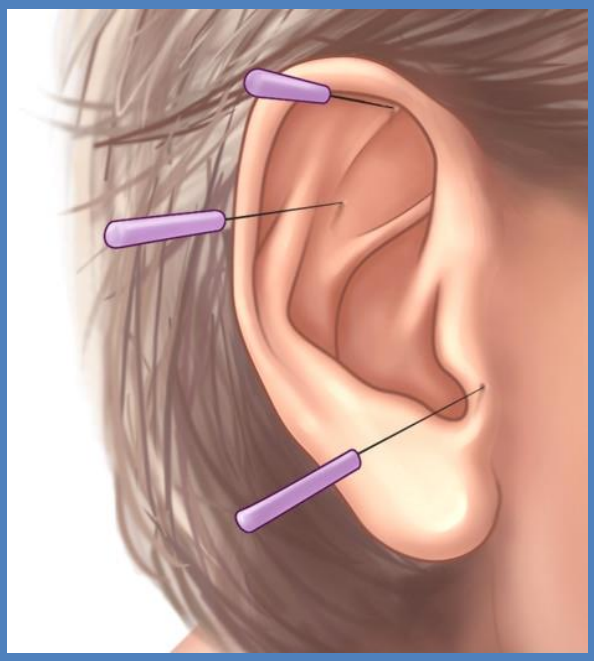


INTRODUCTION TO AURICULAR ACUPUNCTURE

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Colorado School of Traditional Chinese Medicine

AcuMoxa B

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Introduction to Auricular Acupuncture

Introduction

Auricular Acupuncture refers to the insertion of acupuncture needles into the external auricle for therapeutic treatment. Auricular Acupuncture can be considered a microsystem. Auricular Acupuncture can be utilized as a primary treatment method or as an adjunct treatment used in combination with other treatment methods.

Use of therapeutic interventions in the ear has been used for a long time. The Ling Shu mentions that the entire body can be reflected in the ear. There are historical records of the use of various techniques including cauterization of specific parts of the ear for the treatment of various ailments.

Auricular therapy as it is currently used and developed has been in effect since the 1950s, initially from the development of a French physician Paul Nogier who noticed lesions on the ears of two of his patients in the same areas. Further investigation found that both patients had been treated by a local healing woman for sciatica pain by ear cauterization. This lead Nogier to develop the auricular system as it is known today. Following his work, physicians in China worked to verify his findings and standardize a Chinese Point system.

There are subtle but important differences from these two systems that must be taken into account when utilizing point protocols or specific acupoints on the ear.

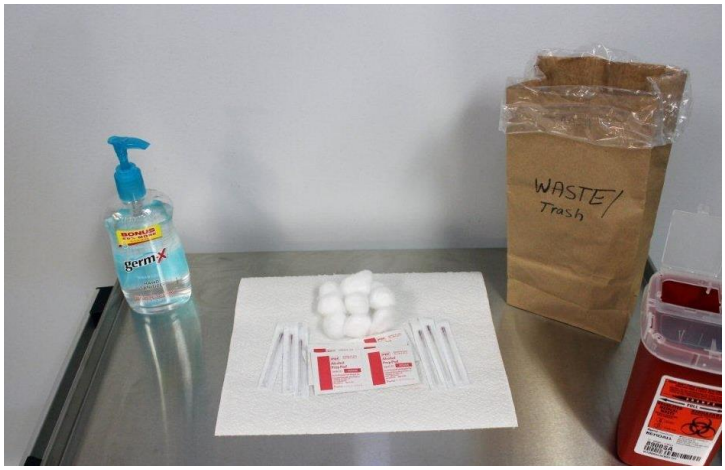
Ear Acupuncture is effective for a wide variety of indications, relatively easy to apply, economical in terms of both time and materials, and has little side effects, making it an efficient and effective treatment modality.

Cautions & Contraindications

1) If sudden dizziness, nausea, stuffiness of the chest or other fainting symptoms occur during treatment, the patient should be managed in the same manner as during ordinary body acupuncture. During initial visits, patients should be in a reclining position in order to avoid fainting.
2) Strict antisepsis is necessary to avoid infection of the auricle. In case of inflammation or redness of the needle hole or distension and pain of the auricle, timely and appropriate measures should be taken such as applying 2% iodine or oral administration or anti-inflammation drugs or appropriate referrals. Needling is contraindicated if auricle is frostbitten or if the inflammation is present on the auricle in order to avoid diffusion or inflammation
3) Ear acupuncture s not advisable for women during pregnancy if there is a history of miscarriage. Aged and weak patients with hypertension and arteriosclerosis should have proper rest before and after needling

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Clean Needle Technique



As with all acupuncture techniques it is necessary to follow Clean Needle Technique and Universal Precautions to avoid the potential for infection by blood borne pathogens or possible needle stick accidents. It is especially important to make sure that CNT and Universal Precautions are followed when performing Auricular Acupuncture as infections of the external auricle can be hard to resolve and can potentially be a serious health problem.

The general Guidelines for CNT are as follows:

1. Hand Sanitization: Wash and Dry Hands, Avoid touching any contaminated surfaces
2. Perform any Physical Examination: Visual or manual examination of the ear, etc.
3. Hand Sanitization: Wash and Dry Hands, Avoid touching any contaminated surfaces
4. Establish and Maintain a Clean Field: Open Needle Packaging to expose needles without contamination, make sure all needed supplies, i.e. 70% alcohol, Cotton Balls or Q-tips, Sharps Container, Waste Receptacle, Hand Sanitizer, are within reach and only single-use sterile needles are on the clean field
5. Skin Preparation: Prepare the insertion site by swabbing a clean cotton ball in a single direction or c-swiping in an outward spiral along the auricle. Only one cotton ball should be used per ear. Allow the alcohol to dry.
6. Needle Insertion and Stimulation: Insert the Needle/s without touching the shaft, using sterile technique, manipulate needle if necessary
7. Hand Sanitization before leaving treatment room: Wash and Dry Hands, Avoid touching any contaminated surfaces
8. Hand Sanitization prior to needle removal and Isolation of Sharps: Wash and Dry Hands, avoid touching any contaminated surfaces, remove needles one at a time and place in an appropriate sharps container. Apply pressure with a cotton ball or q-tip to stop bleeding if necessary. Use one cotton ball or q-tip per point. Place used cotton balls in the waste receptacle or in the biohazard container if completely saturated, i.e. dripping, with blood.
9. Hand Sanitization: Wash and Dry Hands, Avoid touching any contaminated surfaces

CSTCM AcuMoxa Manual pp. 10-11, Clean Needle Technique Manual, pp. 68-81

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The General Universal Precautions are as follows:

1. Assume all patients are a source of potential infection
2. Utilize correct and frequent handwashing
3. All healthcare workers must understand the appropriate use of personal protective equipment (PPE), such as gloves, eye protection, and masks
4. Healthcare facilities should apply appropriate engineering controls, such as properly equipped handwashing stations
5. Isolation of sharps in appropriate sharps containers
6. Isolation of medical waste in a red bag or other appropriate container
7. Correct use of disinfectants
8. Appropriate caution when handling sharps, including acupuncture needles, seven-star hammers, and lancets.

Clean Needle Technique Manual, pp. 74

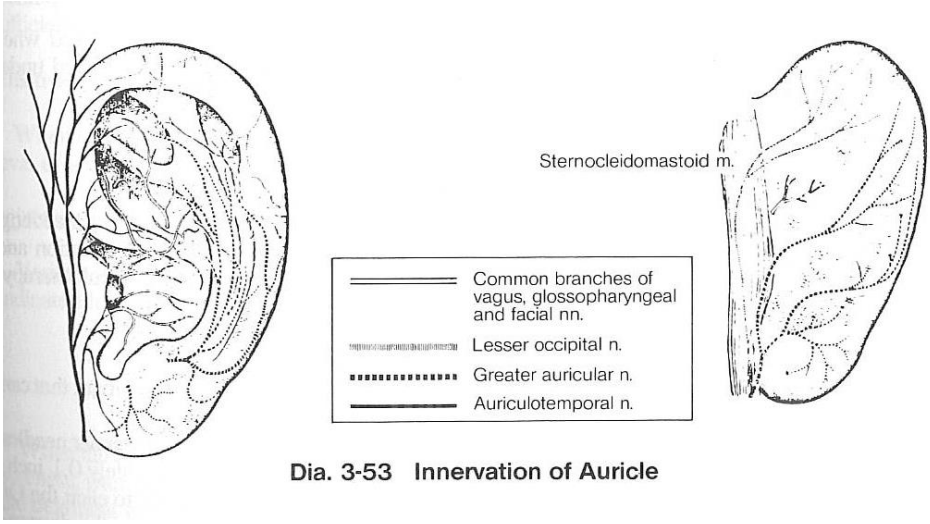
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Anatomy of the Ear

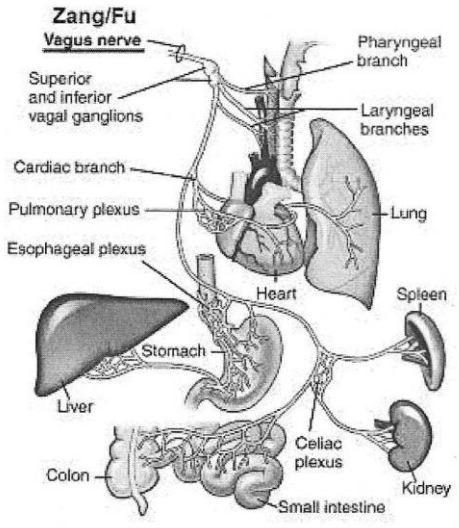
Structures/Nervous System

The Ear is an organ of hearing located symmetrically on both sides of the head. The external part of the ear is referred to as the auricle and is composed of a plate of elastic cartilage covered by a thin layer of fat and connective tissue. It is innervated by a variety of nerves. The ear is innervated by the following nerves:

- Greater Auricular and Lesser Occipital derived from the 2nd, 3rd, & 4th cervical spinal nerves
- The Auricular-temporal branch of the Trigeminal Nerve
- The Vagus Nerve
- The Mixed Branch of the Facial Nerve and Glossopharyngeal Nerve
- Sympathetic Nerves
  CAM pp513



Dia. 3-53 Innervation of Auricle



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Auricular Zones

There are 22 main structures that make up the external auricle. It is necessary to have a good working knowledge of these structures and their locations in order to effectively select the correct ear acupuncture points. The following are descriptors of the major anatomical structure of the external auricle.

- **Helix:** The prominent rim of the auricle
- **Helix Tubercule:** A small Tubercule and the Posterior-interior aspect of the helix, sometimes referred to as Darwin's Tubercule
- **Helix Cauda:** The inferior part of the helix, at the junction of the helix and the lobule
- **Helix Crus:** The Transverse Ridge of the Helix continuing backwards into the ear cavity
- **Antihelix:** An elevated ridge anterior and parallel to the helix. The upper part partitions into the superior and inferior antihelix crus. It also includes the principal part of the antihelix
- **Principal Part of the Antihelix:** The roughly vertical portion of the anti-helix
- **Superior Antihelix Crus:** The superior portion of the bifurcation of the antihelix
- **Inferior Antihelix Crus:** The anterior portion of the bifurcation of the antihelix
- **Triangular Fossa**: The triangular depression between the two crura of the antihelix
- **Scapha:** The narrow curved depression between the antihelix and the helix
- **Tragus**: A small, curved flap in front of the auricle
- **Supratragic Notch:** The depression between the helix crus and the upper border of the tragus
- **Antitragus:** A small tubercule opposite to the tragus and superior to the earlobe
- **Intertragic Notch:** The depression between the tragus and the antitragus
- **Helix Notch:** The depression between the antihelix and the antitragus
- **Ear Lobe:** The lowest part of the auricle where there is no cartilage
- **Concha:** The hollow formed by the antitragus, between the anterior part of the helix and and inferior antihelix crus
- **Cymba Concha:** The concha superior to the helix crus
- **Cavum Concha:** The concha inferior to the helix crus
- **Orifice of the External Auditory Meatus:** The opening in the Cavum Concha shielded by the Tragus
- **The Superior Auricular Root:** The area where the superior border of the face
- **The Inferior Auricular Root:** The area where the earlobe attaches to the face

CAM, pp. 513-514

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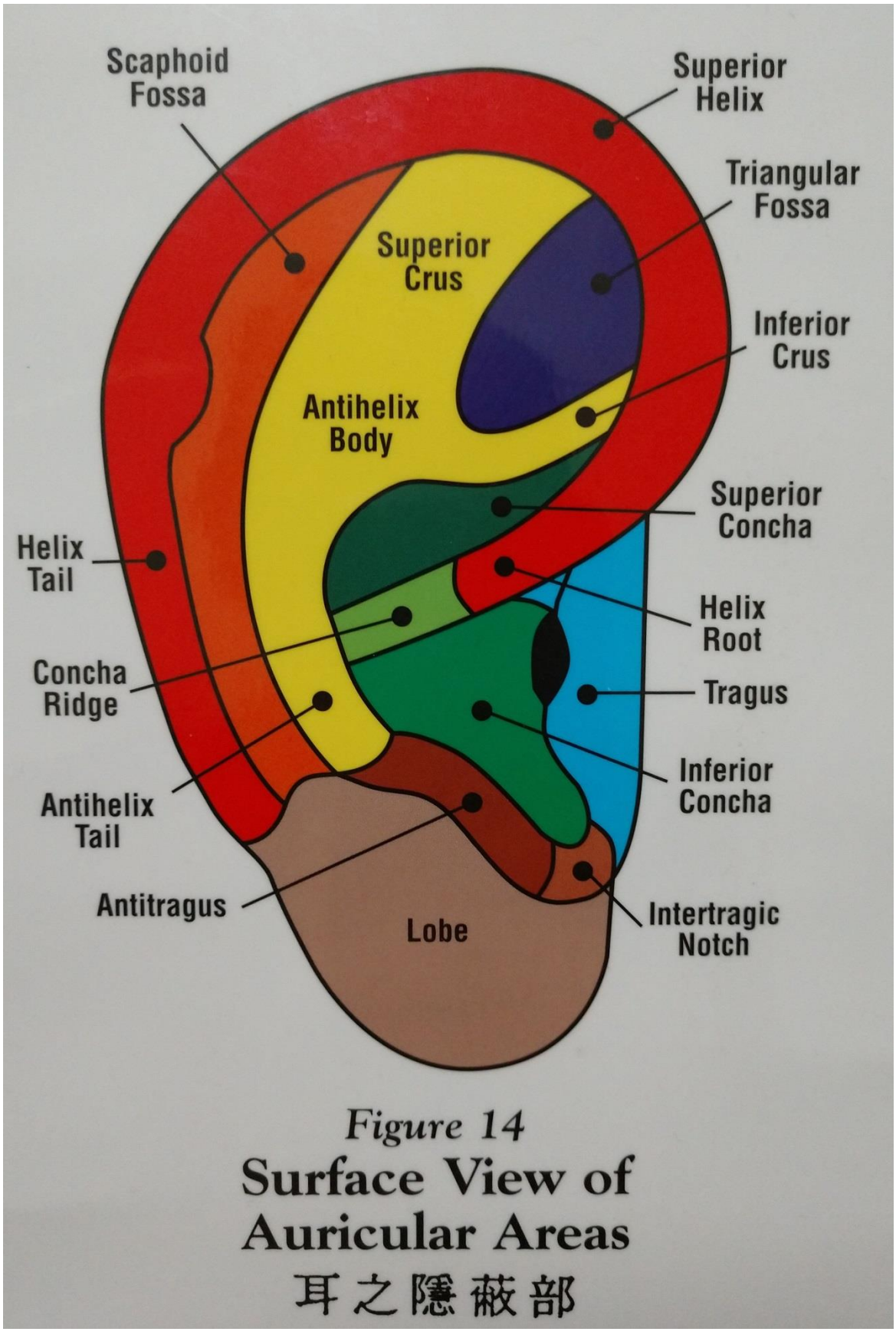


Figure 14

Surface View of Auricular Areas

耳之隱蔽部

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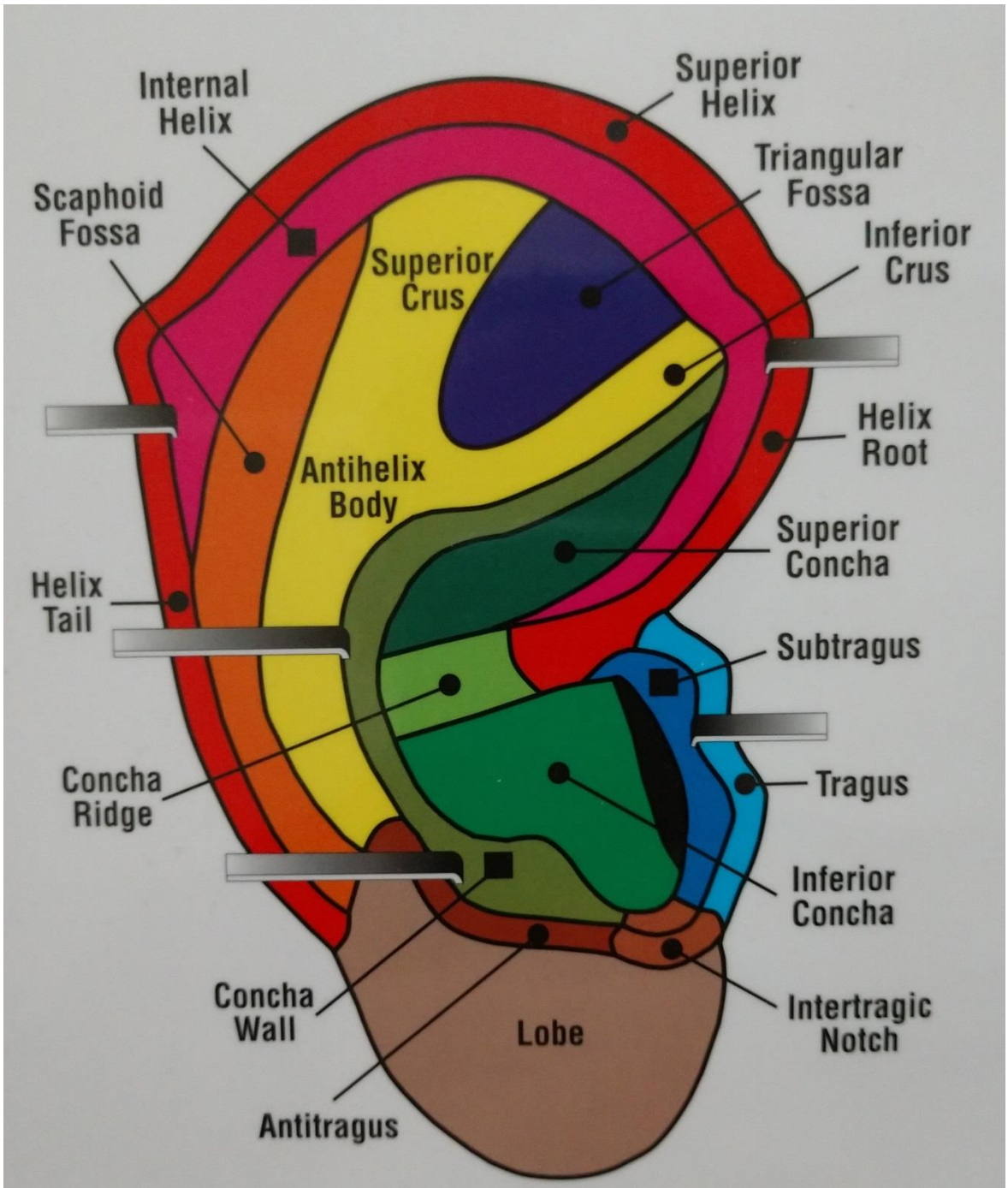


Figure 13

Hidden View of Auricular Areas

耳之表面

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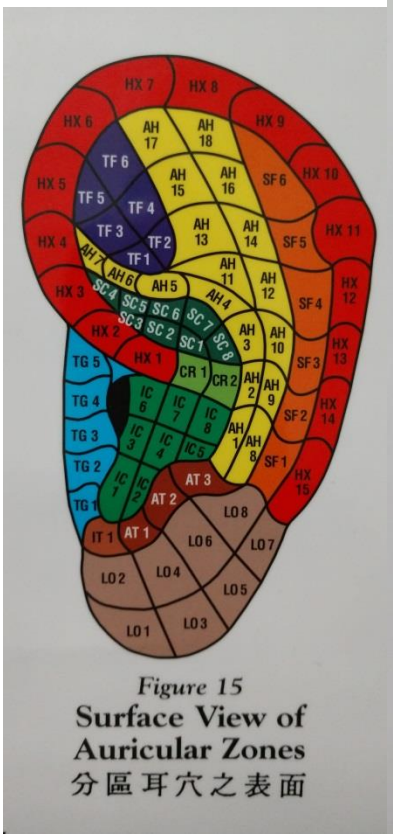


Figure 15
Surface View of Auricular Zones
分區耳穴之表面

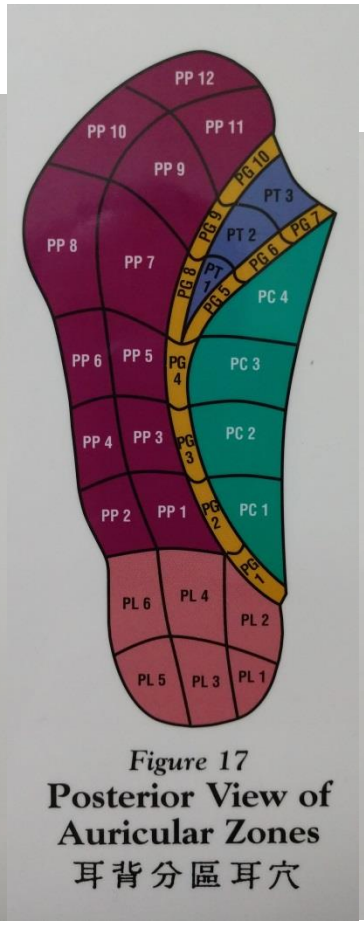


Figure 17
Posterior View of Auricular Zones
耳背分區耳穴

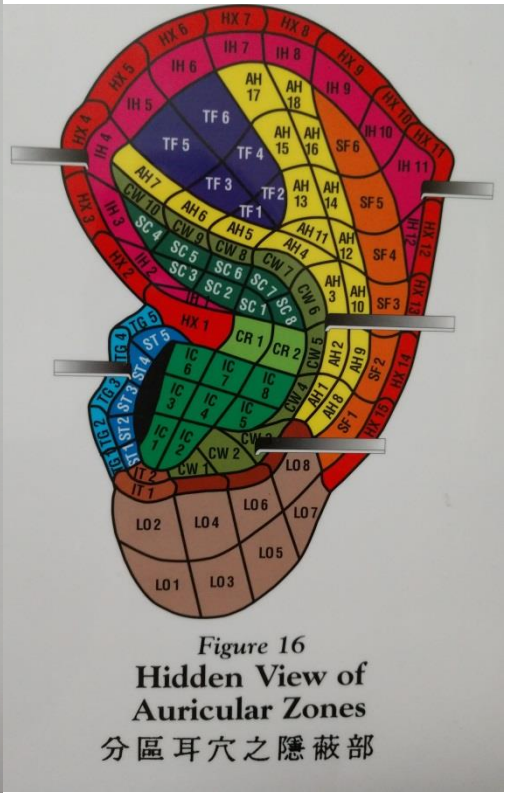
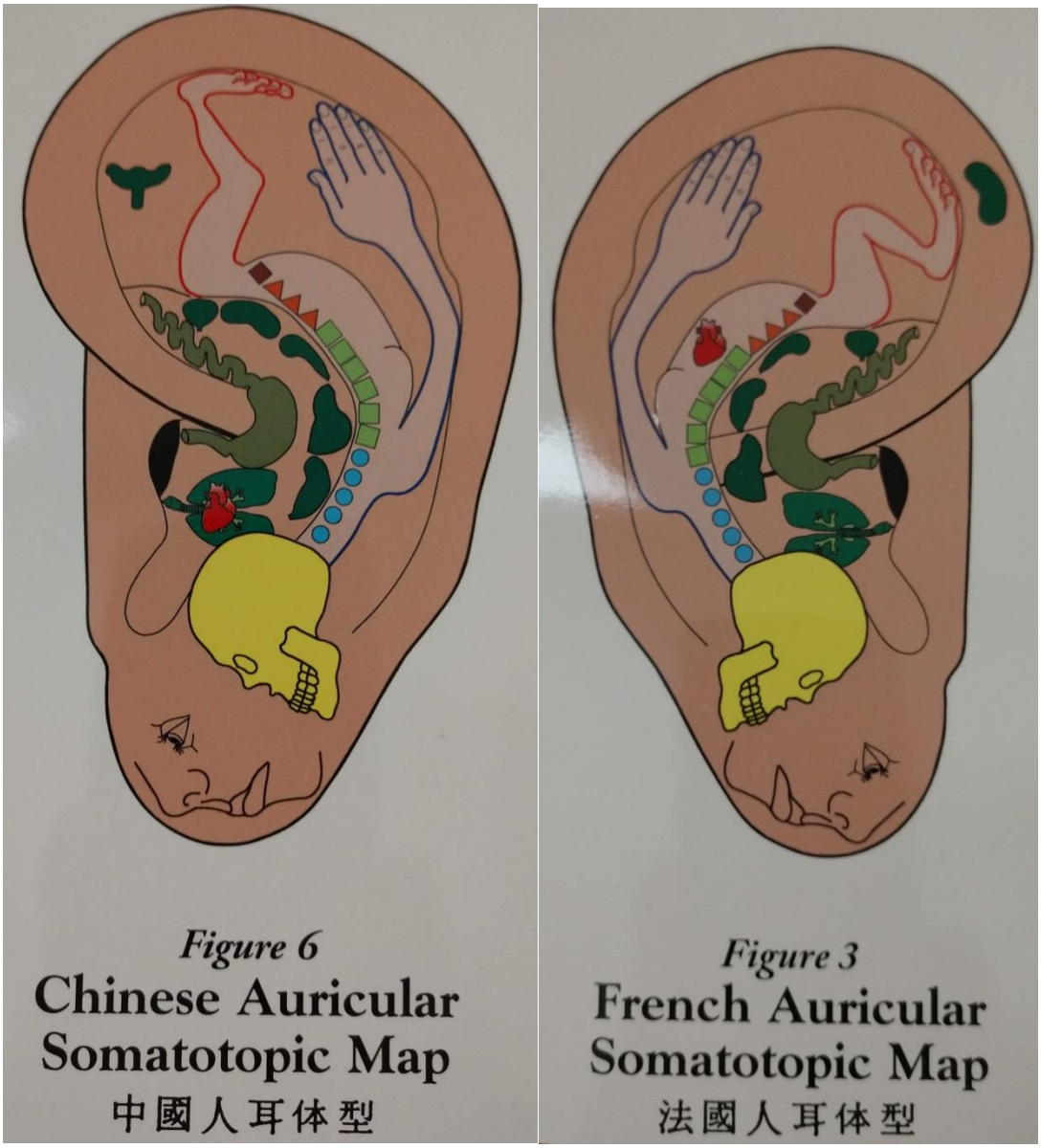


