult method supplies the most reliable results in determining a person's true laterality.

Rule 2 – Energy: active and mute points

An auricular point can only be detected if there is a corresponding disorder in the body system, otherwise it is mute. Auriculotherapy does not use the same paths as acupuncture and is not subject to the traditional laws of yin and yang. The following table shows the energetic differences between a classic acupuncture point and an ear reflex point.

Rule 3 – Side of the ear: external or internal?

On the external side of the ear are the sensory parts of the organs and body structures, and the internal side mostly reflects the muscular parts.

Thus both the external and the internal side of the ear contain points and areas for the same organ or structure.

Rule 4 – Energy: somatic or functional point?

- **Body points**

The classic somatotopes reflect the physiological metabolic level where the foetus is in an inverted position in the ear. These are the primary physical reflections. They have an effect on the nervous and "informative" reflection of the organ's metabolism.

Many body points also have a functional – "systemic" – effect (hormone points, points of the cortex, the brainstem, the spinal cord, the midbrain, etc.)

- **Functional points**

These include the psychic and psychosomatic points, the master points, and other functional points. Many of them have no somatic correlate.

They have an effect on the whole system.

- **Energetic points**

According to Nogier, the energetic fields are especially reflected in the somatotopes of the so-called phase 3. Here the ear represents the human somatotope in a horizontal position.

The point categories do not exclude but complement one another.

Rule 5 – Stimulation: to tonify or to sedate?

The point treatment technique depends on the polarity of the point, i.e. on whether the point is weak or strong:

- A weak, parasympathetic point is treated with a tonifying technique (stimulation technique with a steel needle, gold needle, positive current, south magnetic field).
- A strong, orthosympathetic point is treated using a sedating, dispersive technique (dispersive steel needle technique, silver needle, negative current, north magnetic field)