Figure 16
Hidden View of Auricular Zones
分區耳穴之隱蔽部

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Homunculus Man/Inverted Fetus/Somatotopic Map

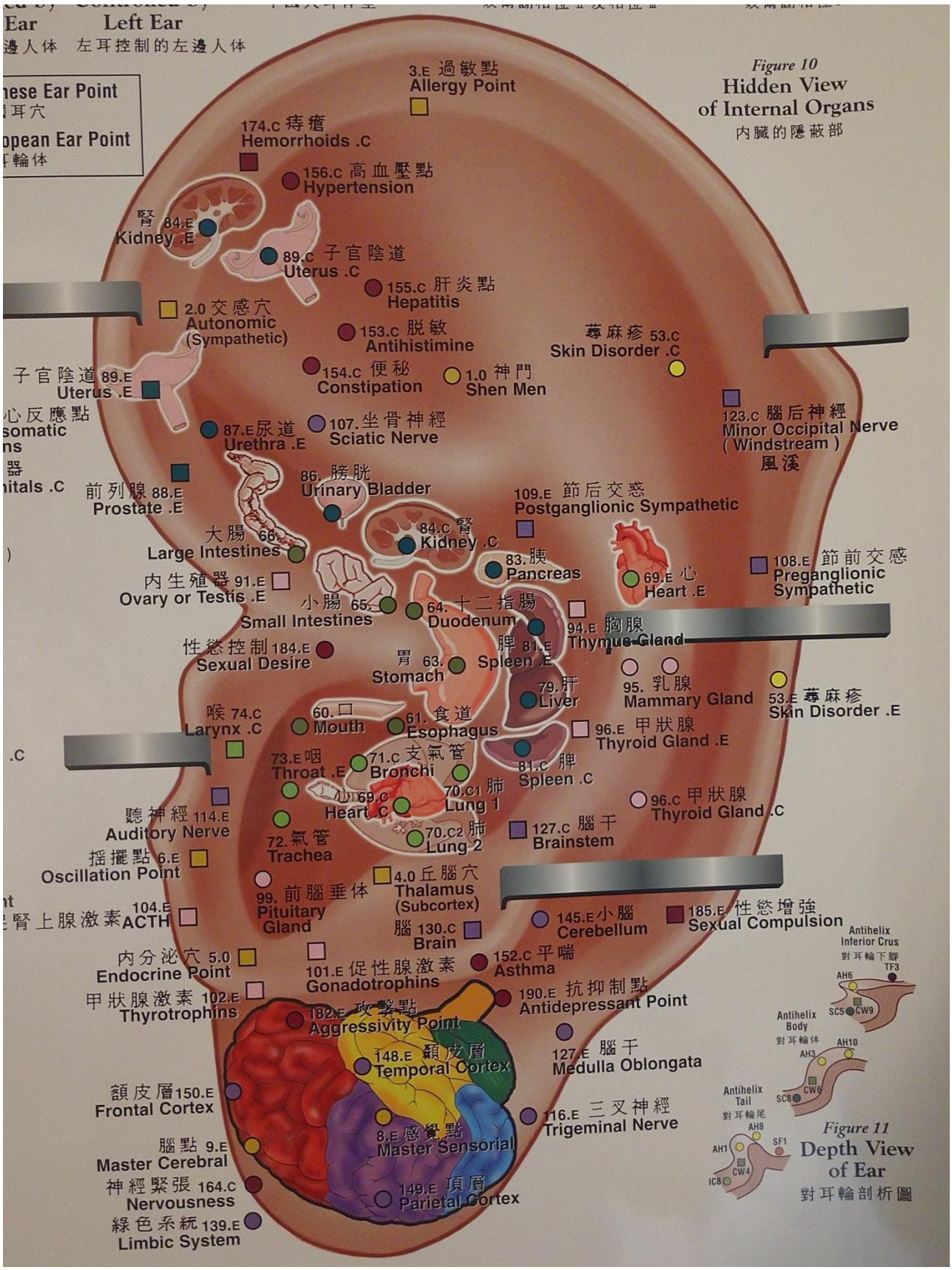
The auricular acupuncture points can be visualized on the ear by visualizing the external auricle as inverted fetus, sometimes referred to as a homunculus man, or in some European texts as a somatotopic map. In general the head and face are found on the lobe, the spine runs along the antihelix, the upper limb is found in the scapha, the thoracic organs in the cavum concha, the abdominal organs in the inferior cymba concha and pelvic organs in the superior cymba concha. The lower limb in the Chinese system is found on the superior portion of the antihelix crus. As noted below, there are some distinct differences between Chinese and European systems. Once a practitioner is familiar with this visualization method, it makes it much easier to remember and locate the appropriate points.



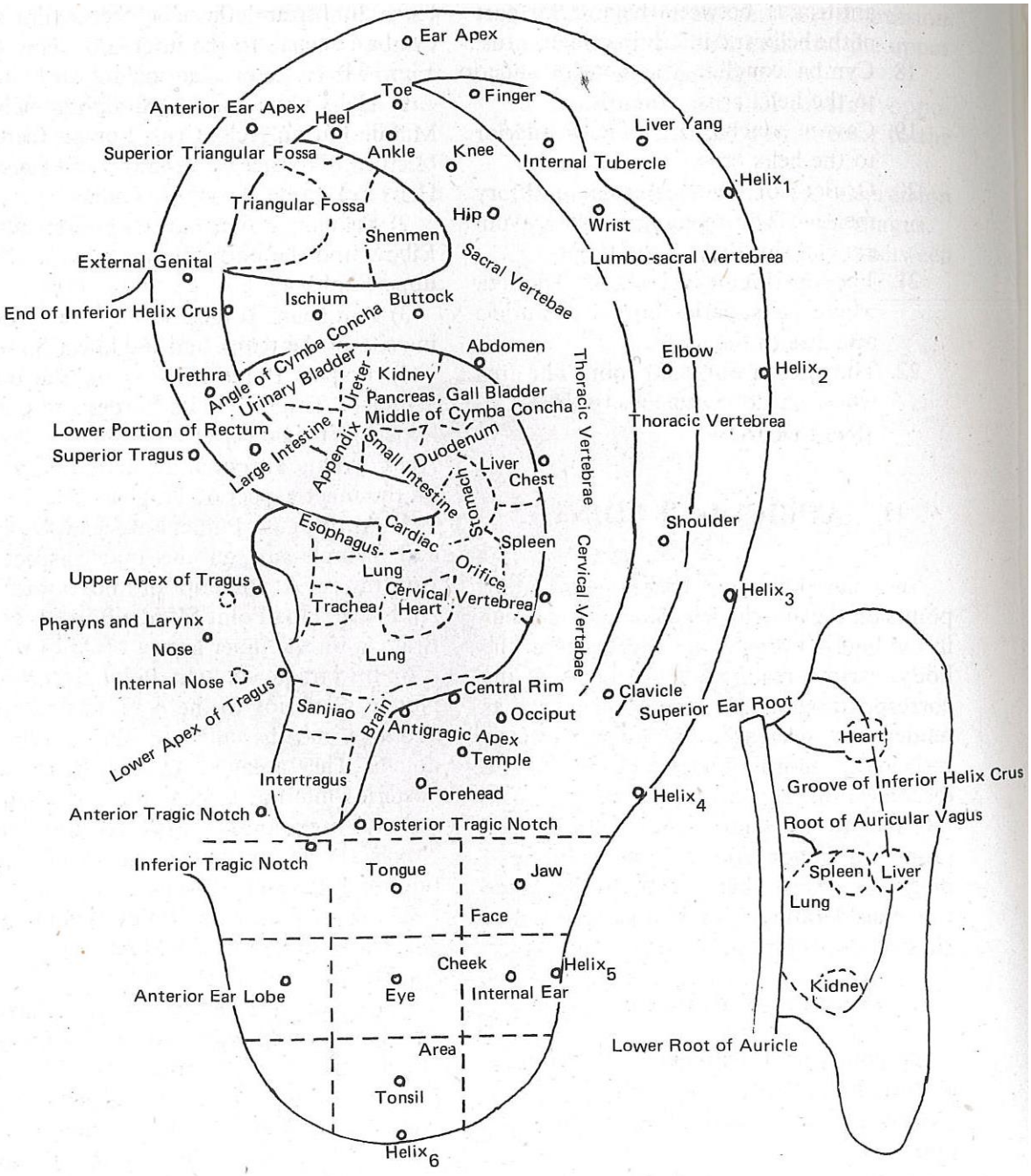
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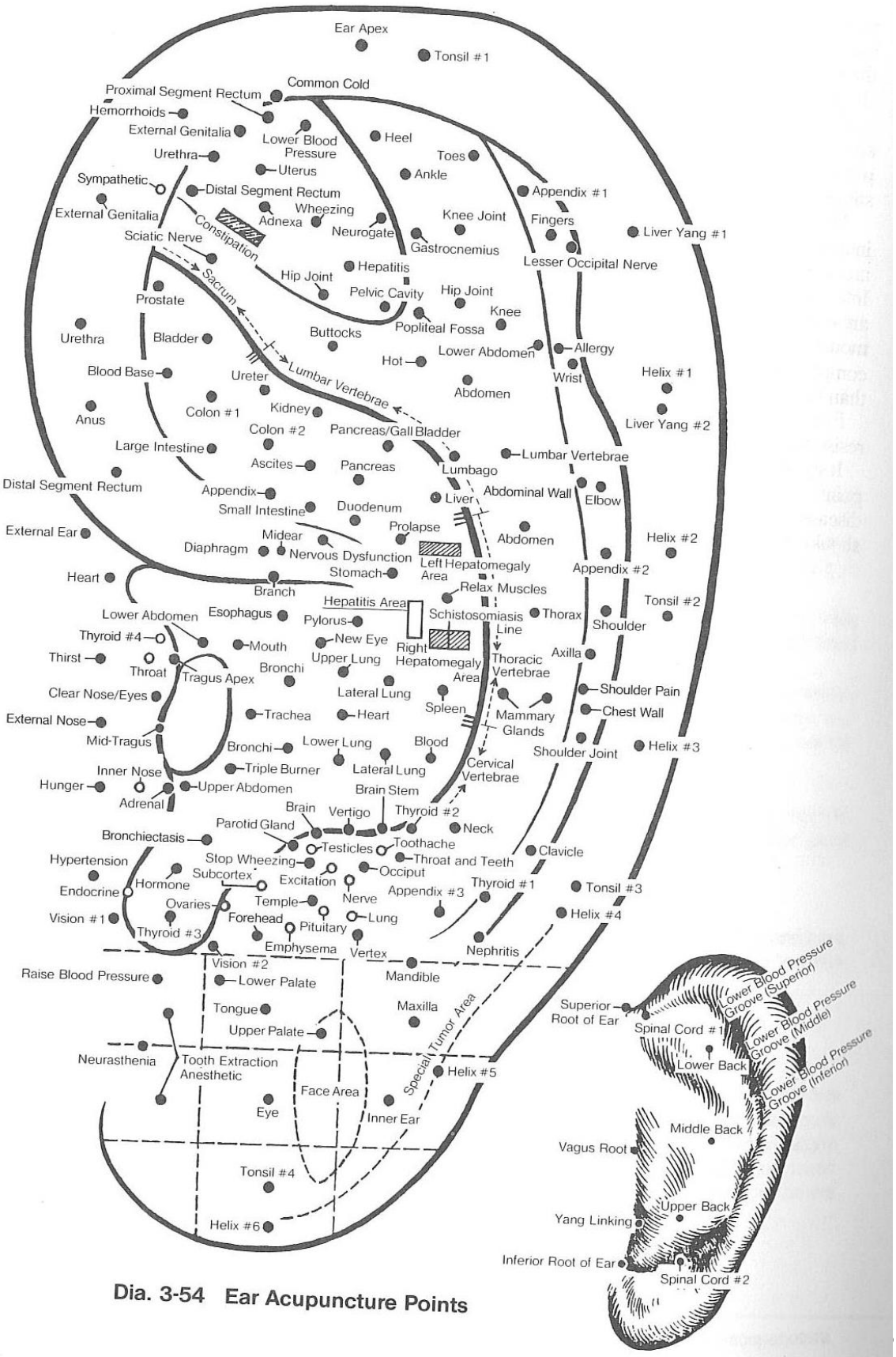
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Dia. 3-54 Ear Acupuncture Points

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Differences in Texts/Charts

While there is some standardization of ear points to a certain extent, there are different naming conventions both in regards to the auricular points and some of the names of the anatomical structures. There can also be large differences between the Chinese and European Models of where the auricular points are located as well as the somatotopic map locations (Homunculus Man). It is very important that if you are using a protocol from a certain text, that you check to make sure that you are using that texts point location and naming to be sure that you have selected, checked for activity and are going to needle the correct and intended point. Using a European point protocol with Chinese points may produce the incorrect or ineffective treatment.

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Needle Selection and Method for Auricular Acupuncture

When performing auricular acupuncture, select a shorter, thicker needle. Usually a 0.5in or .15mm by 36g or .20mm will be sufficient. Some Chinese texts advise using a larger gauge needle such as a 28g. In general, using longer needles or thinner needles can result in the needles dislodging or falling from the ear. Coated needles such as Seirins may ease insertion, but can tend to fall out of the ear as well.

In general, Auricular acupuncture can be more intense if not slightly painful, and patients can experience a painful sensation in the ear in addition to the normal qi sensations of heaviness, circulation, numbness and tingling. Some texts note that if this strong sensation is not present, the treatment will be ineffective, and the point should be re-needled at a different angle to produce the desired sensation.

Due to the three dimensional nature of the ear, and some of the tight spaces and requirements of high precision involved, freehand needle insertion is often best for auricular acupuncture. Needles should be inserted 0.1cun and care should be taken not to penetrate the cartilage or the other side of the ear. Needles should be briefly stimulated (twirled) on insertion to obtain *de qi* and are retained for 20-30min. Further stimulation is not necessary.

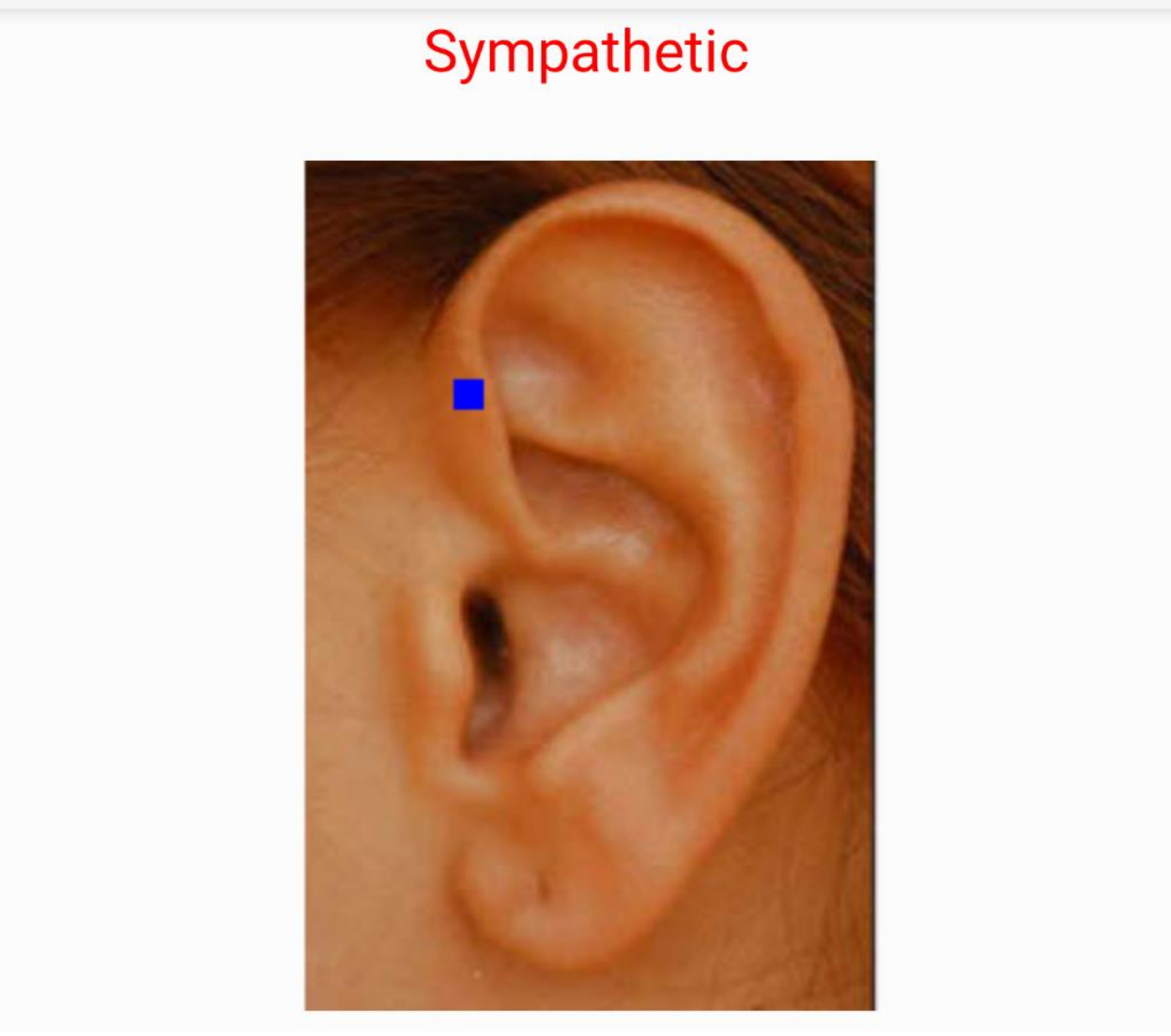
When selecting points for an auricular acupuncture protocol, one can select an established protocol known to be effective based on clinical experience or 3-5 points based one of the methods listed below. Needles are usually inserted unilaterally on the affected side, but can be inserted unilaterally on the opposite side or bilaterally depending on the situation or protocol being utilized.

CAM, pp. 525-56, Shanghai, pp. 474-475

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Major Points & Needling Practice on Ear Models

Sympathetic



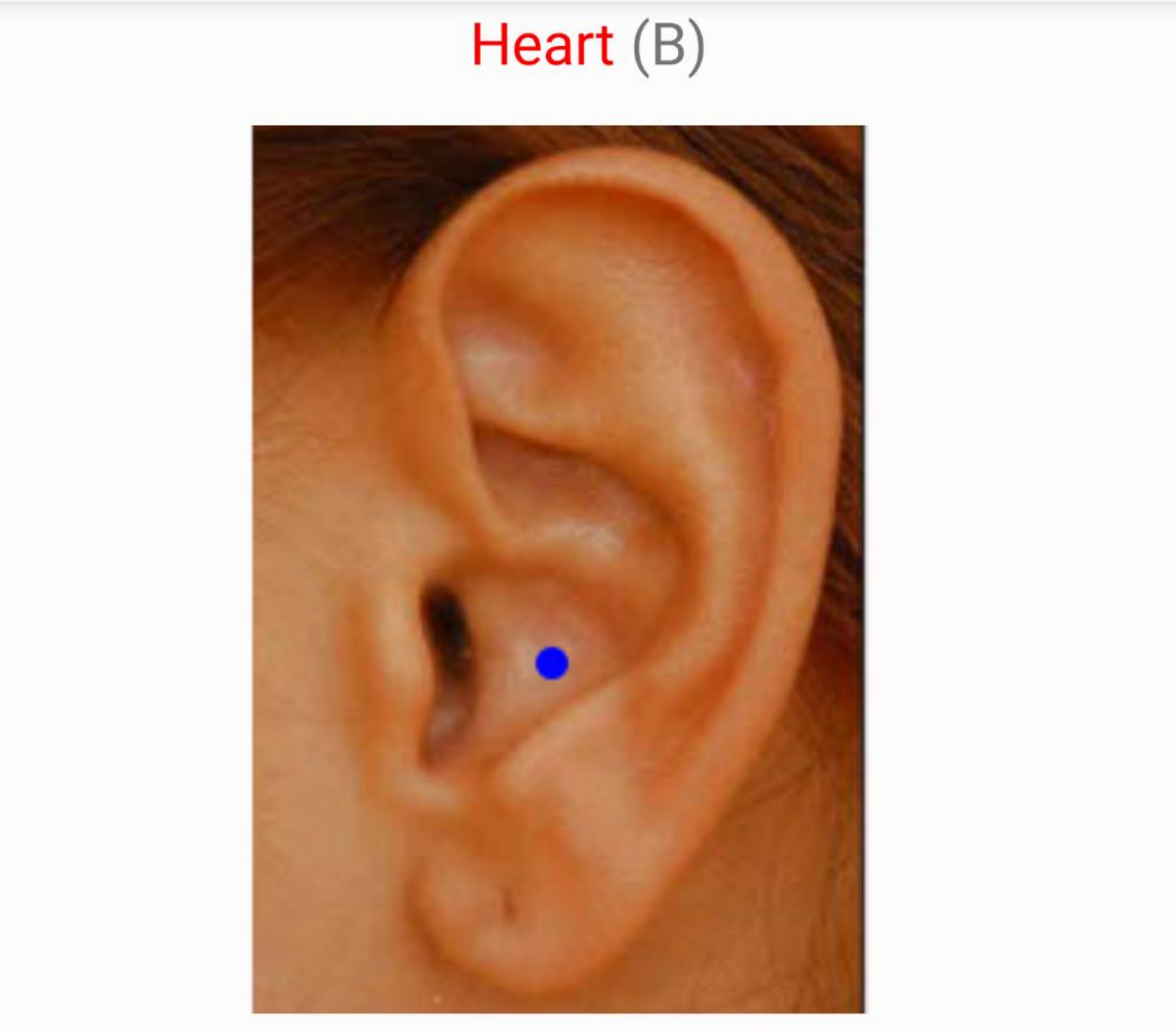
Location: Inferior Antihelix Crus: At the intersection of the superior border of the inferior crus of antihelix and the medial border of the helix

Actions: Antispasmodic and analgesic, nourishing yin and supporting yang

Indications: Pain of the internal organ, palpitation, spontaneous sweating, night sweating, functional disorders of the autonomous nervous system.

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Heart



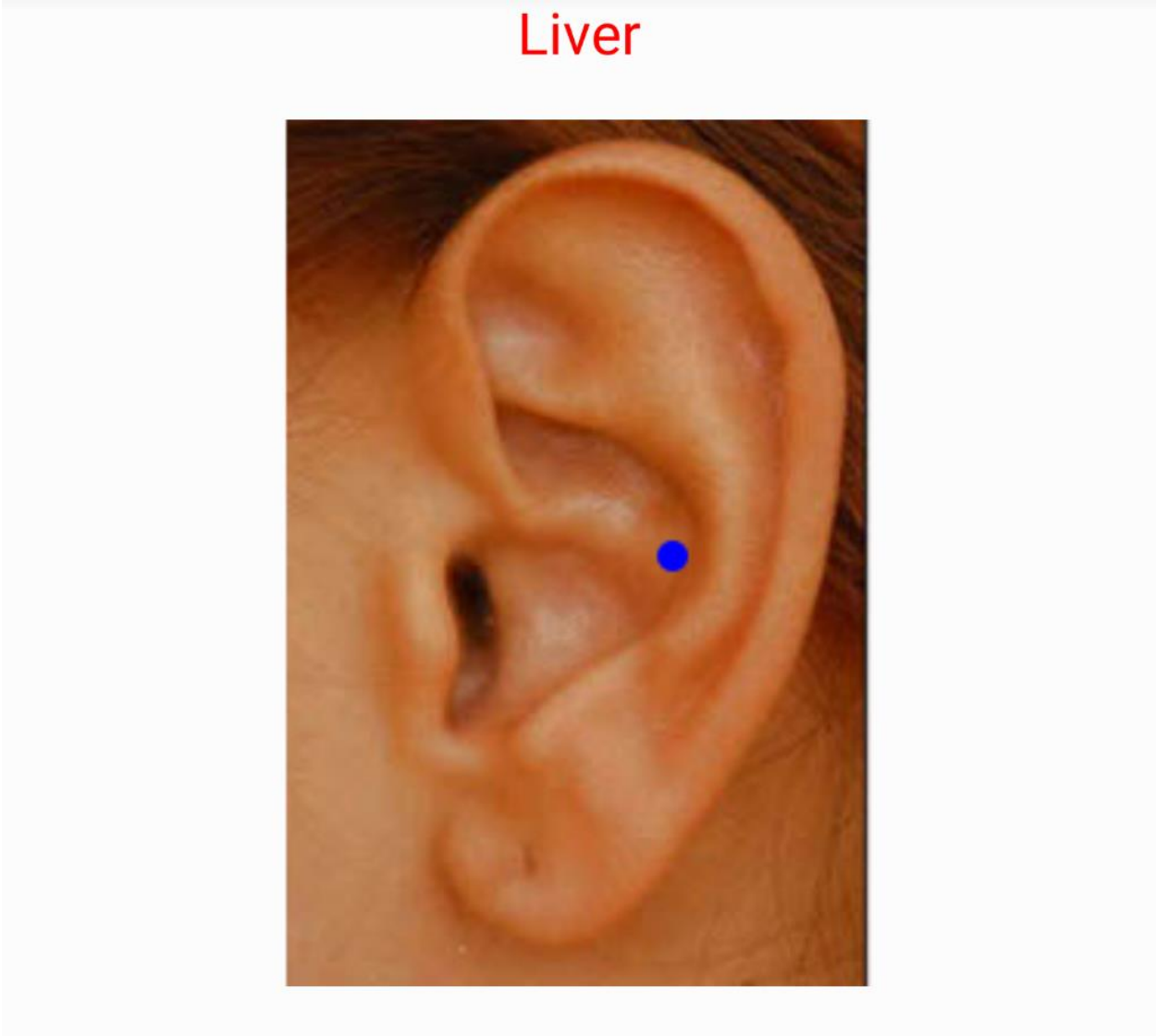
Location: Cavum Concha: In the central depression of the cavum conchae

Actions: Tranquilizing the heart and easing of cavum conchae

Indications: Mind Regulating Ying Blood, Relieving pain and itching

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Liver



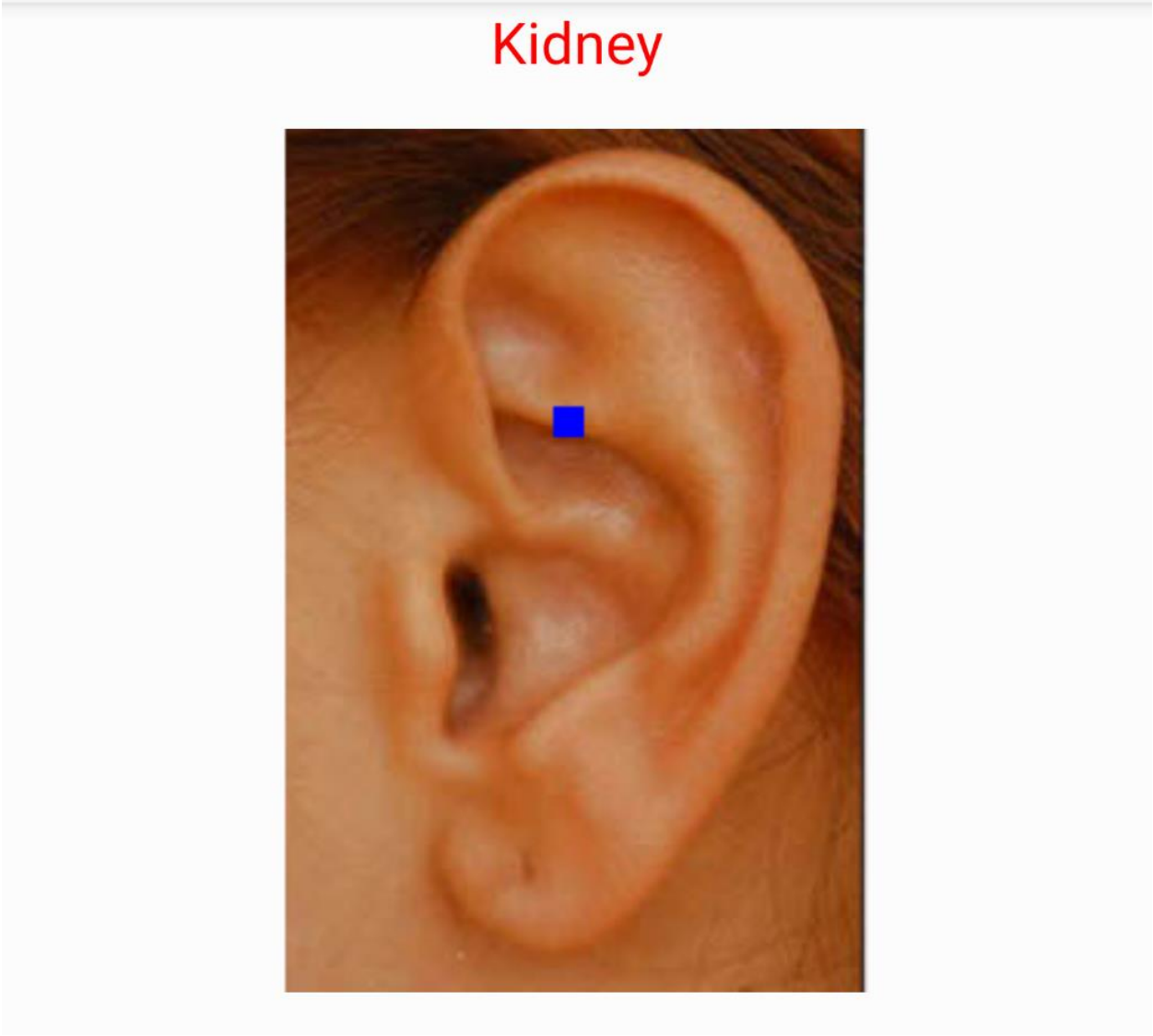
Location: Cymba Concha: At the posterior aspect of Stomach and Duodenum (Lateral ⅓ of superior aspect of helix crus)

Actions: Clearing up the liver and brightening vision, promoting smooth circulation of qi and blood to relax muscles and tendons.

Indications: liver qi stagnation, eye diseases and disorders of the lateral lower abdomen

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Kidney



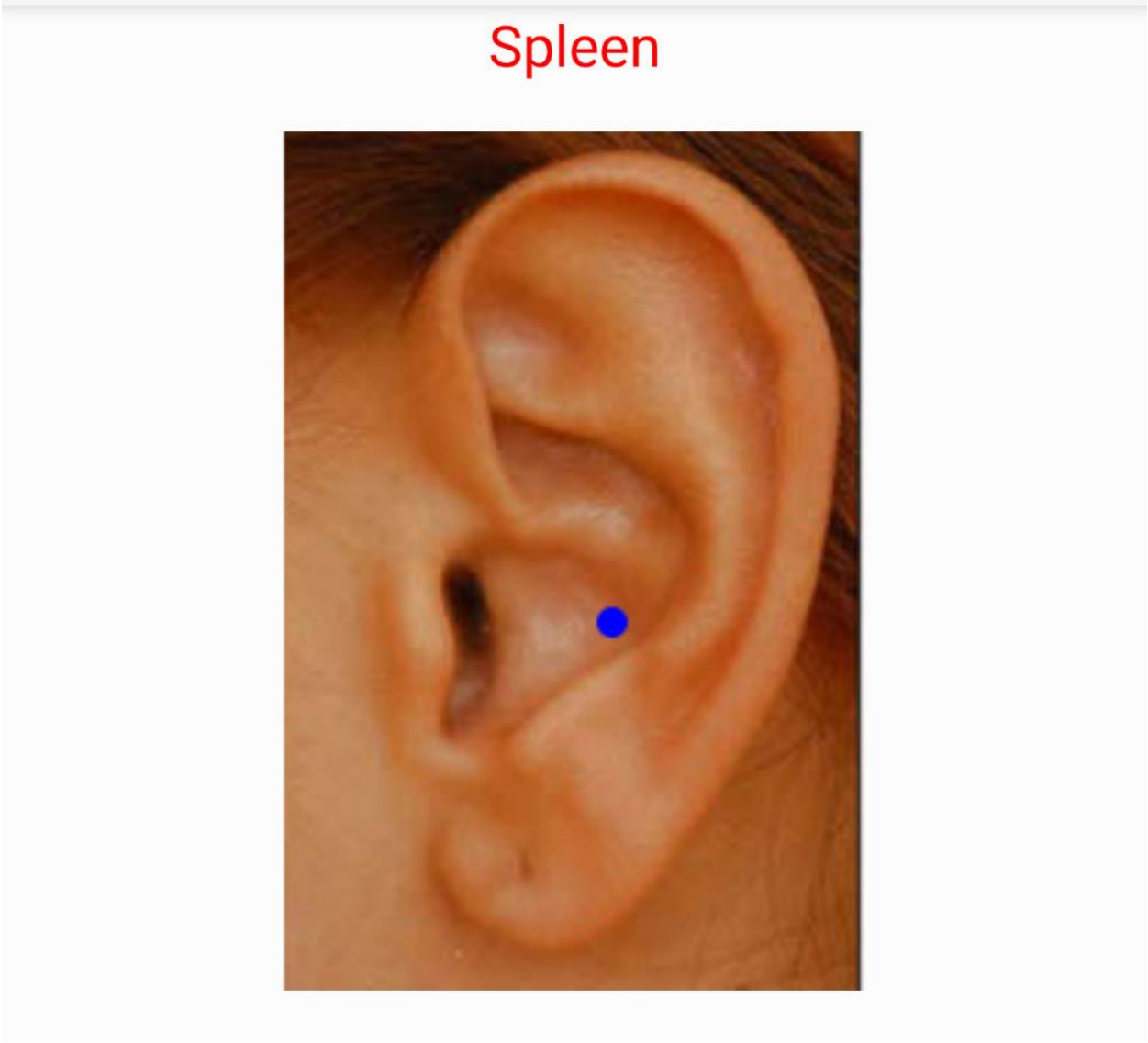
Location: Cymba Concha: On the lower border of the inferior helix crus, directly above Small Intestine (Middle ⅓ of superior aspect of helix crus)

Actions: Reinforcing kidney and promoting hearing, strengthening bone and filling up marrow

Indications: Nephritis, lumbago, tinnitus, diplacusis, spermatorrhea, impotence, etc.

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Spleen



Location: Cavum Concha: Inferior to Liver, at lateral and superior aspect of the cavum conchae

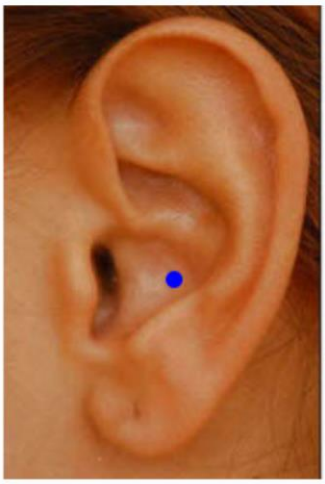
Actions: Digesting food, producing ying-blood, nourishing muscles, building up spleen qi

Indications: Abdominal diarrhea, distension, chronic indigestion, stomatitis, functional uterine bleeding

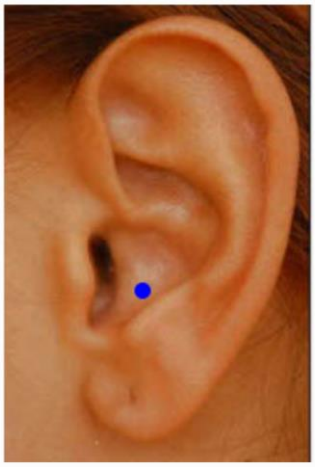
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Lungs

Lung 1



Lung 2



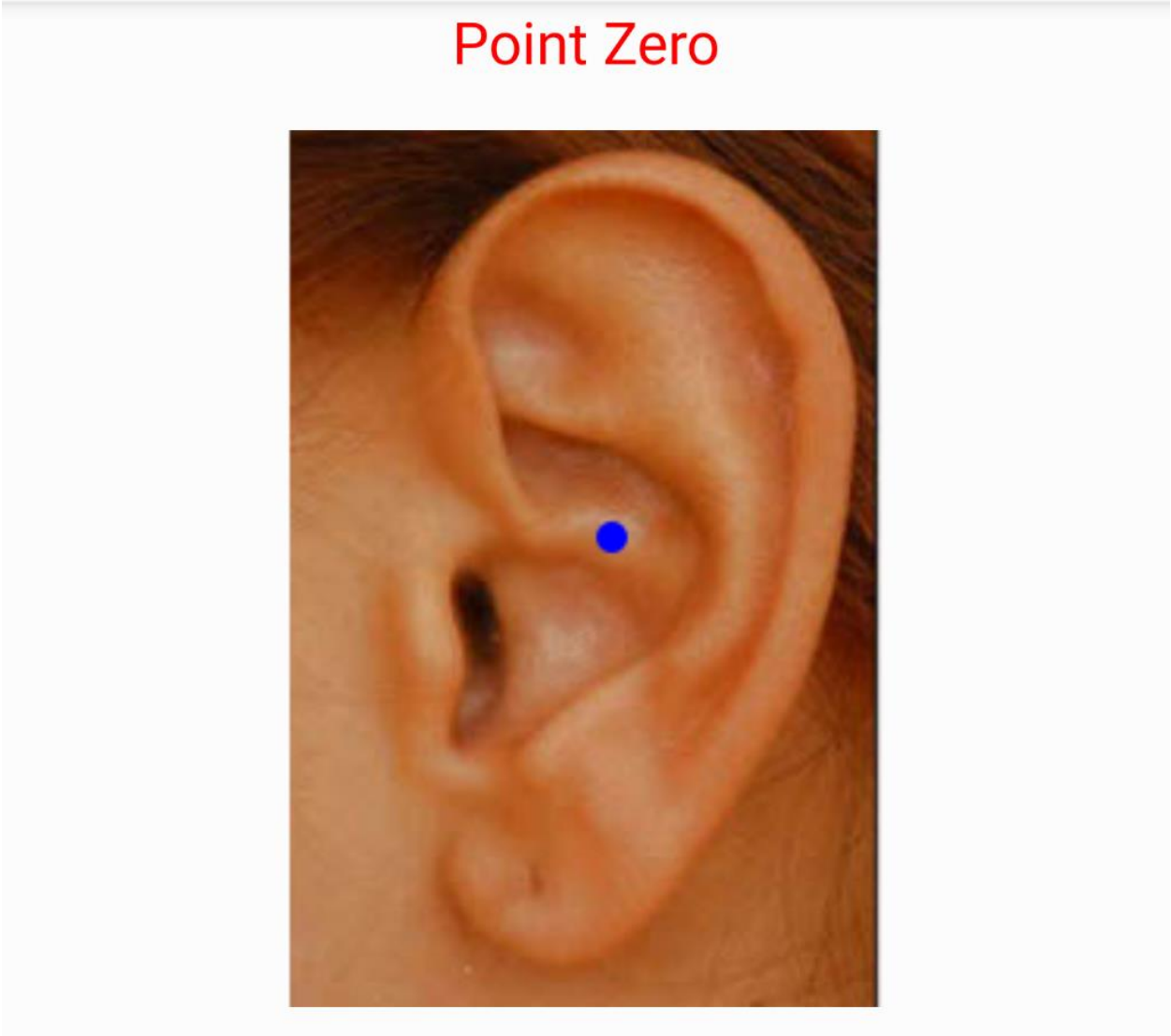
Location: Cavum Concha: Around Heart

Actions: Promoting smooth circulation of qi and blood, diuresis, reinforcing deficiency and clearing up heat, nourishing the skin and hair

Indications: Cough and Asthma, skin diseases, hoarseness of voice, commonly used point for acupuncture analgesia

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Point Zero



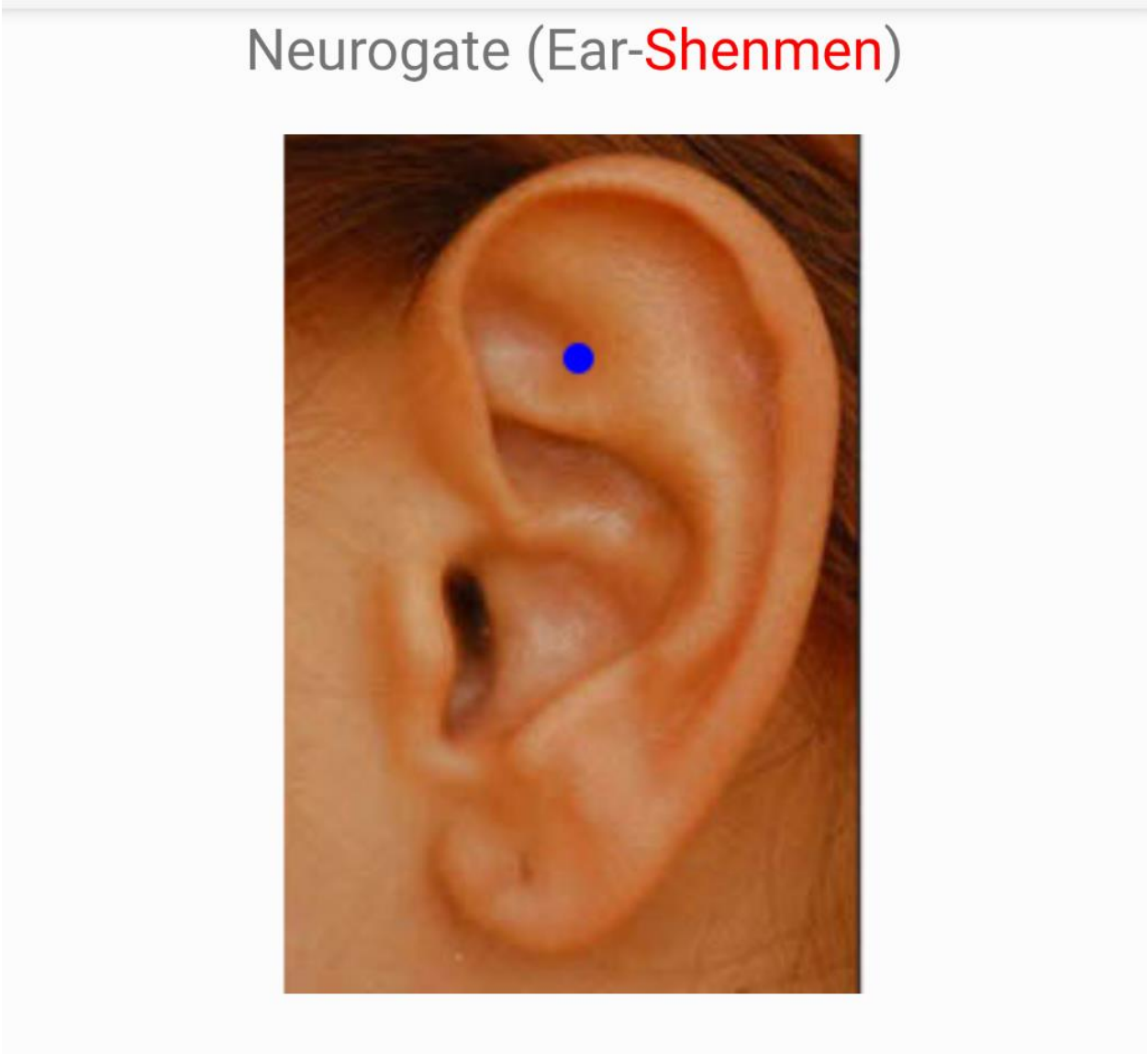
Location: Helix Crus: Found in a notch on the Helix Root as it rises from the Concha Ridge

Actions: General homeostatic balance

Indications: relieves spasms, general balance point for all treatments.

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Shenmen



Location: Triangular Fossa: At bifurcating point between superior and inferior antihelix crus, and at lateral ⅓ of the triangular fossa

Actions: Sedation, easing mind, relieving pain, clearing heat

Indications: Used for neuropsychiatric disorder (hysteria, psychosis, etc.), hypertension, coughing, allergic asthma, itching symptoms, and pain. Important point for anesthesia

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Ear Apex



Location: Helix: At the tip of the auricle and superior to the helix when folded towards the tragus

Actions: Removing heat and wind, antispasmodic and analgesic, pacifying liver and clearing vision

Indictations: Fever, hypertension, inflammation of the eyes, painful diseases

CAM, pp. 516-524

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Treatment Methods

By TCM Diagnosis

"According to the theories of zang fu or meridians and collaterals, corresponding auricular points are selected for treatment, e.g. Point Lung can be selected for skin diseases because the lung dominates the skin and hair…"

By Western Diagnosis/Function

"Auricular points corresponding to the diseased areas are selected for treatment, e.g. Point Stomach for gastralgia, Point Shoulder for shoulder pain"

By Clinical Experience

By known clinical functions, "e.g. Point Ear Apex can be selected for pain, redness and swelling of the eyes, Points Helix 2, 4, and 6 for pain and swelling"

By Active Points

"When an internal organ or a part of the body is diseased, reactions can be detected at the corresponding areas on the auricle. For example, a reaction can be detected at Point Stomach when the stomach is ill. Clinical practice has proven that stimulating these reaction points yields good therapeutic results. Therefore detecting reaction points should be combined with consulting an auricular acupoint chart in the application of ear acupuncture"

Methods of Active Point Detection

1) Detecting the Tender Spot: Press with the probe or the handle of a filiform needle in the disease-related corresponding area to ascertain the most sensitive point
2) Observing by the Naked Eye: Look for any abnormality or discoloration of the auricle such as scaling, blisters, papulae, hard nodules, pigmentation, or morphological changes such as in blood vessels of the auricle
3) Detecting Electrical Changes: Observing changes in electrical resistance, capacity, and potential at auricular points. The most commonly used method is to determine the conductant point of skin resistance by instrument. Those auricular points with low electrical resistance can be displayed by an indicator, or by sound, through an apparatus. This is used for clinical diagnosis.

CAM, pp. 524-525

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Visual Assessment & Scanning

Diagnostic Markers

1) Color Changes: The area has a different color than the surrounding region - either more pale, redder or darker. If the color does not change on pressure, then this is not a positive response area, i.e. the color is an intrinsic property of the area
2) Shape Changes: The area may have a nodule, strand, protuberance, or depression
3) Accumulations: Normal wax and dirt are easily wiped away and have no significance. When the accretions are not easily wiped away, they may be signs of a positive response area.

Shanghai, p. 476

TCM Diagnostics

- Veins: Blood Stasis or Stagnation
- Redness: Heat or Inflammation
- Pale Sections: Cold or Deficiency
- Depression: Deficiency
- Scaling or Flaking: Dryness
- Blackheads, Oils, Grease: Dampness
- Protrusions, Rice Grains, etc.: Adhesions

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Intradermal Needle Therapy

"The intradermal needle is a kind of short needle made of stainless steel wire, especially used for embedding in the skin. There are two types: the thumbtack type and grain-like type. The intradermal needle is also known as an "embedding needle", developed from the ancient method of needle retaining. It can exert continuous stimulation produced by the implanted needle." CAM355

Ear Seeds



Ear seeds or ear pellets refer the use of a small round seed, usually vacarria (wang bu liu xing), or a small metal ball attached to a piece of adhesive backing similar to a band-aid.

Common Clinical Usage

These are primarily used for auricular acupressure, are placed on the ear in the desired points and can be retained for 3-5 days. The seeds/pellets do not penetrate the ear and so pose little risk for adverse events. They are great for children, those with compromised immune systems, or sensitive patients. Ear seeds can also be used to compliment and/or extend an acupuncture treatment. The pellets will provide continual stimulation, but patients can press on the ear seeds in a pulsing motion 2-3 times a day to increase the effect and extend the duration of the treatment. The seeds are allowed to fall off on their own or are removed and disposed of.

Cautions & Contraindications:

1) The patient's history should be taken to include questions about allergies to the adhesive backing or latex.
2) The surface of the ear should be intact, caution should still be used for damaged or inflamed skin surfaces
3) The patient's ear should be cleaned with alcohol prior to the application of the ear seeds.
4) Caution should be taken not to overstimulate the points, as it is possible to damage the surface of the ear with excessive force on the pellets.
5) Removed seeds should be kept away from children and animals.

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Press Tacks



Also known as thumbtack style intradermal needles, these have a short needle shaft about 0.3cm long and a round head like thumbtack, which is attached to an adhesive backing. The needles are inserted perpendicular to the skin surface so that they are flush with skin. These needles come in various gauges, and Seirin also produces a blunt version as well that does not penetrate the skin.

Common Clinical Usage

These needles are primarily used for stronger, longer term use on the ear for any of the normal applications of auricular acupuncture. Needles can be retained for 1-4 days depending on the need. These needles could be used for body acupuncture as well.

Cautions & Contraindications

Follow all normal cautions and contraindications as normal for auricular acupuncture. Because press-tack needles are retained in the ear, strict cleanliness must be maintained, and all CNT and Universal Precautions should be adhered to. If used in a damp climate or summertime, there is an increased risk of infection, the patient should be closely monitored and the retention time reduced. The patient's history should be taken to check for any known allergies to the adhesive backing or latex.

The patient should be discharged with after-care instructions minimally noting the following:

1) Ear should be checked daily for any signs of infection: Redness, Pain, Swelling, Discharge of pus or fluids.
2) Avoid excessive touching of the ears, including the use of phones
3) Avoid contact of the ear with children and pets and keep needles that have fallen out away from children and pets
4) Removal Instructions
5) Isolation of Sharps and how to return needles information

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Intradermal Needles



Also known as grain-like intradermal needles, these needles have a short needle shaft with a small circular head like a small grain and is about 1cm in length. These needles are primarily used on the body and are inserted at a very shallow, transverse angle to the skin. The needle should be as flat as possible A piece of adhesive tape is usually placed over the head of the needle after insertion, and then a larger piece of tape is placed over this to affix it to the surface of the skin. These needles are generally retained from 1-3 days for up to a week as needed.

Common Clinical Usage

Intradermal needles are generally used for the treatment of chronic or painful diseases which need long retention time, such as headache, stomachache, bilious colic, asthma, insomnia, enuresis, abnormal menstruation, dysmenorrhea, neurasthenia, hypertension, etc. Typically only 1-2 needles are selected unilaterally, or points on both sides are used in rotation. Because these needles are small, they can be hard to properly insert with bare hands, use of a pair of tweezers or forceps can be helpful.

These needles are also frequently used in some Japanese Acupuncture channel balancing methods. See the Internal Needling Summary from Japanese Acupuncture: A Clinical Guide by Stephen Birch for more information on this method.

Cautions & Contraindications

Follow all normal cautions and contraindications as normal for body acupuncture. Because intradermal needles are retained in the body, strict cleanliness must be maintained, and all CNT and Universal Precautions should be adhered to. If used in a damp climate or summertime, there is an increased risk of infection, the patient should be closely monitored and the retention time reduced. Some

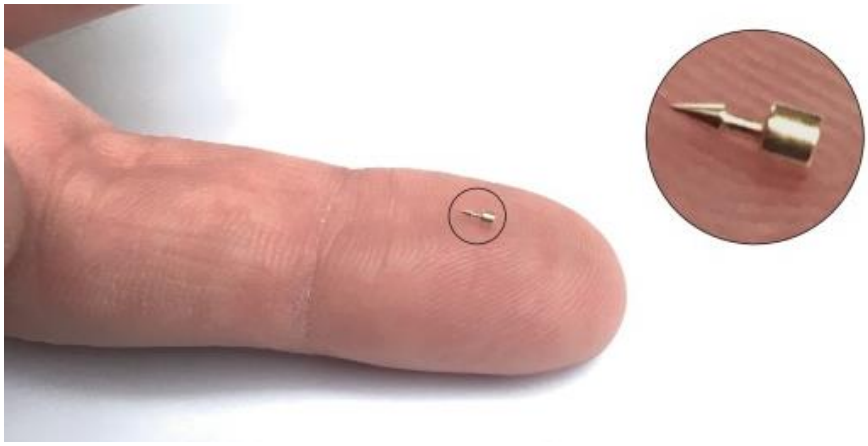
practitioners prefer daily removal, cleaning and insertion of a new needle. The patient's history should be taken to check for any known allergies to the adhesive backing or latex. Care should be taken to not place the needles in the joints or in any locations where movement may cause the needle to cause pain or become dislodged.

The patient should be discharged with after-care instructions minimally noting the following:

1. Insertion Site should be checked daily for any signs of infection: Redness, Pain, Swelling, Discharge of pus or fluids.
2. Avoid excessive touching of the insertion site
3. Avoid contact of the insertion site with children and pets and keep needles that have fallen out away from children and pets
4. Removal Instructions
5. Isolation of Sharps and how to return needles information

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ASP Needles



ASP semi-permanent needles are for use during auricular acupuncture. They are used for conditions which require strong, longer term stimulation. The needles are a single solid piece of stainless steel with a sharp conical section that inserts into the ear, and a flat solid back piece that helps with retention on the outside of the auricle. The needles also come as gold plated and solid titanium. Titanium needles are non-magnetic and can be used during surgeries, procedures and MRI diagnostic imaging.

Common Clinical Usage

The needles are usually retained for 1-4 days depending on the need. The needles are either allowed to fall out on their own or removed after the prescribed amount of time. Removal and isolation in a sharps container is preferred. Your patients can swim and wash their hair normally, however excessive touching and contact with the ears should be avoided. Some sources note that walking can reactive the needles and extend the duration of treatment.

Cautions & Contraindications:

Follow all normal cautions and contraindications as normal for auricular acupuncture. Because ASP needles are retained in the ear, strict cleanliness must be maintained, and all CNT and Universal Precautions should be adhered to. If used in a damp climate or summertime, there is an increased risk of infection, the patient should be closely monitored and the retention time reduced. Some patients have skin reactions to gold, if so known, only the stainless steel or titanium needles should be used.

The patient should be discharged with after-care instructions minimally noting the following:

1) Ear should be checked daily for any signs of infection: Redness, Pain, Swelling, Discharge of pus or fluids.
2) Avoid excessive touching of the ears, including the use of phones
3) Avoid contact of the ear with children and pets and keep needles that have fallen out away from children and pets
4) Removal Instructions
5) Isolation of Sharps and how to return needles information

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Auricular Point Protocols

NADA Protocol

The National Acupuncture Detoxification Association (NADA) Protocol is an auricular acupuncture protocol that was originally developed to help patients in drug abuse treatment centers with recovery. It was originally developed to be used as an adjunct therapy in combination with traditional drug and alcohol counseling methods. The protocol began through research noting that e-stim used on the Auricular Lung point was effective in treating opiate withdrawal symptoms, and was further developed. The treatment protocol aims to help both with some of the psychological and physiological symptoms that can occur when someone is undergoing substance abuse treatment from both a western and TCM approach. This protocol as used for substance abuse indications is usually preformed daily for best results; infrequent treatment or treatment without some form of additional counseling methods may be ineffective. The NADA protocols usage has been expanded to include almost all forms of addictions, and more recently has been expanded for use in acute and post-traumatic stress disorders. Many states also have written into acupuncture practice acts that this protocol and only this protocol for the use of substance abuse detoxification can be performed by Auricular Detox Specialists (ADS), which often include clinical based drug and alcohol counselors, nurses and other trained behavioral health specialists. Depending on the state laws, these specialists often must work under a licensed acupuncturist or a M.D. with acupuncture training.

Common Clinical Usage: In addition to the above listed indications (Addictions, ASD, PTSD), this can serve as a general balancing and relaxing protocol that could be used for any patient experiencing some type of emotional disturbance, including high stress, anxiety, insomnia, grief, etc.

Point Protocol

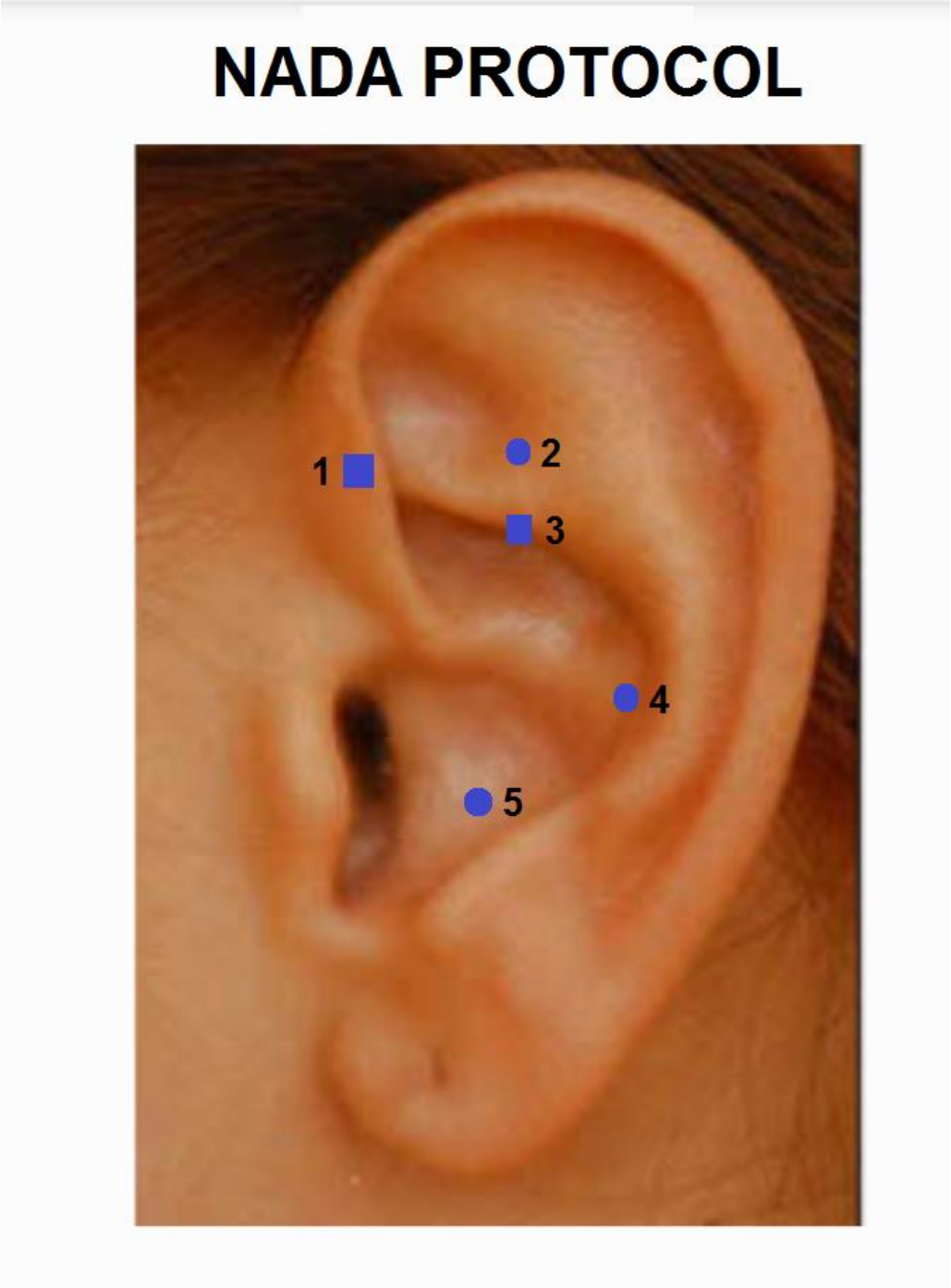
The following points should be needled bilaterally in the following order, and the patient allowed to sit with the needles retained for 30-45min if possible. NADA training also asserts that ear seeds or pellets could be used in addition or in place of needles as needed. Additionally, NADA proponents also assert that Shenmen on the Front and Back could be used by itself if necessary or applicable.

1) Sympathetic
2) Shenmen
3) Kidney
4) Liver
5) Lower Lung

NADA Protocol for Behavioral Health, Stuyt, Voyles and Bursac, Medicines 2018,5,20; doi:10.3390/medicines5010020

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NADA PROTOCOL SUMMARY



1. SYMPATHETIC
2. EAR SHENMEN (NEUROGATE)
3. KIDNEY
4. LIVER
5. LOWER LUNG

HMI Auricular Trauma Protocol

The Helms Medical Institute (HMI) Auricular Trauma Protocol (ATP) is an auricular acupuncture protocol developed by Dr. Joseph Helms for the treatment of Post-Traumatic Stress Disorder and Traumatic Brain Injury. This protocol was originally developed for military personnel and veterans, but has been expanded for civilian use as well. The protocol aims to stimulate the areas of the brain that are frequently affected in cases of PTSD and Traumatic Brain injury through the use of auricular reflex points. During these conditions, the prefrontal cortex becomes hypoactive while the amygdala can become hyperactive, which can result in the overstimulation of the hypothalamus-pituitary-adrenal axis, the sympathetic medullary axis, and the locus coeruleus. As a result this increased stimulation, the hippocampus can show decreased volume and in some cases neuronal death. The locus coeruleus in this situation also maintains high adrenergic tone, which can be associated with concentration, attention and hypervigilance. The hippocampus is the area of the brain that is responsible for portions of the memory and lived through experiences. The amygdala is the area of the brain that regulates fear and aggression responses, while the hypothalmus is the area of the brain associated with integration of memory and behaviors. Because these areas are either over or under stimulated, we can see the common symptoms such as outburst of anger or rage, relieving of past experiences, insomnia, nightmares, hypervigilance and anxiety. One of the main benefits for the use of this therapy is that it is "no-talk", meaning that the patient does not have to speak about what is going on for it to be effective. In several patient populations such as military, law enforcement, fire, paramedics and other forms of first response, there can be a deep hesitance on many levels to speak about what may be going on. This protocol allows patients to start or continue the healing process without fear of reprimand or potential loss of employment or discharge.

Common Clinical Usage

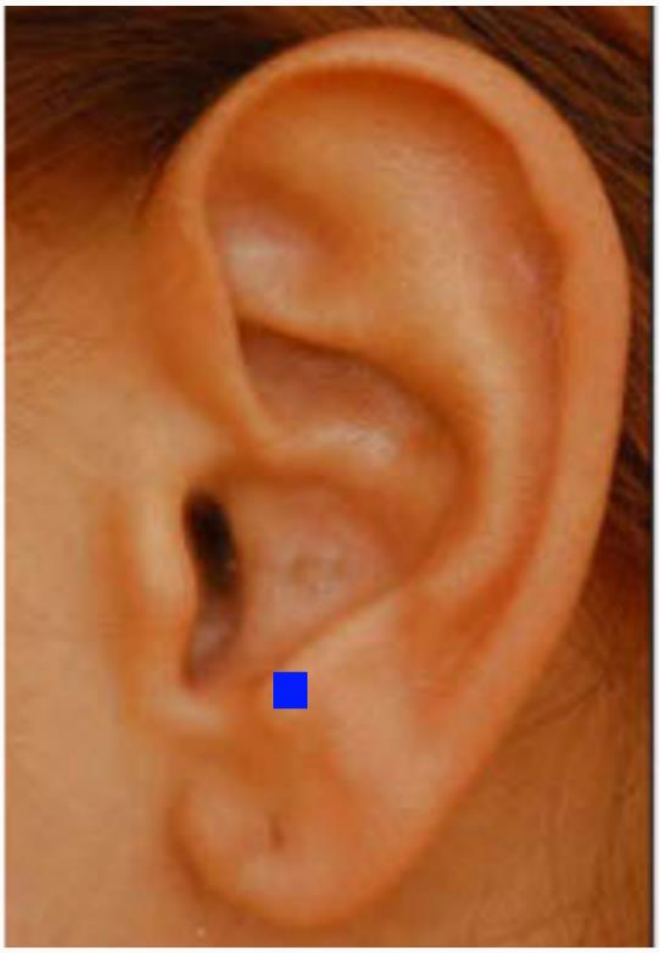
The HMI ATP can be used in any situation where a patient is suffering from PTSD, ASD, or Traumatic Brain Injury (TBI). This can be something acute or chronic. This can and should be used in combination with other forms of behavioral and emotional therapies such as counseling, EMDR, CBT and other methods. This protocol can be utilized as first step in treatment, or as part of ongoing treatment if needed.

Point Protocol:

The following points should be needled and retained for 30-120 minutes. Needles can be used unilaterally or bilaterally as needed. If using filiform needles, after removal, ear seeds or pellets should be placed to continue the effect of the treatment. The use of Semi-Permanent needles or press tacks can also be used to enhance and extend the treatment. This protocol can also be used with the Battlefield Acupuncture Protocol on the other ear or general body acupuncture if there is also pain that needs to be addressed.

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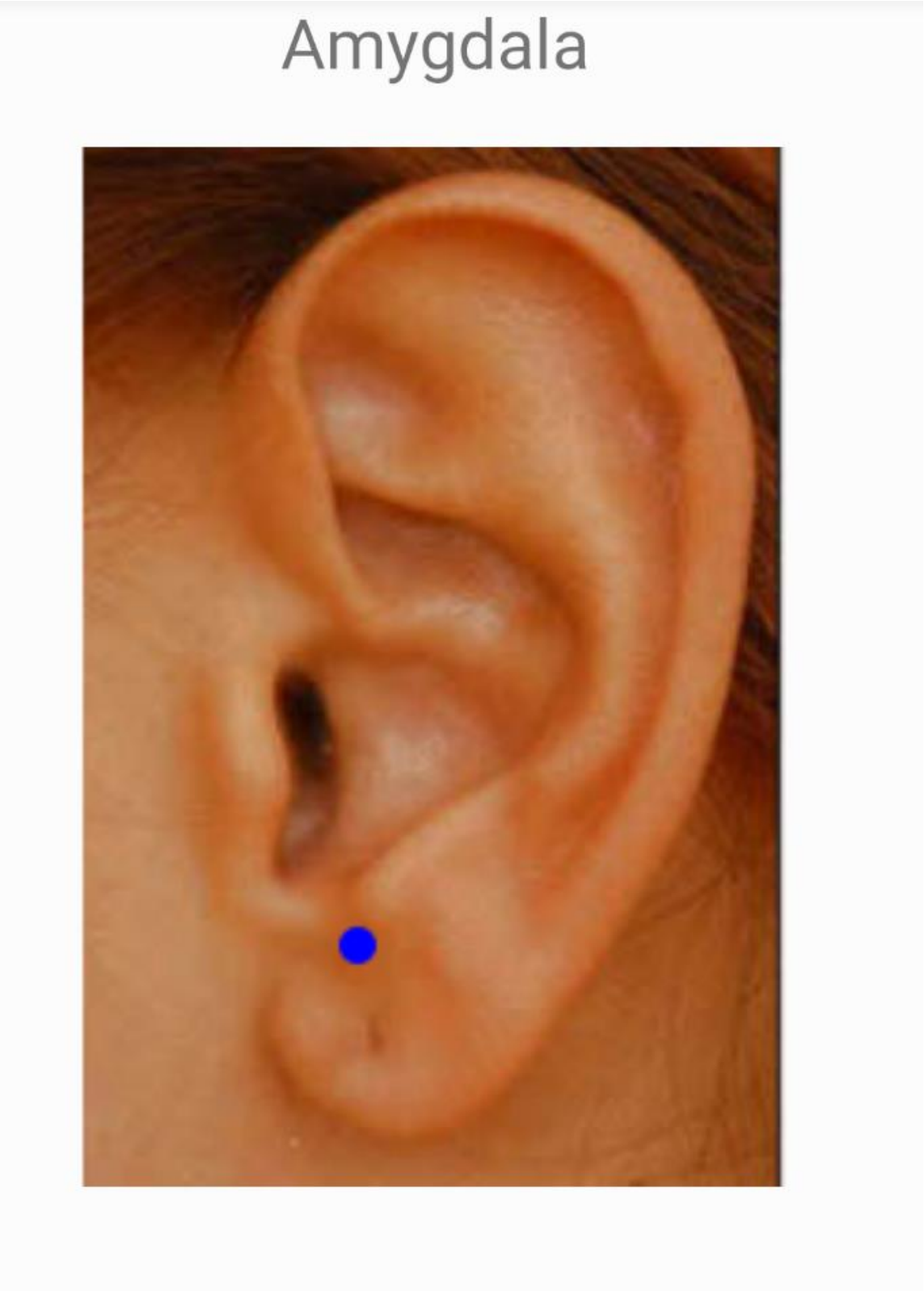
1: Hypothalamus



Location: Found on the floor of the inferior concha medial to the intertragic notch.
Indications: Stimulation of parasympathetic functions of calming, centering, focusing, decision-making and anxiety control.

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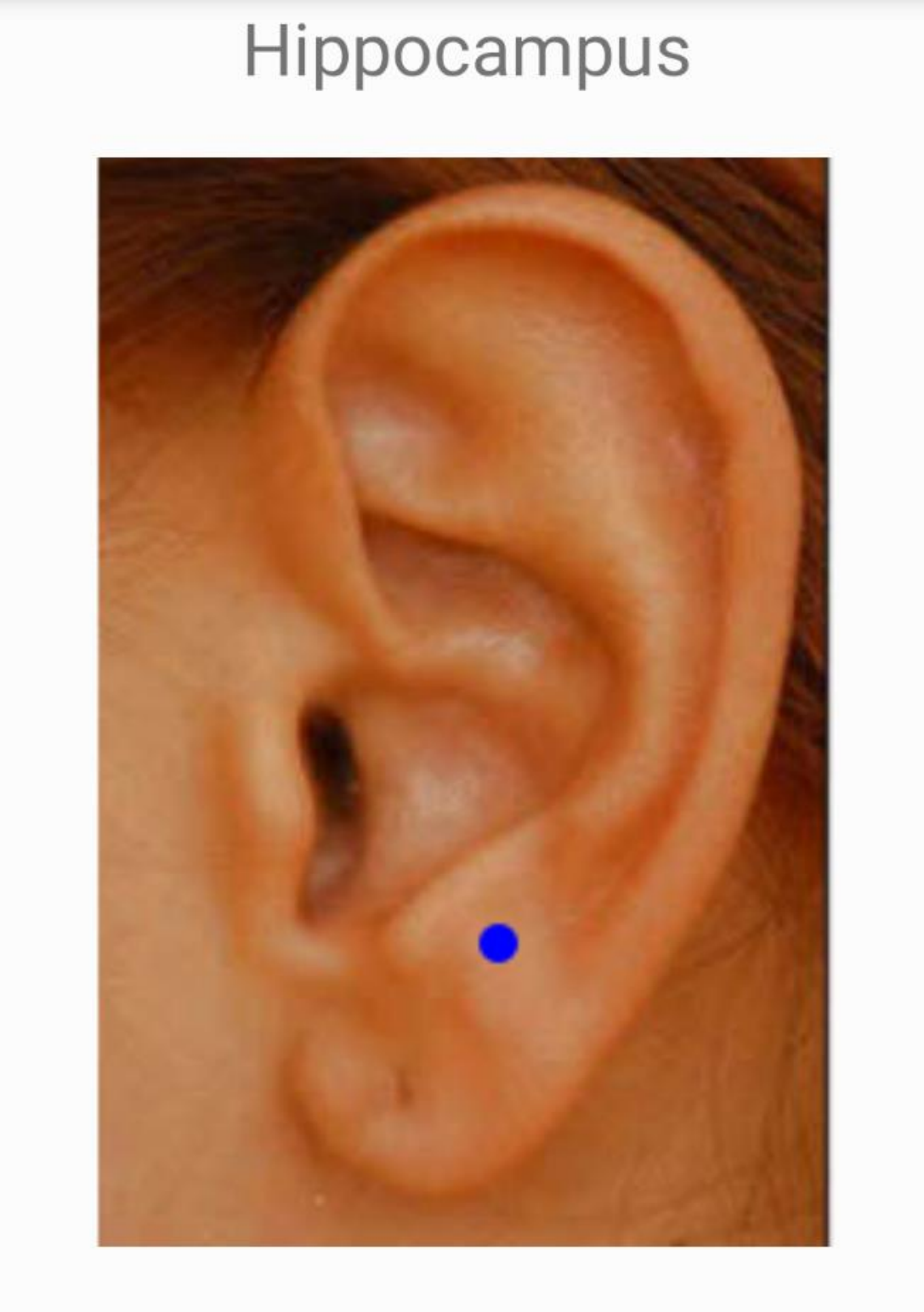
2: Amygdala



Location: Found in notch on Superior Lobe as it joins peripheral Intratragic notch
Indications: Anger, Irritability

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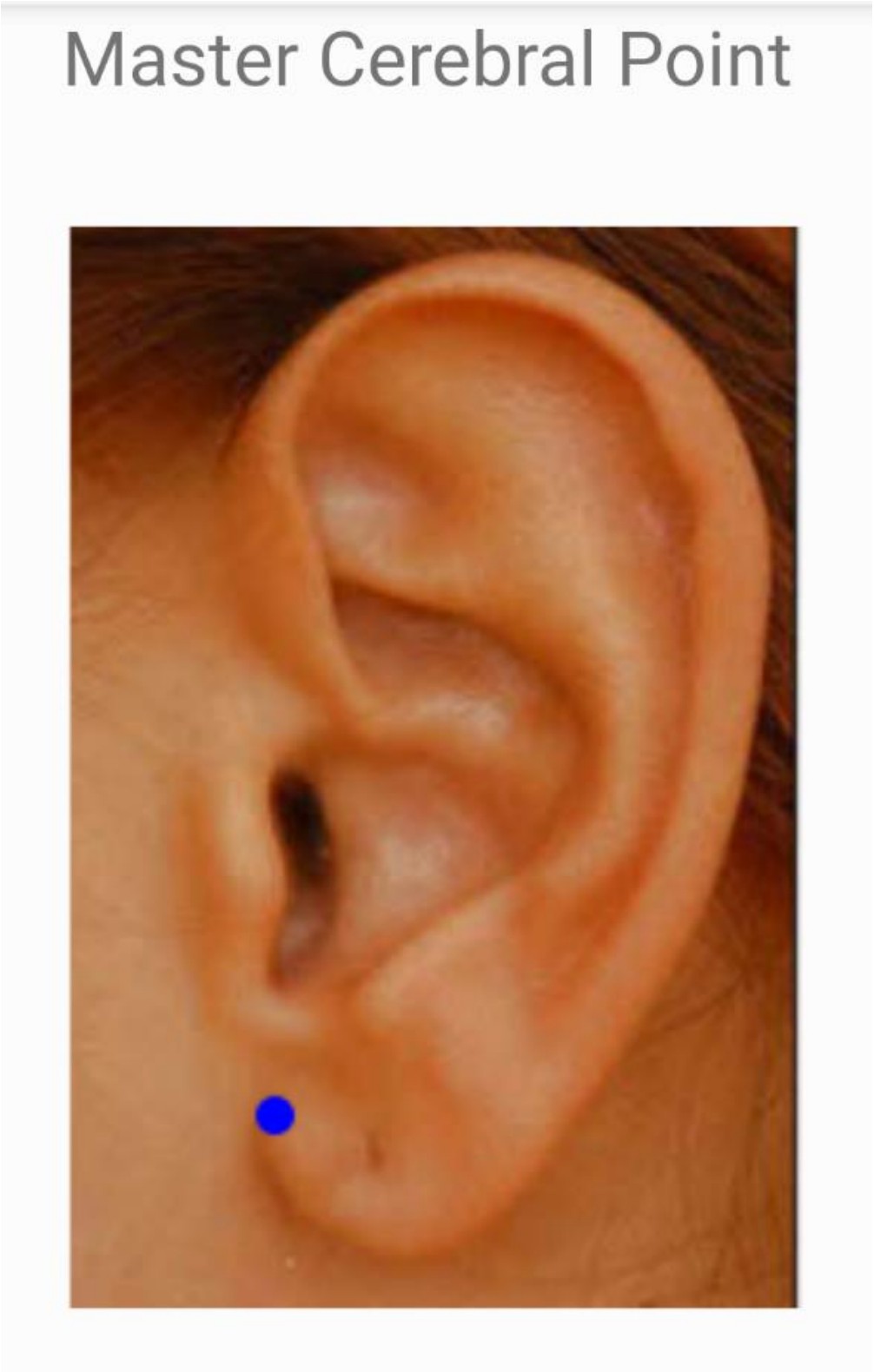
3: Hippocampus



Location: Found on the superior lobe, below the antitragus
Indications: Memory, the retention of lived through experiences

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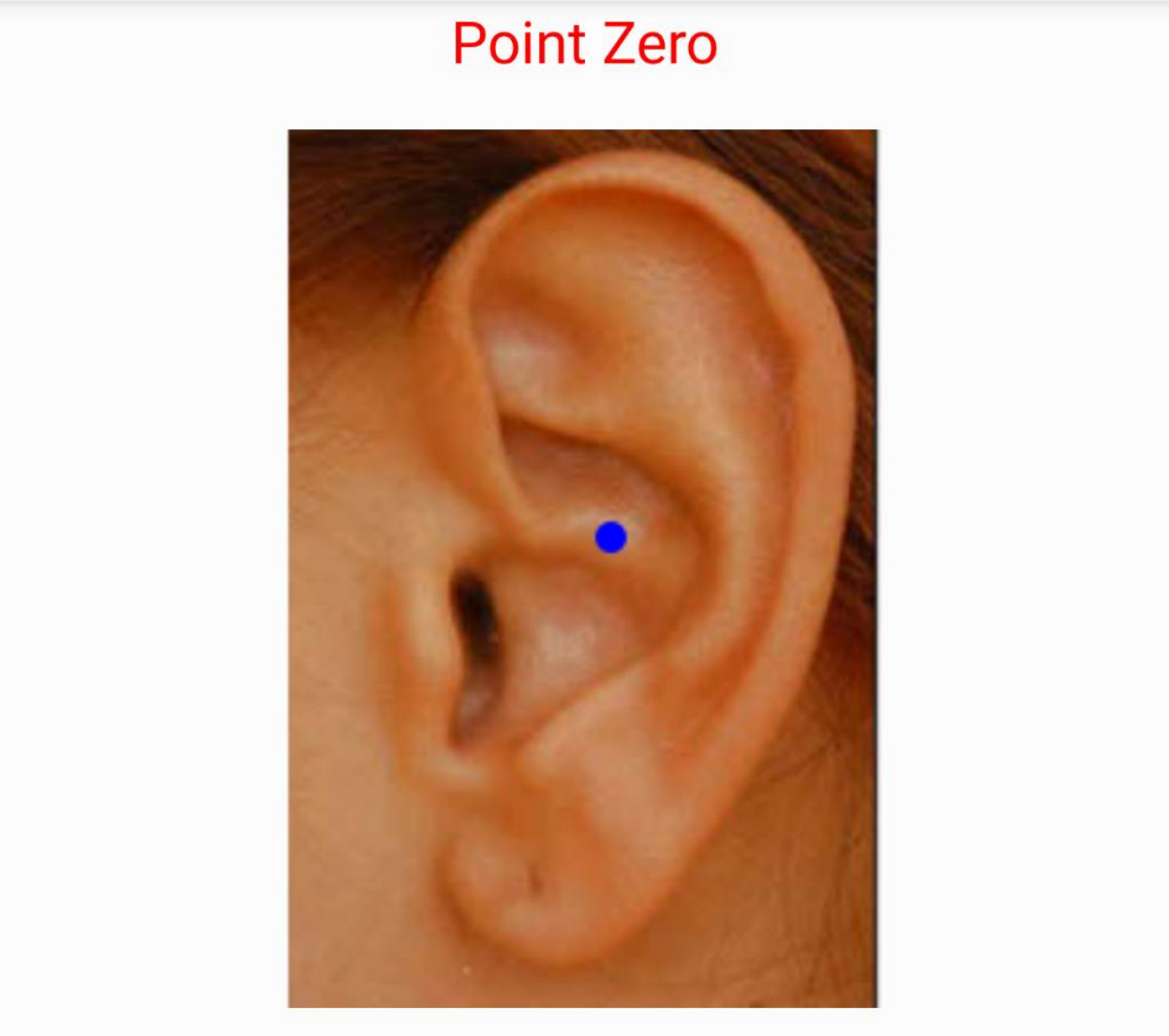
4: Master Cerebral



Location: Found where the lobe meets the face.
Indications: Nervousness, Anxiety, Fear, OCD

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5: Point Zero

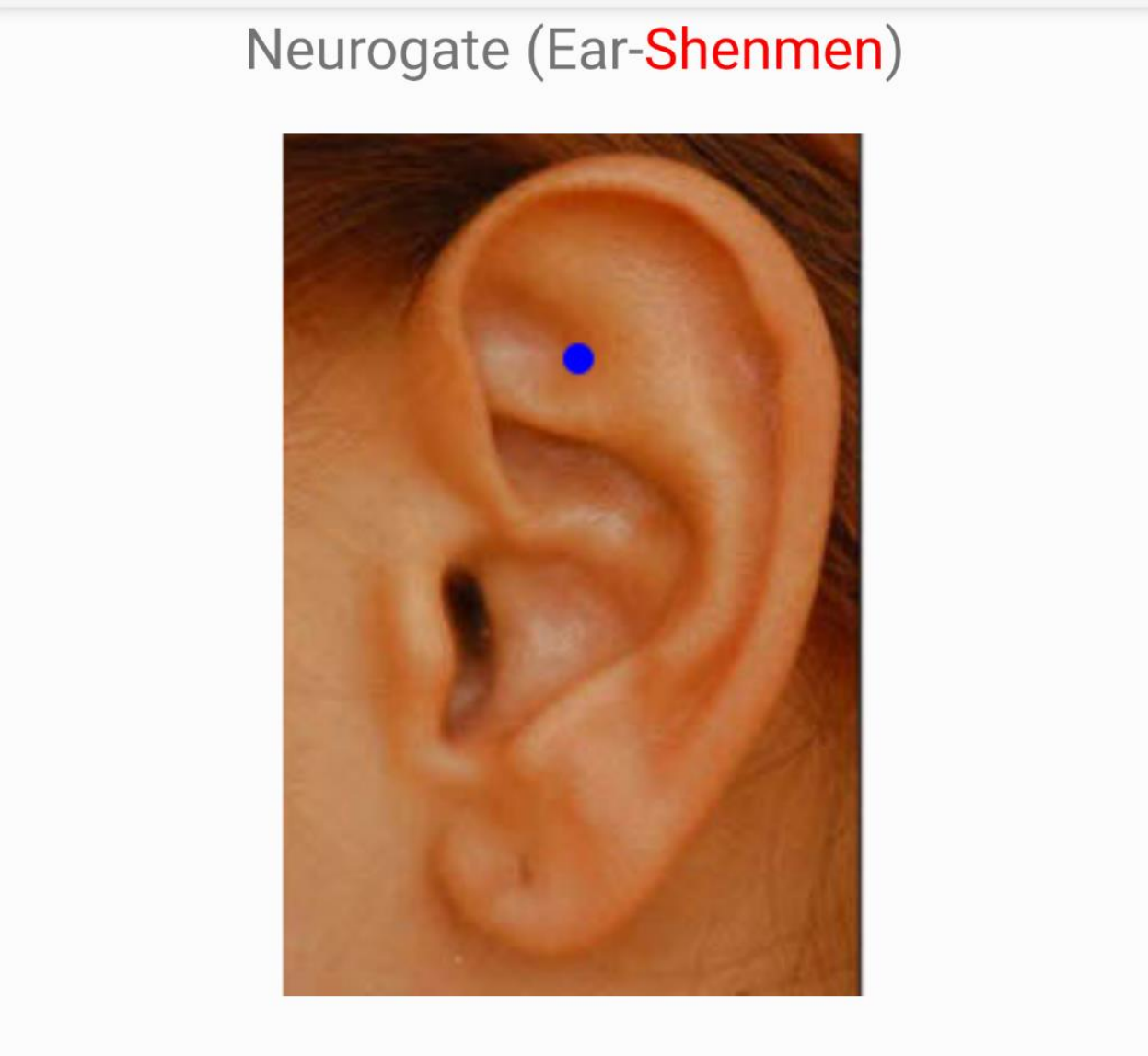


Location: Helix Crus: Found in a notch on the Helix Root as it rises from the Concha Ridge

Indications: relieves spasms, general balance point for all treatments.

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6: Shenmen



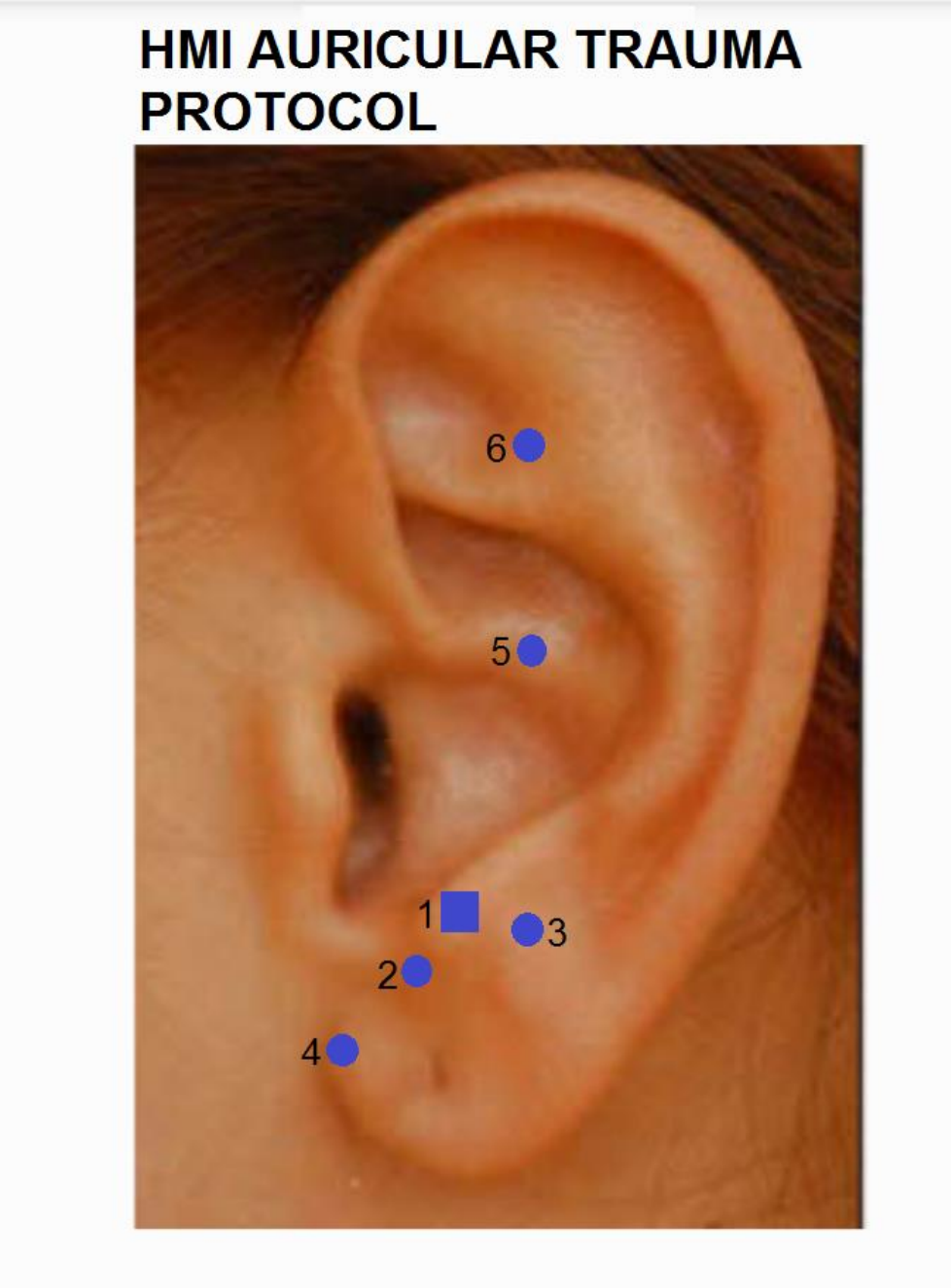
Location: Triangular Fossa: At bifurcating point between superior and inferior antihelix crus, and at lateral ⅓ of the triangular fossa

Indications: Used for neuropsychiatric disorder (hysteria, psychosis, etc.), hypertension, coughing, allergic asthma, itching symptoms, and pain. Important point for anesthesia

HMI Auricular Trauma Protocol, Helms et al, Medical Acupuncture, Volume 23, Number 4, 2001, DOI: 10.1089/acu.2011.0859

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HMI AURICULAR TRAUMA PROTOCOL SUMMARY



1. HYPOTHALMUS
2. AMYGDALA
3. HIPPOCAMPUS
4. MASTER CEREBRAL
5. POINT ZERO
6. EAR SHENMEN (NEUROGATE)

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Battlefield Acupuncture Protocol

The Battlefield Acupuncture (BFA) Protocol was developed by Col.(Ret.) Richard Niemtzow M.D. as an auricular acupuncture protocol for the treatment of pain. This protocol was originally developed for the military, but its usage has expanded to civilian usage as well. The battlefield acupuncture protocol is believed to work through modulation of the pain in the central nervous system involving the hypothalmus, thalmus, cingulate gyrus, and cerebral cortex structures. BFA utilizes ambulation as part of the treatment, and it is believed that stimulation of the vagus nerve and brainstem is through walking is partially responsible for some of its effects. It is important to note that while this protocol can be very effective in reducing pain, it does not solve the original reason why there is pain, meaning that care must be taken so that the patient, now in greatly reduced or pain free, does not further or reinjure themselves through the resumption of normal activity.

Common Clinical Usage

The BFA Protocol can be used in any situation where the patient is experiencing pain. This can be an acute or chronic condition, and can also be used prophylactically in some cases as well such as pre-op/post-op with the appropriate needles. The BFA Protocol can also be combined with normal body acupuncture as well as an adjunct to address pain and help with pain control/management. BFA protocol has been used in situations where conventional pharmaceutical analgesic or anesthetics are not available, and could also be utilized as a method of reducing the use of opiate and other analgesic medications.

Point Protocol

The following points are needled in the following method. Generally this protocol is preformed using ASP Semi-permanent needles, however results can still be obtained using filiform needles, and there is some evidence that strong acupressure stimulation can also produce the desired results. Before treatment, the patient should note a pain score that they are currently experiencing. The practitioner is looking to reduce pain down to a score in the range of 1-3/10. The points are needled bilaterally starting with the cingulate gyrus. After the insertion of the needles in the first point, the patient is asked to walk at a brisk pace for 1-2 minutes. If they are incapable of walking, movement of the arms and legs as if walking should be performed if possible. The pain score should then be re-evaluated. If the pain score is still above the desired level, the next point should be needled bilaterally, the patient should repeat the walk, and the pain score reevaluated. This process is repeated with the subsequent points in the order below until one of the following occurs:

A) The pain is reduced to a score of 1-3/10, if this occurs, discontinue treatment. Needles should be retained for 1-4 days as required.
B) All 5 points have been needled and a reduction in the pain score has occurred. Needles should be retained for 1-4 days as required.
C) There is no change in the pain score or quality or pain increases after needling the first 3 points. If this occurs, BFA may not be effective for this patient and should be discontinued. Needles can be removed at this point.

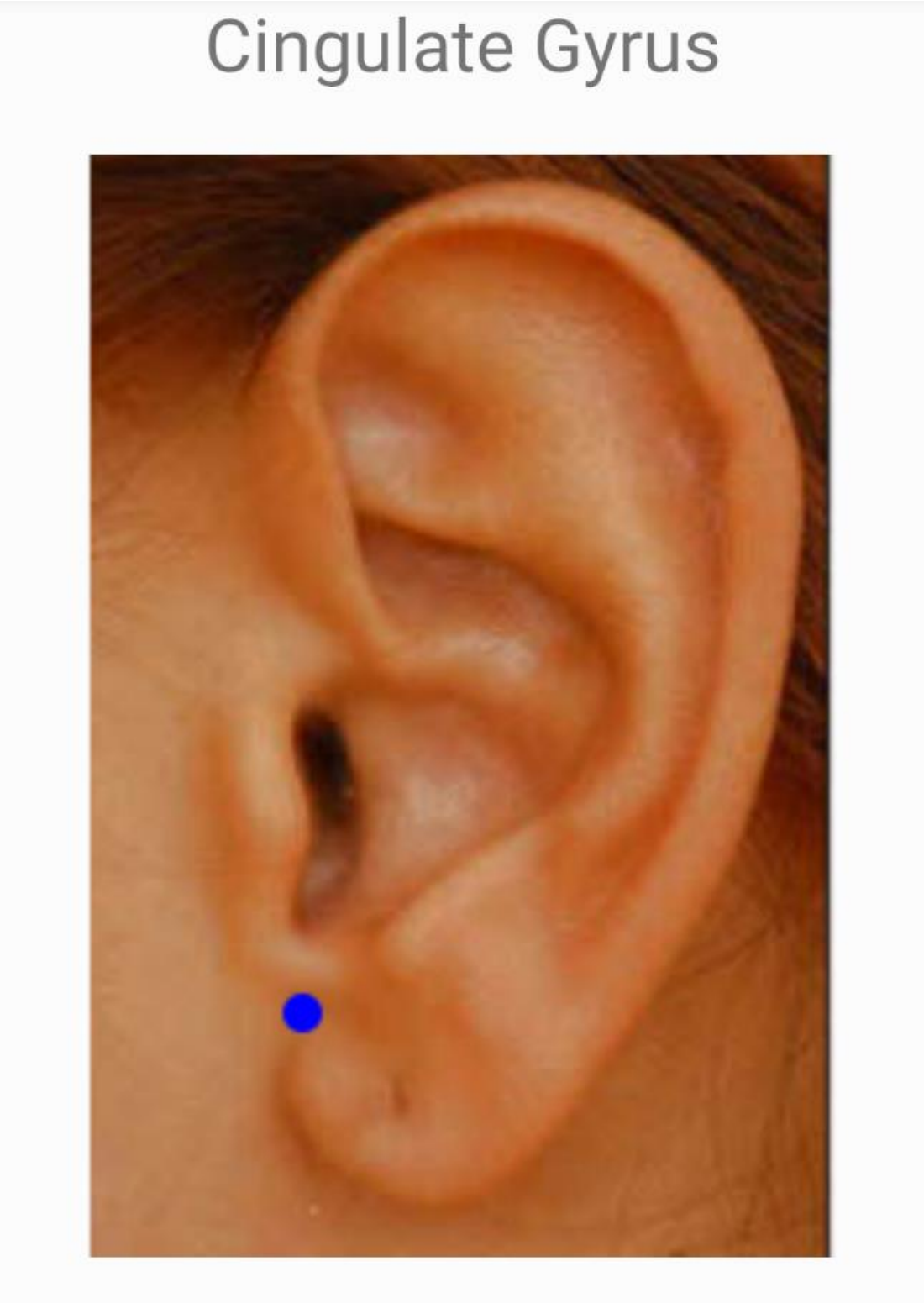
If using filiform needles, this should be performed as normal and the needles retained for at least 30min. If using ASP needles, once the procedure has been performed and the pain reduced, the patient is free to leave the treatment area. If using ASP needles in combination with normal body acupuncture, the BFA protocol should be performed at the end of the treatment if pain is still present. Overstimulation can occur with the use of retained body needles and ASP needles retained in conjunction.

The order for the points is as follows:

1. Cingulate Gyrus
2. Thalamus
3. Omega 2
4. Shenmen
5. Point Zero

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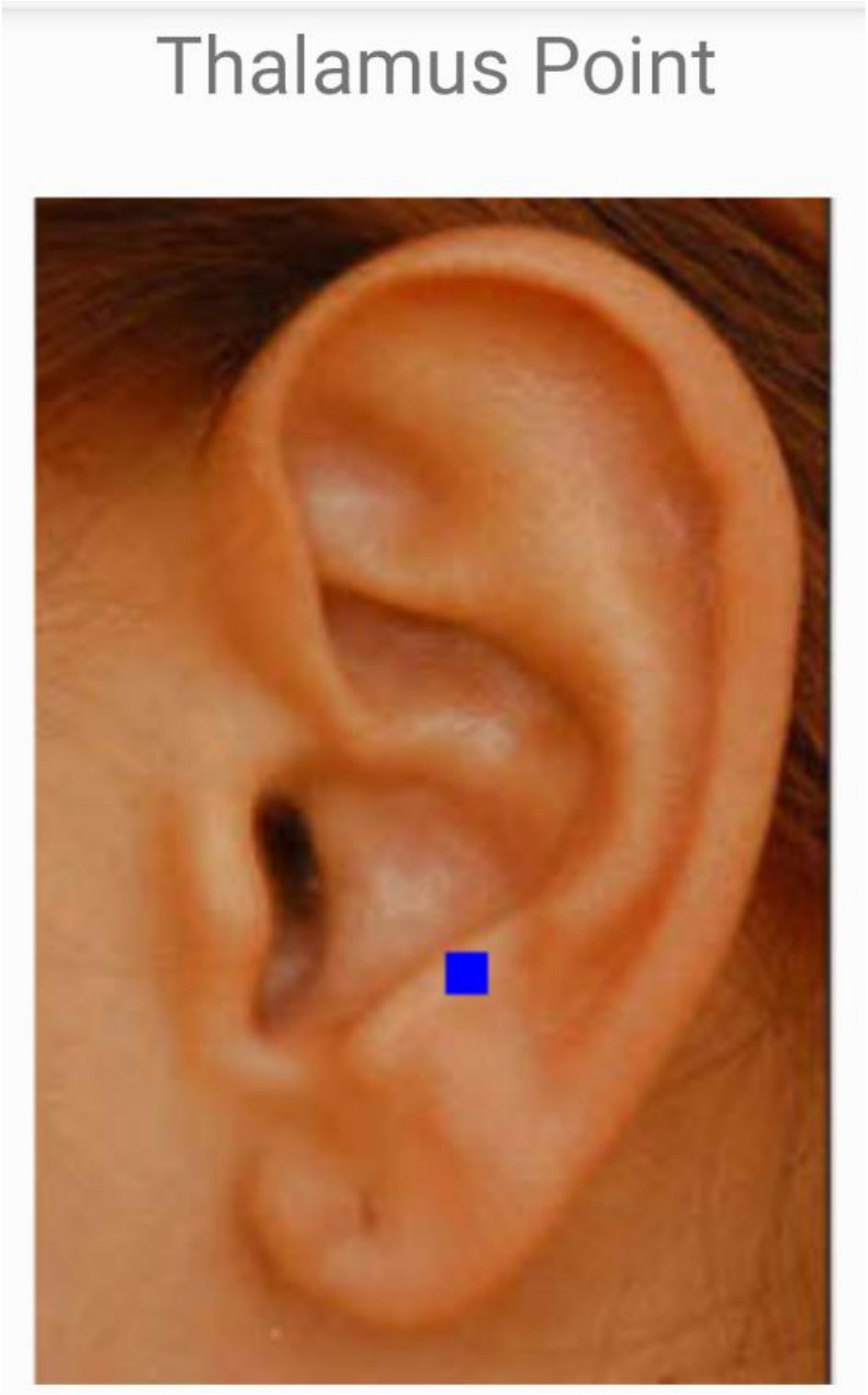
Cingulate Gyrus



Location: At the lower edge of the intertragic notch, towards the face
Indications: Mediates acupuncture analgesia, Very effective pain relief when combined with Thalmus and Omega 2

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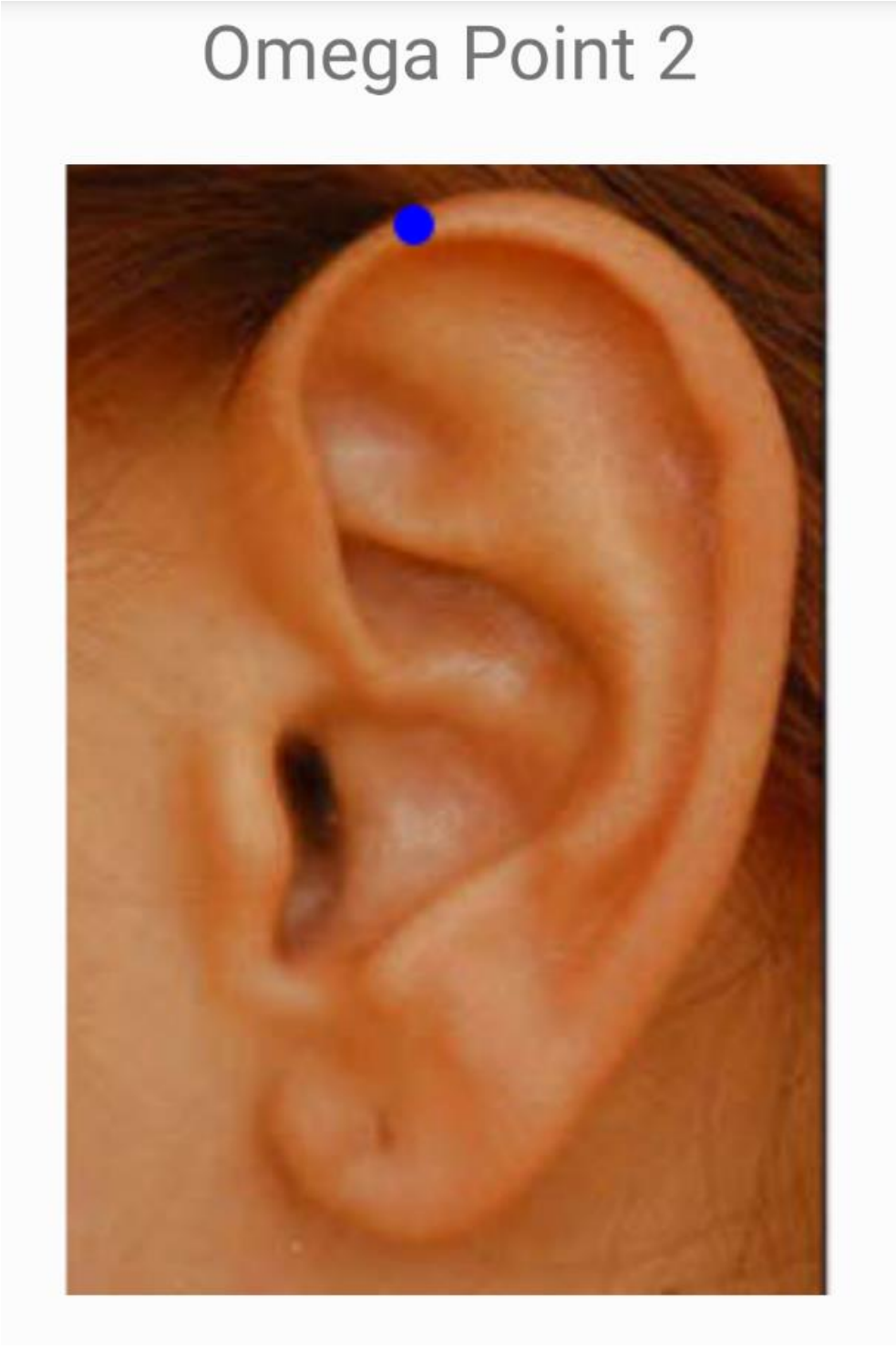
Thalmus



Location: Found at the base of the concha wall, behind the antitragus
Indications: Overexcitement, shock, sweating

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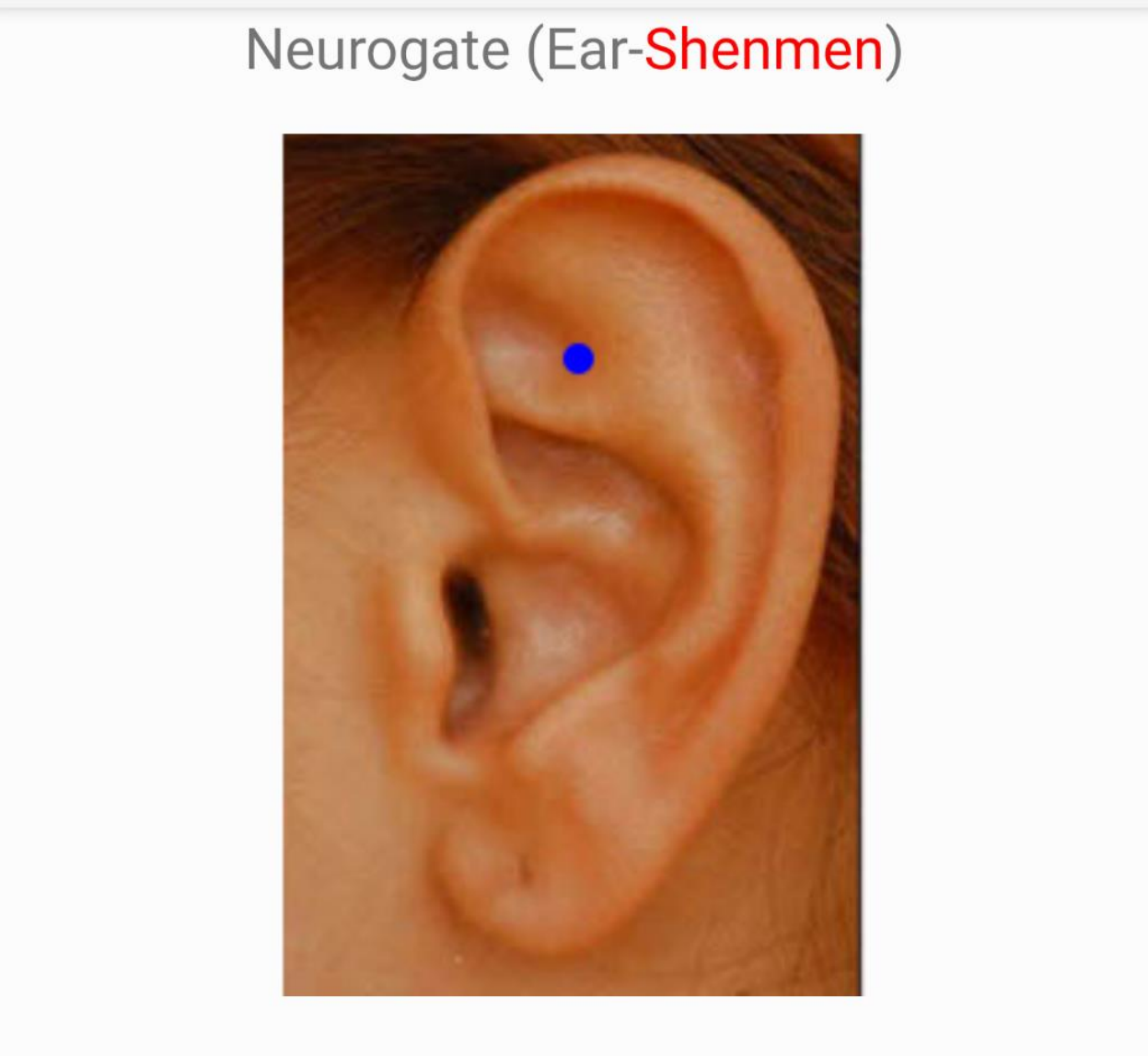
Omega 2



Location: On the upper edge of the helix, Directly above the antihistamine point (In the middle of the triangular fossa, between the Uterus and Pelvic Cavity point)
Indications: Affects somatic stress, reducing rheumatic arthritis, inflammation of the limbs. A point of overruling importance for the motor system.

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Shenmen

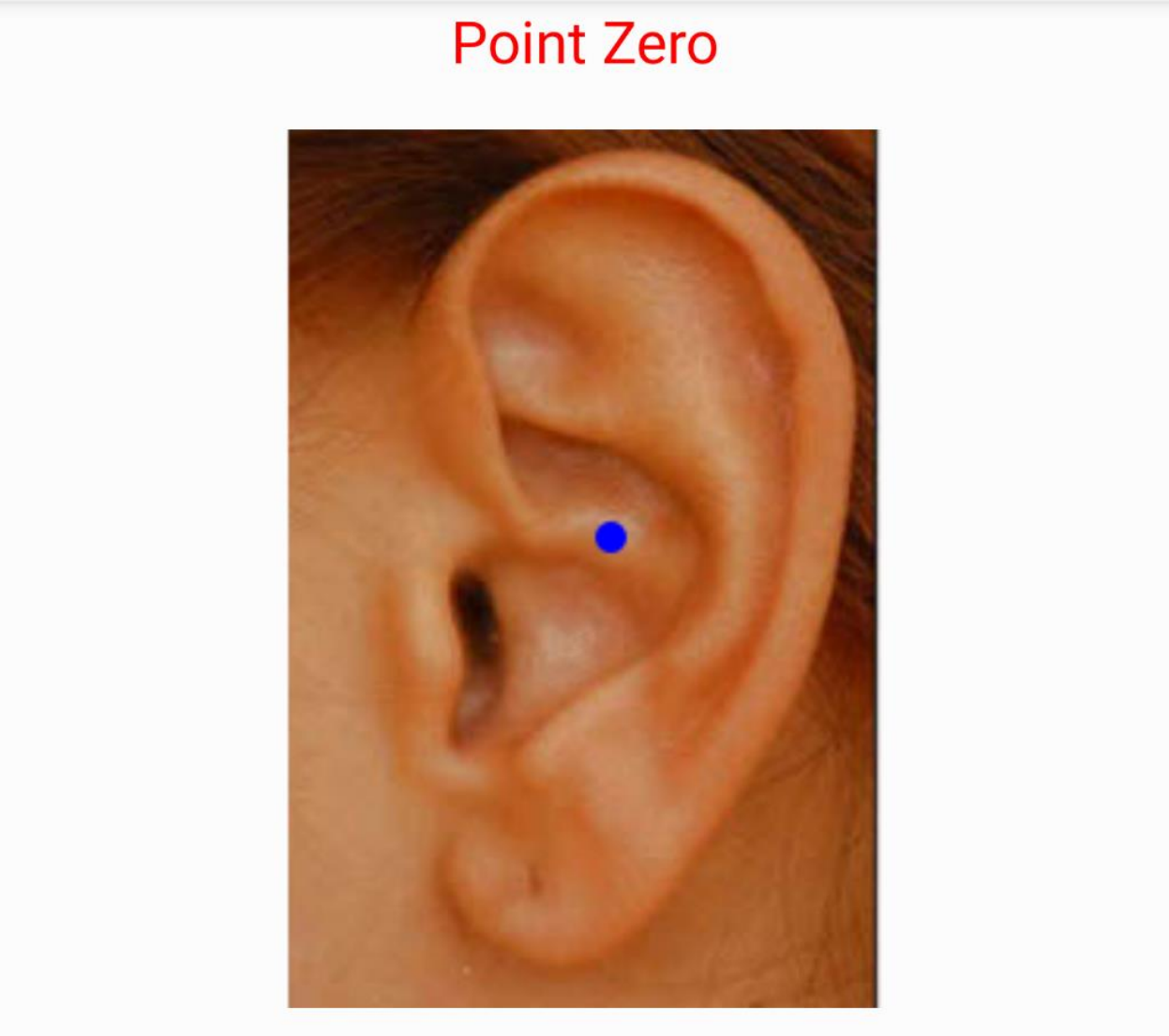


Location: Triangular Fossa: At bifurcating point between superior and inferior antihelix crus, and at lateral ⅓ of the triangular fossa

Indications: Used for neuropsychiatric disorder (hysteria, psychosis, etc.), hypertension, coughing, allergic asthma, itching symptoms, and pain. Important point for anesthesia

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Point Zero



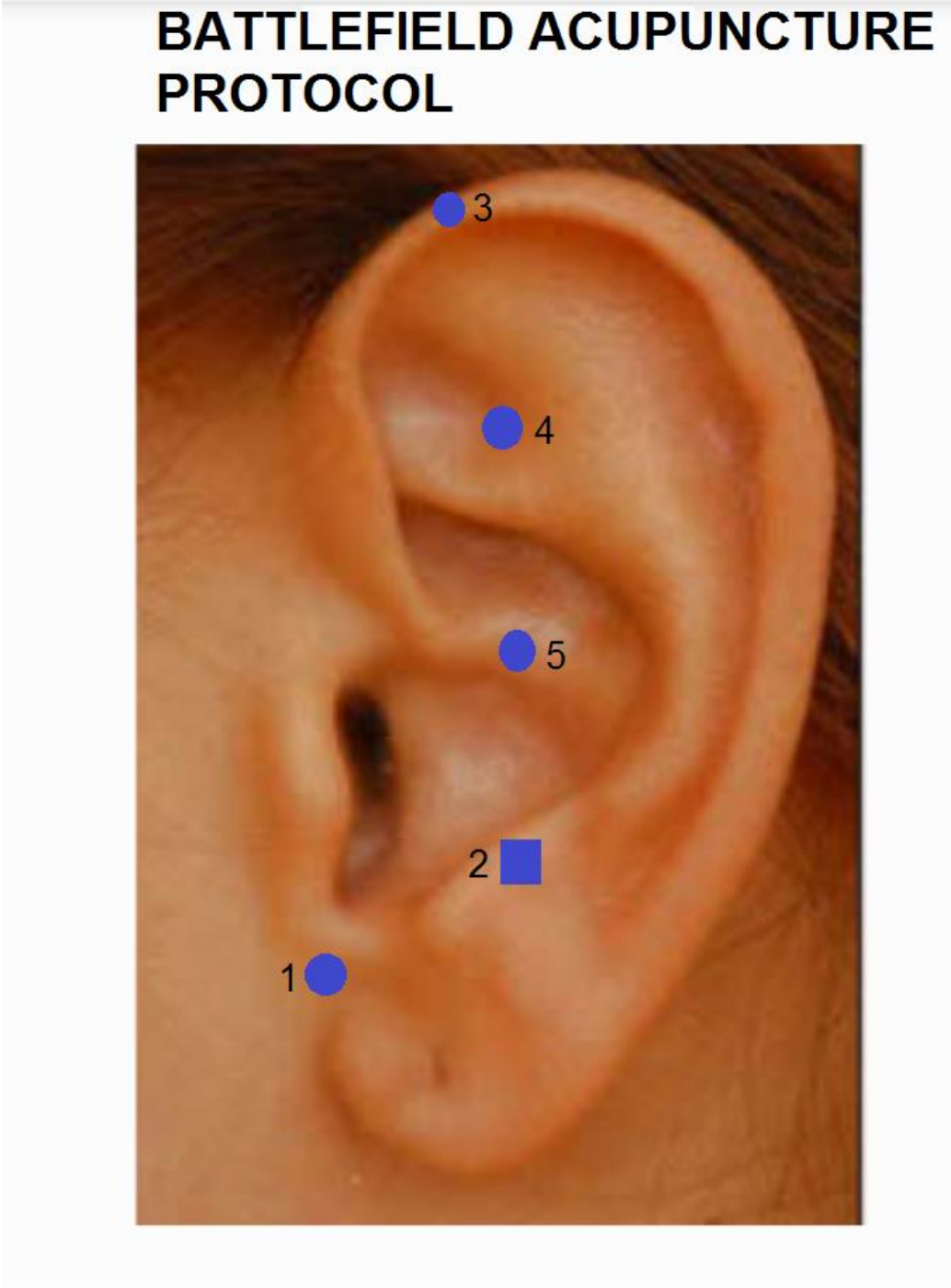
Location: Helix Crus: Found in a notch on the Helix Root as it rises from the Concha Ridge

Indications: relieves spasms, general balance point for all treatments.

Battlefield Acupunture, Niemtzow, Medical Acupuncture, Volume 19, Number 4, 2007, DOI:10.1089/acu.2007.0603

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BATTLEFIELD ACUPUNCTURE PROTOCOL SUMMARY



1. CINGULATE GYRUS
2. THALMUS
3. OMEGA 2
4. EAR SHENMEN (NEUROGATE)
5. POINT ZERO

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Auricular Acupuncture Point Protocols for Common Diseases

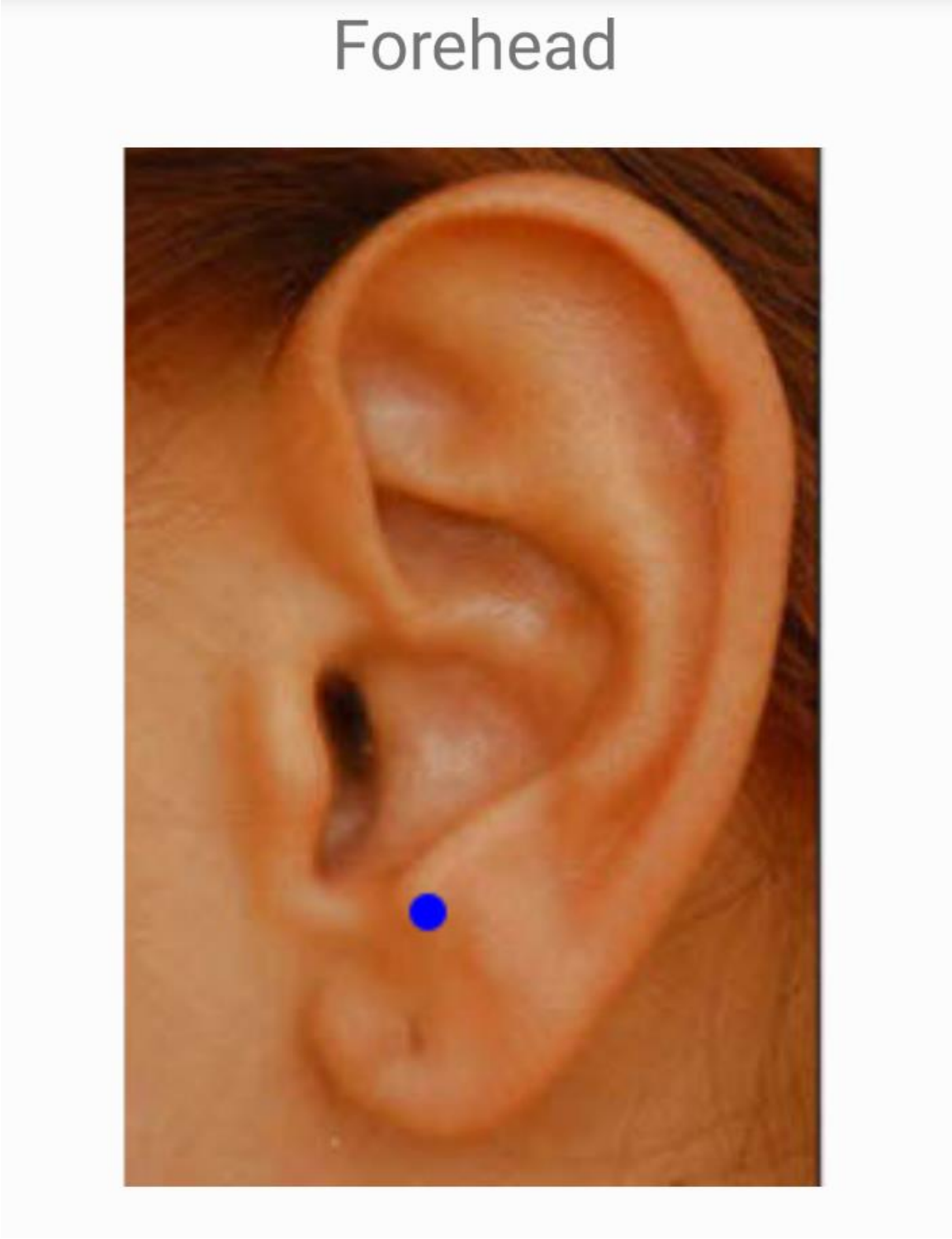
Headache

Points: Forehead, Occiput, Brain, Middle Border, Ear Apex

Method: Strong Stimulation with filiform needles. Needles are retained for 30-60min. Ten treatments are considered a course.

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Forehead

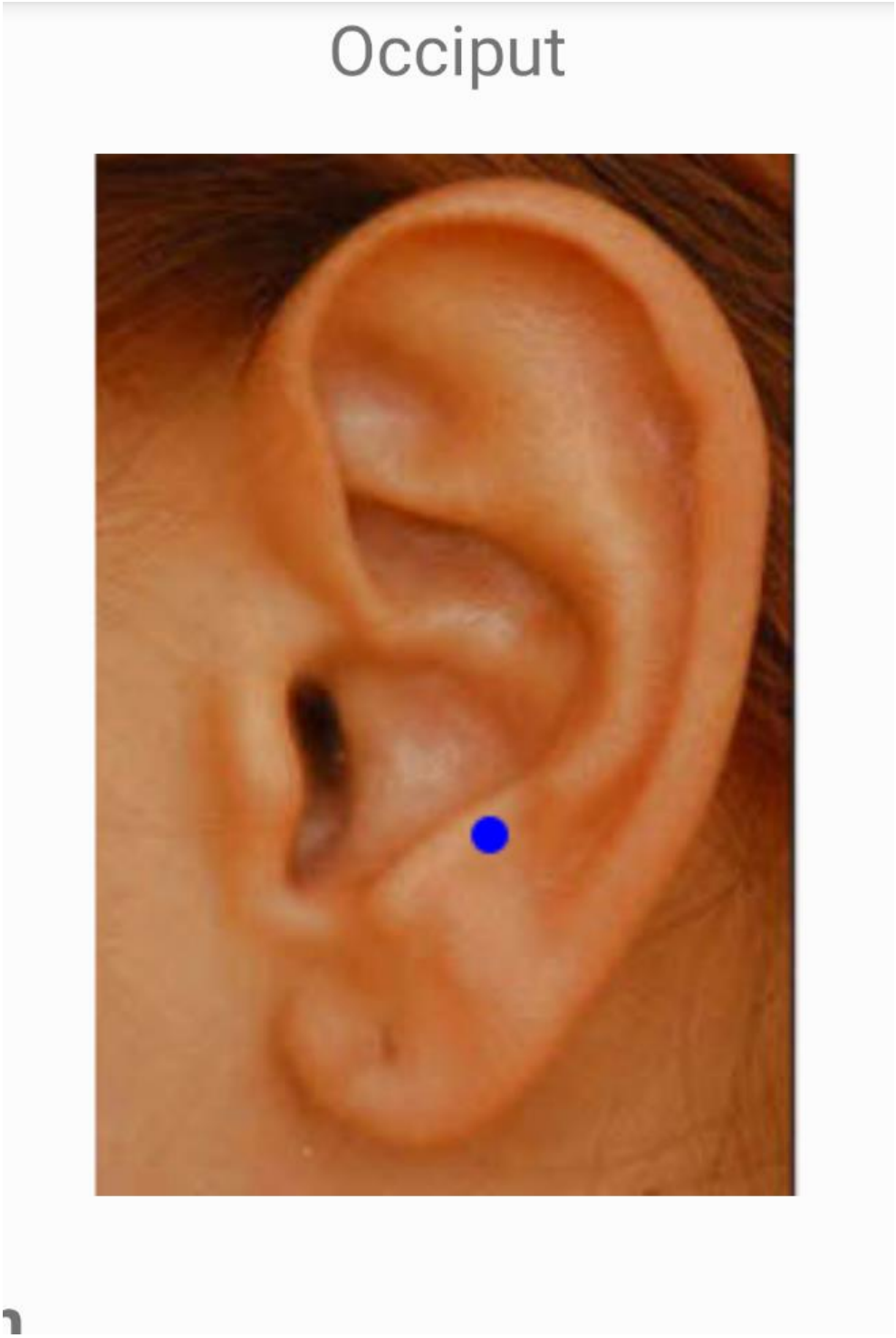


Location: At the anterior inferior corner of the lateral aspect of the antitragus

Indications: Sedation and Analgesia, Yangming Headaches

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Occiput

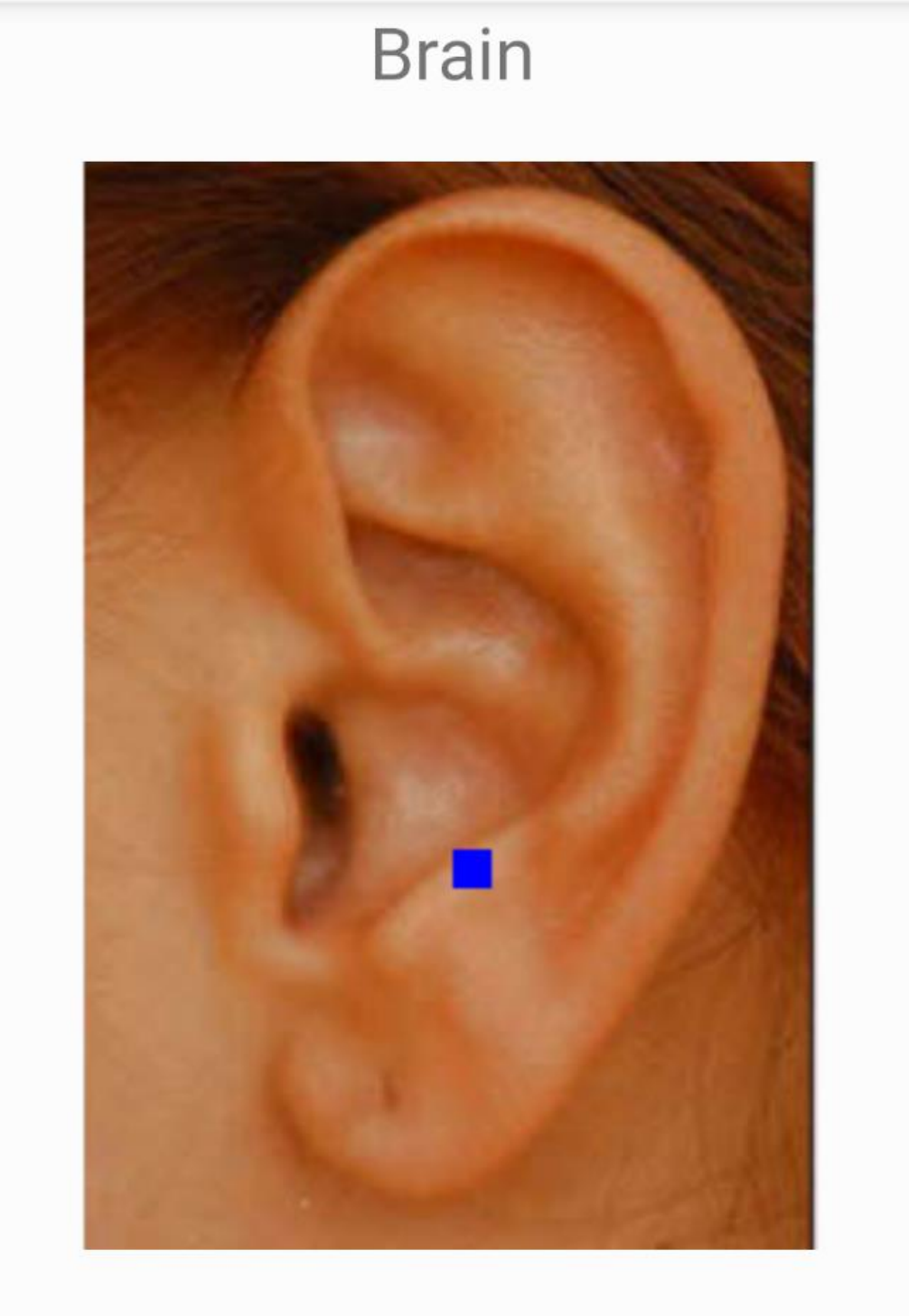


Location: At the posterior superior corner of the lateral aspect of the antitragus

Indications: Sedation and Analgesia, easing the mind and removing wind. Dizziness, Headache, Insomnia, etc

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Brain



Location: Posterior Aspect of the Antitragus

Indications: Reinforcing marrow and replenishing brain, relieving pain and easing the mind. Oligophrenia, insomnia, dream disturbed sleep, tinnitus due to kidney deficiency

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Stiffneck

Points: Find tenderness or the most sensitive spot at Forehead and Cervical Vertebrae

Method: Strong stimulation with filiform needles. Needles are retained for 60min, during which the patient should exercise the neck by moving it about. Treat once daily.

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Cervical Vertebrae



Location: The lower 1/3 of a curved line along the medial margin of the antihelix level from a point level with the urethra (above) to the Shoulder Point (below)

Indications: Strengthening spine and nourishing marrow. Pain in the cervical spine.

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Acute Sprain

Points: Ear-Shenmen, Brain, and Tender spots corresponding to sprained areas

Method: Strong Stimulation with filiform needles. Needles should be retained for 30-60min, treat once daily. After needle insertion, patient may have congestion or heat sensation of the auricle; the patient should then exercise the affected area.

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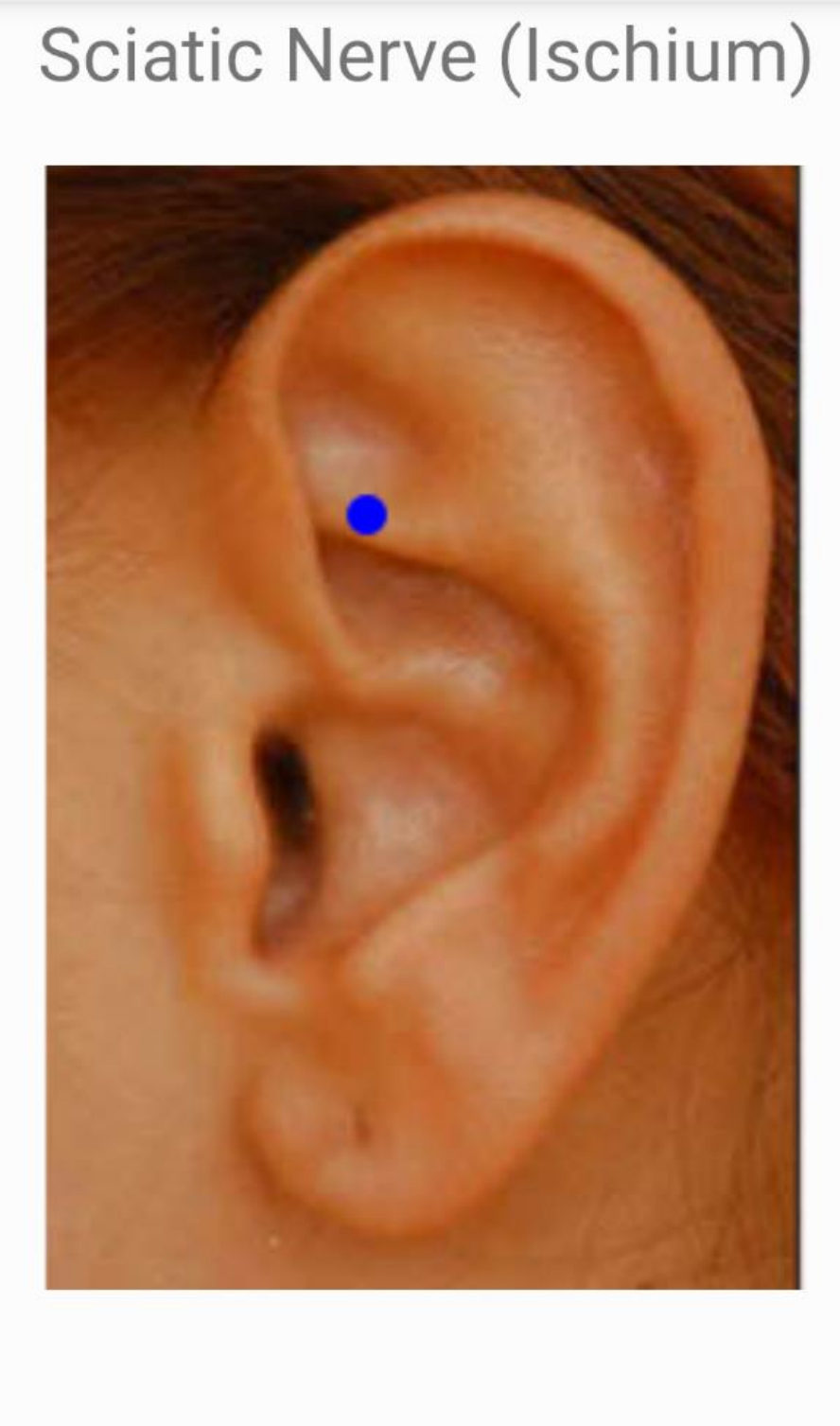
Sciatica

Points: Ischium

Method: Puncture the affected side first. If there is not much improvement, needle the same auricular point of the health side. Apply strong stimulation with filiform needles. Needles are retained for 1 to 2 hours, treat once daily or every other day.

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Ischium (Sciatic Nerve)



Actions: At the medial 2/3 of the inferior antihelix crus

Indications: Sciatica

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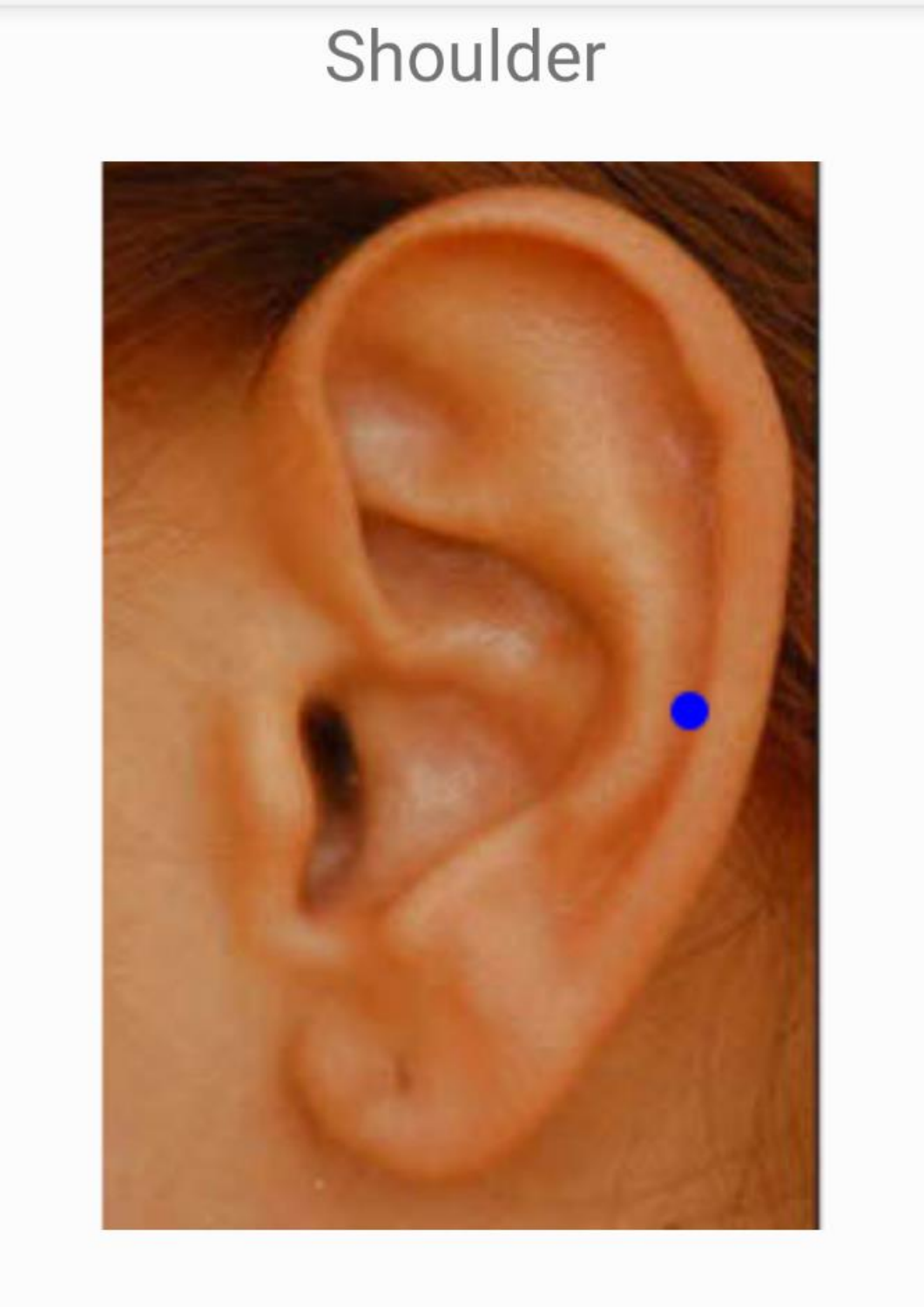
Perifocal Inflammation of the Shoulder Joint

Points: Shoulder, Clavicle, Infra Tragic Apex (Adrenal), Secondary: Liver, Spleen and Brain, Tender points in the Cavum Conchae

Method: Stimulate with filiform needles, select 3-4 needles for each treatment

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Shoulder

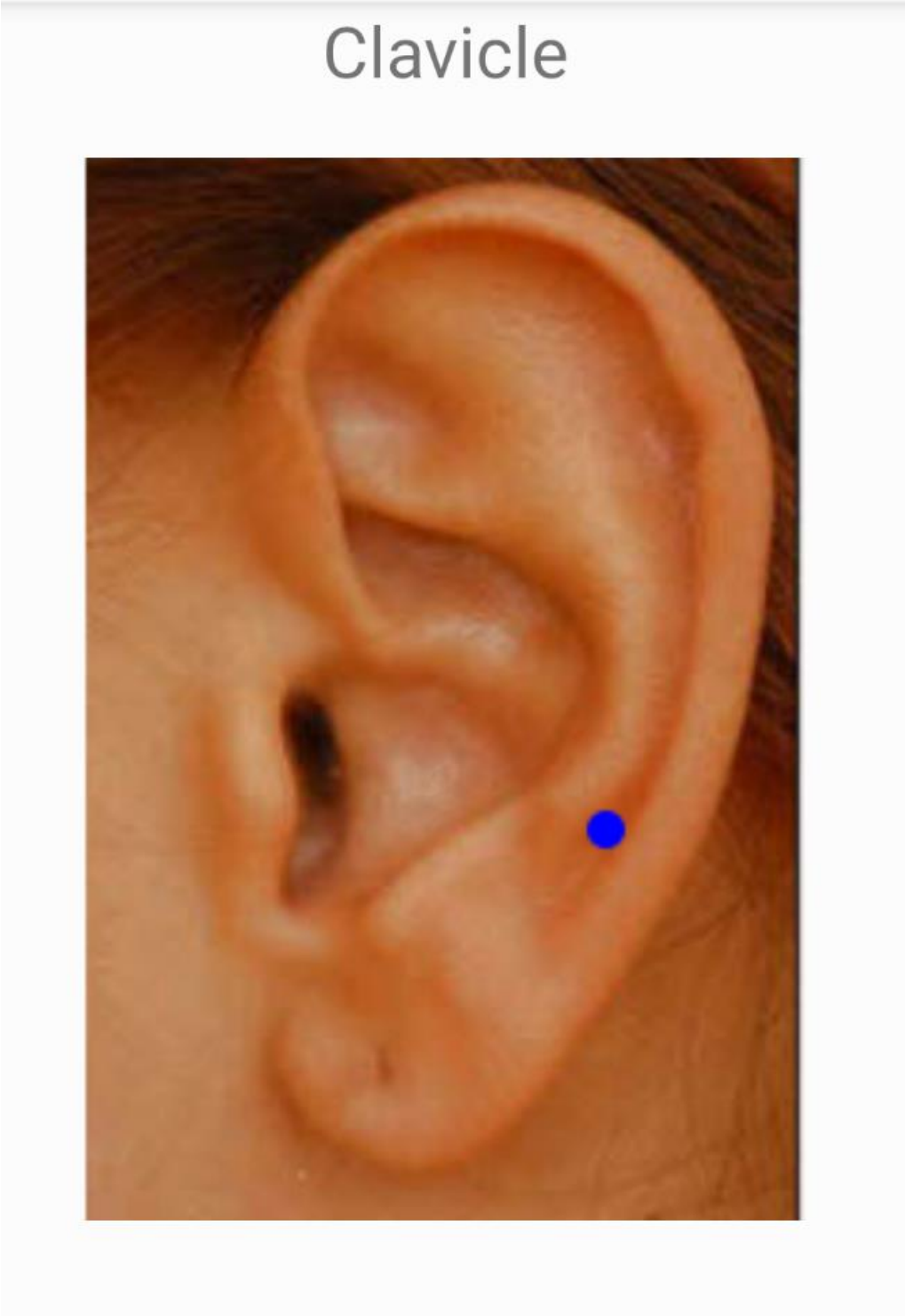


Location: On Scapha, level with supratragic notch

Indications: Pain and Dysfunction of the shoulder

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Clavicle

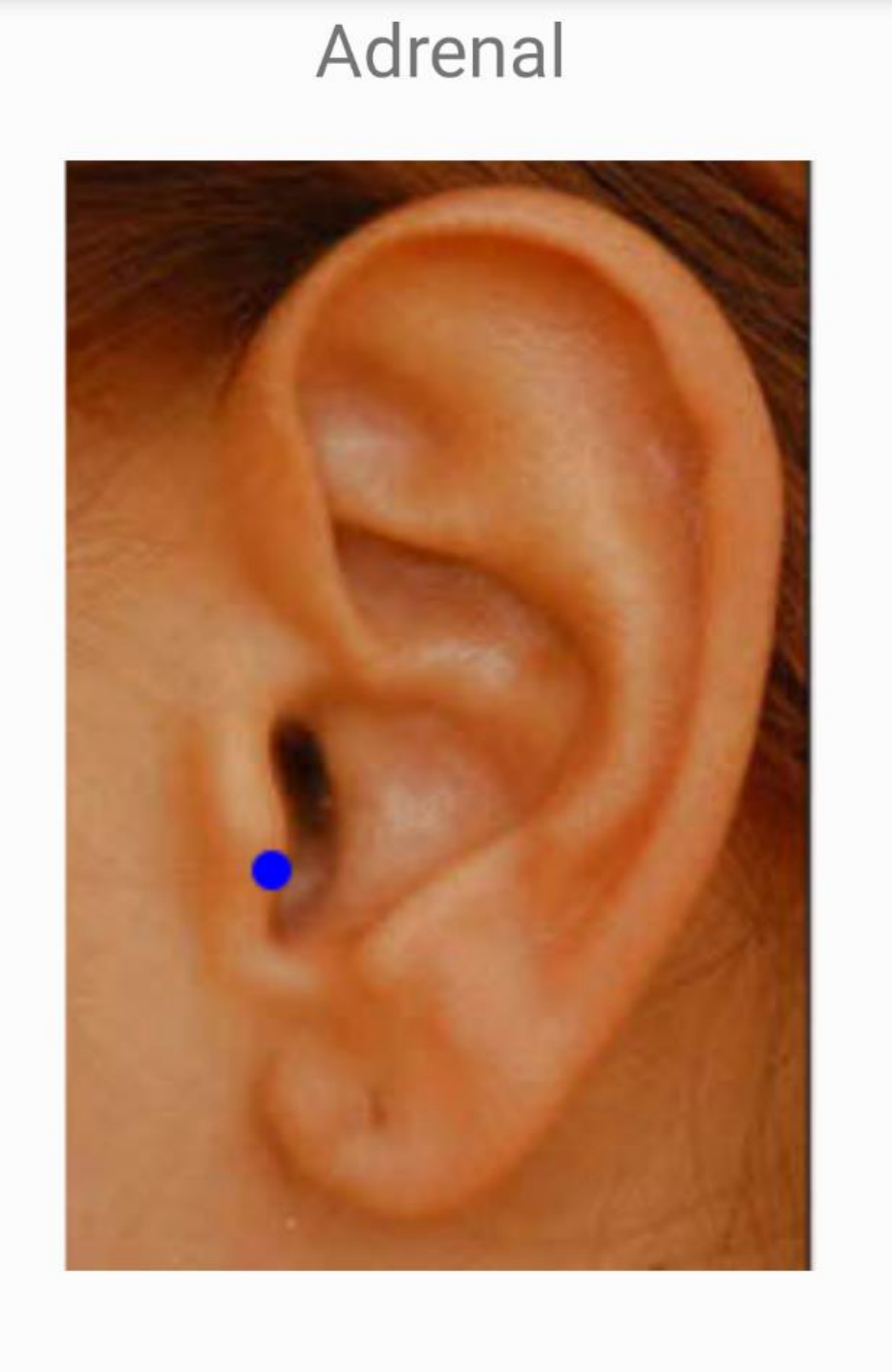


Location: On scapha, level with neck point on the antihelix

Indications: Pain and Dysfunction of the clavicle, peripheral arthritis of the shoulder, Takayashu's disease (Pulseless-Disease)

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Infratragic Apex (Adrenal)



Location: At the tip of the lower tubercule on border of antitragus (if not present, just the lower aspect of tragus)

Indications: Reducing Heat and Relieving Pain, Anti-spasmotism and expelling wind

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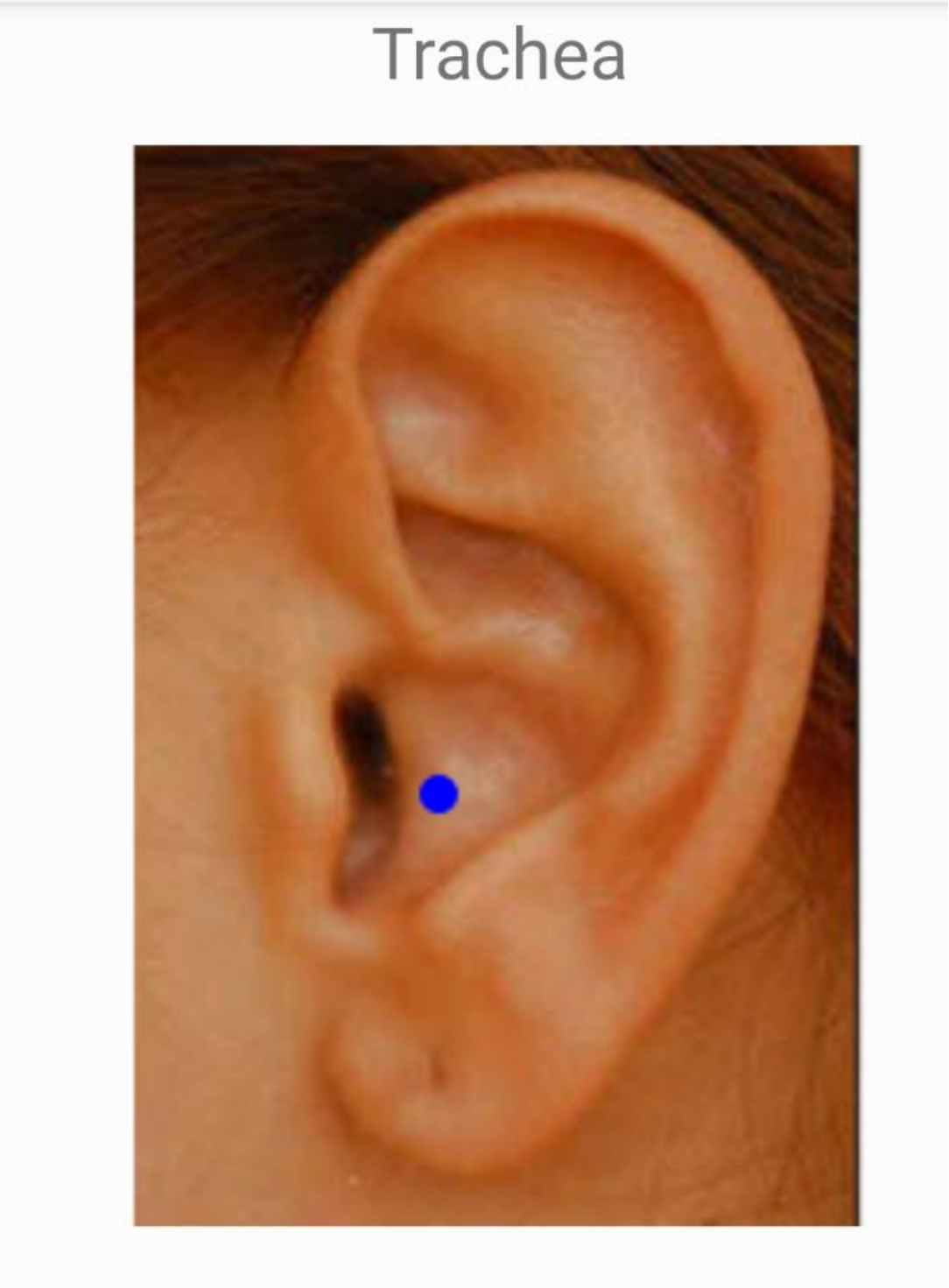
Bronchial Asthma

Points: Lung, Trachea, Infratragic Apex, Antitragic Apex, and Ear-Shenmen; Secondary Points: Root of Auricular Vagus Nerve, Kidney, Triple Energizer, Large Intestine

Method: Apply strong stimulation with filiform needles. One treatment is given daily during an attack. Choose 4 or 5 points bilaterally or unilaterally for each treatment with retention of needles for 30min. After stabilization of condition, treatment is reduced to once every other day. During remission, embedding needle therapy can be applied to consolidate effectiveness.

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Trachea

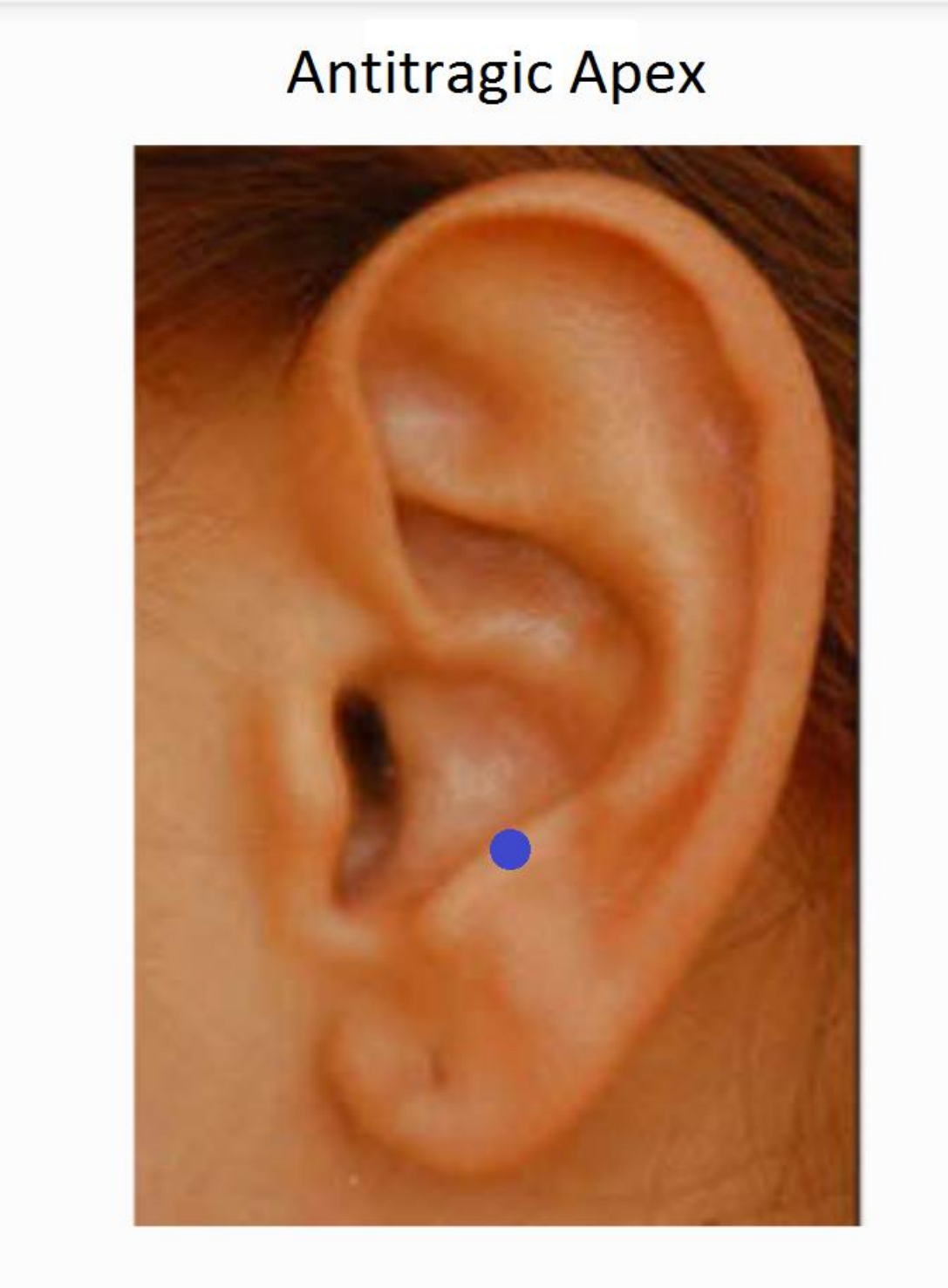


Location: Between and Medial to the two Bronchi points

Indications: Stopping cough and dispelling phlegm, Cough and Asthma

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Antitragic Apex

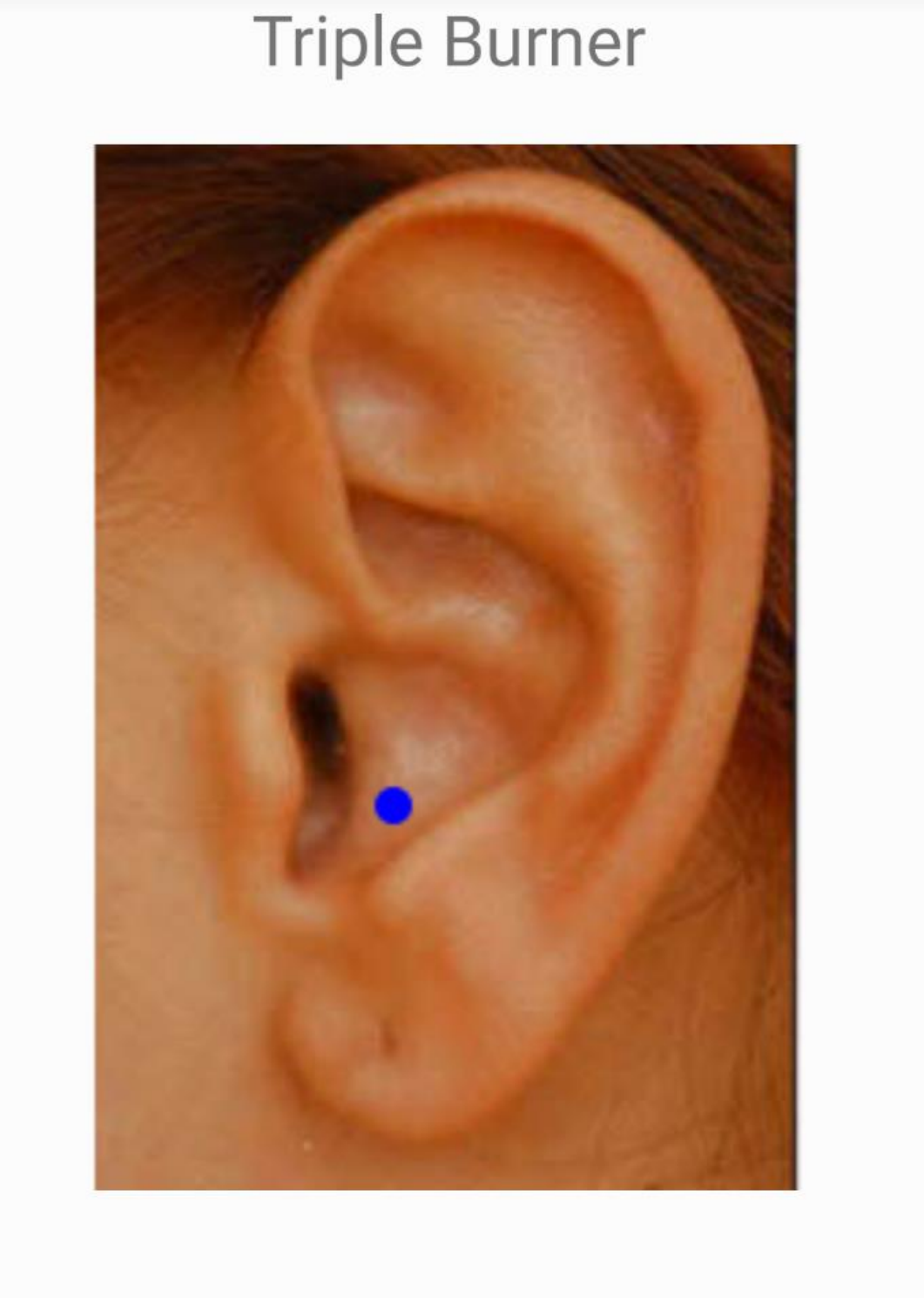


Location: At the Tip of the Antitragus

Indications: Strengthening the Lung and Stopping Asthma, Clearing heat and Toxins, expelling wind. Asthma, Bronchitis, Parotis, Itching Skin

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Triple Burner



Location: In the Cavum Conchae, Below the Trachea Point, Superior to the Endocrine Point

Indications: Removing Obstruction from the water passages, clearing up heat and stopping itching

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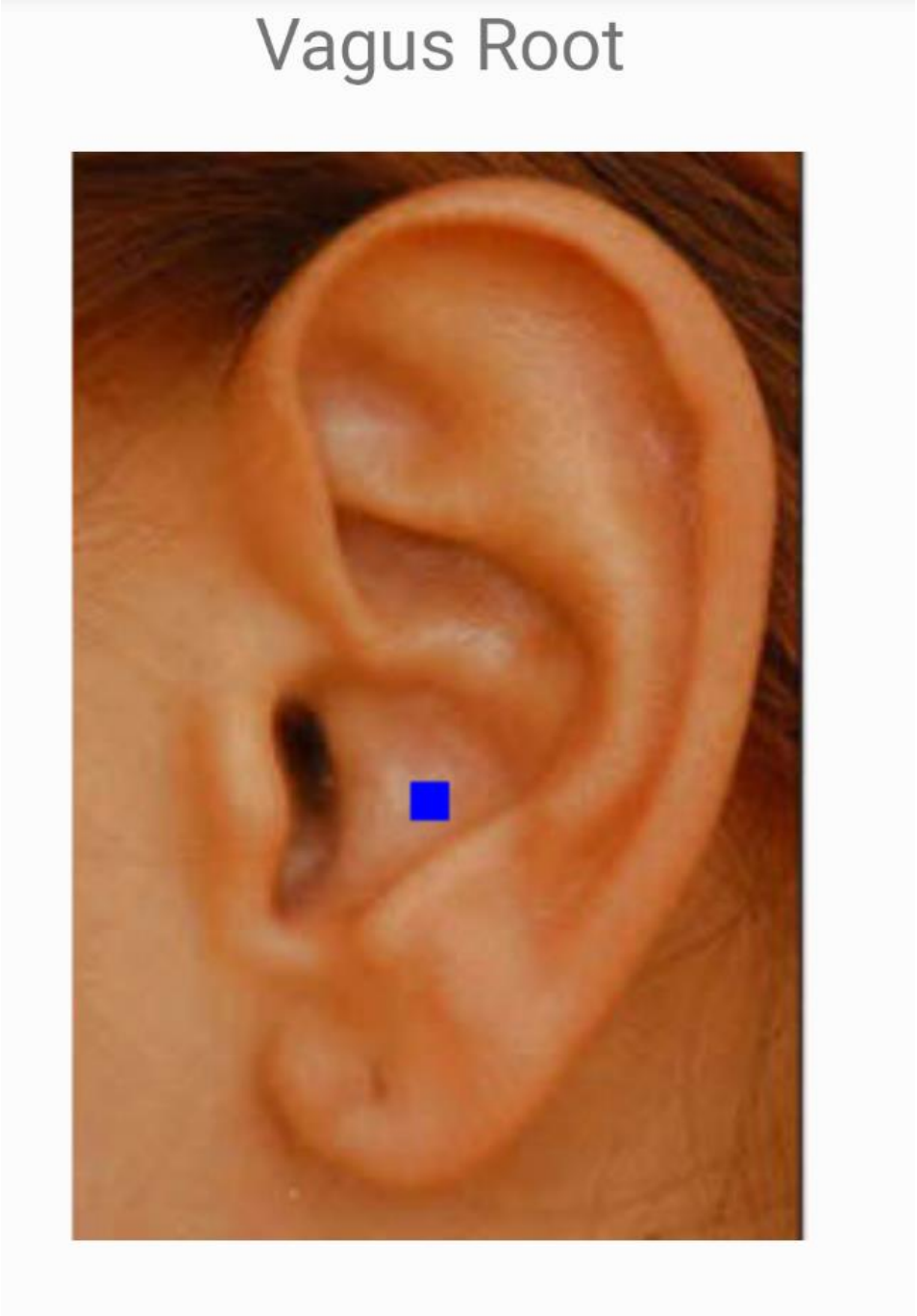
Acute Bronchitis

Points: Lung, Trachea, and Ear Shenmen; Secondary Points: Occiput, Infratragic Apex and Root of Auricular Vagus Nerve

Method: Treat once daily or every other day with a filiform needle. Choose 3 or 4 points bilaterally for each treatment

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Root of Auricular Vagus Nerve



Location: At the junction of the retroauricle and mastoid, level with the helix crus; On back of the ear, at midpoint where the auricle intersects the mastoid process

Indications: Opening orifice and relieving pain, easing zang-fu organs, headache, nasal obstruction, ascariasis of bile duct, diseases of the internal organs

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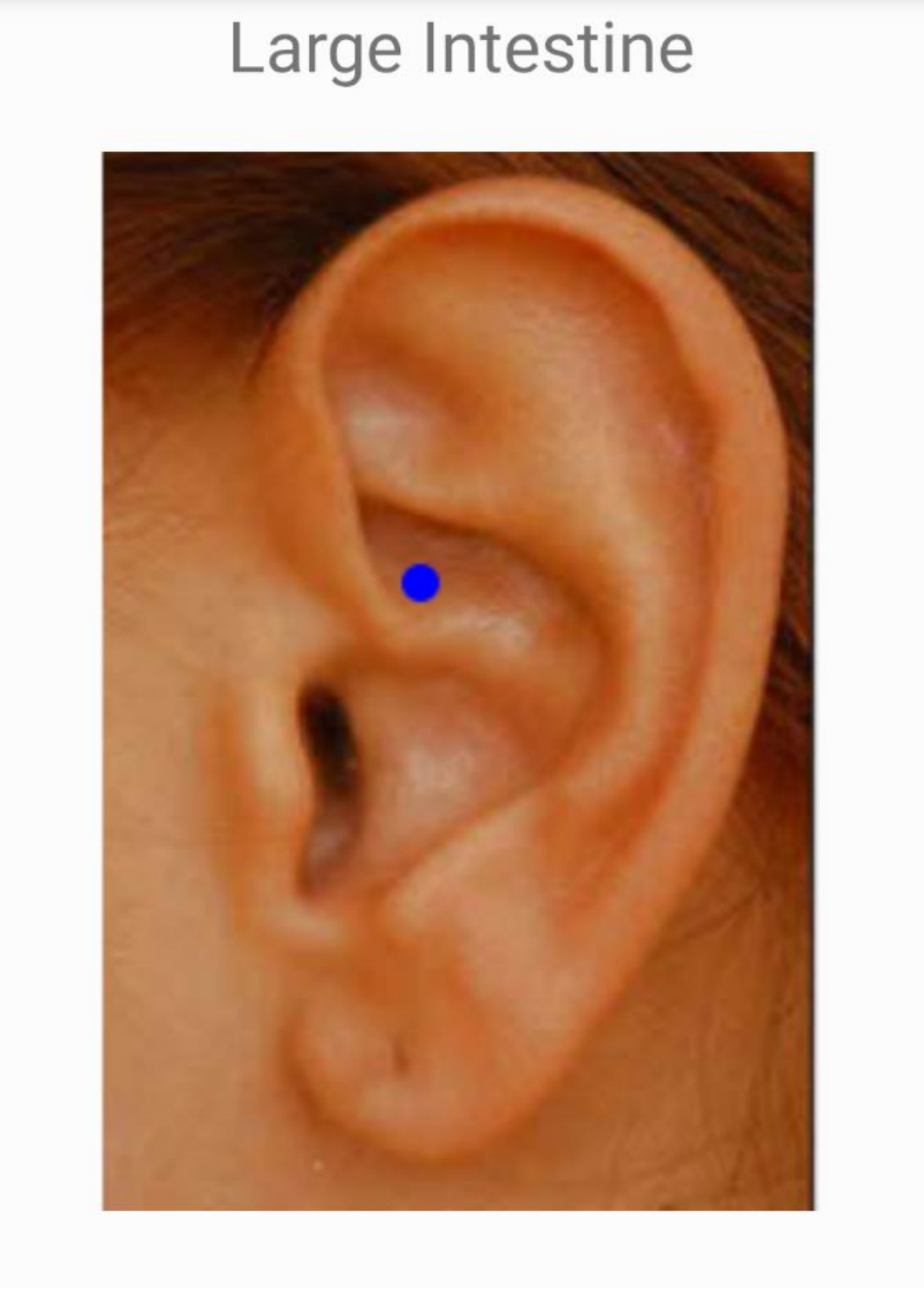
Acute Diarrhea

Points: Large Intestine (3 Needles) and Stomach

Method: Stimulation is given according to the patient's constitution. For severe cases treat once every 2 to 4 hours, and reduce to once every other day or twice a week after relief of symptoms. Needles are retained for 30min.

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Large Intestine

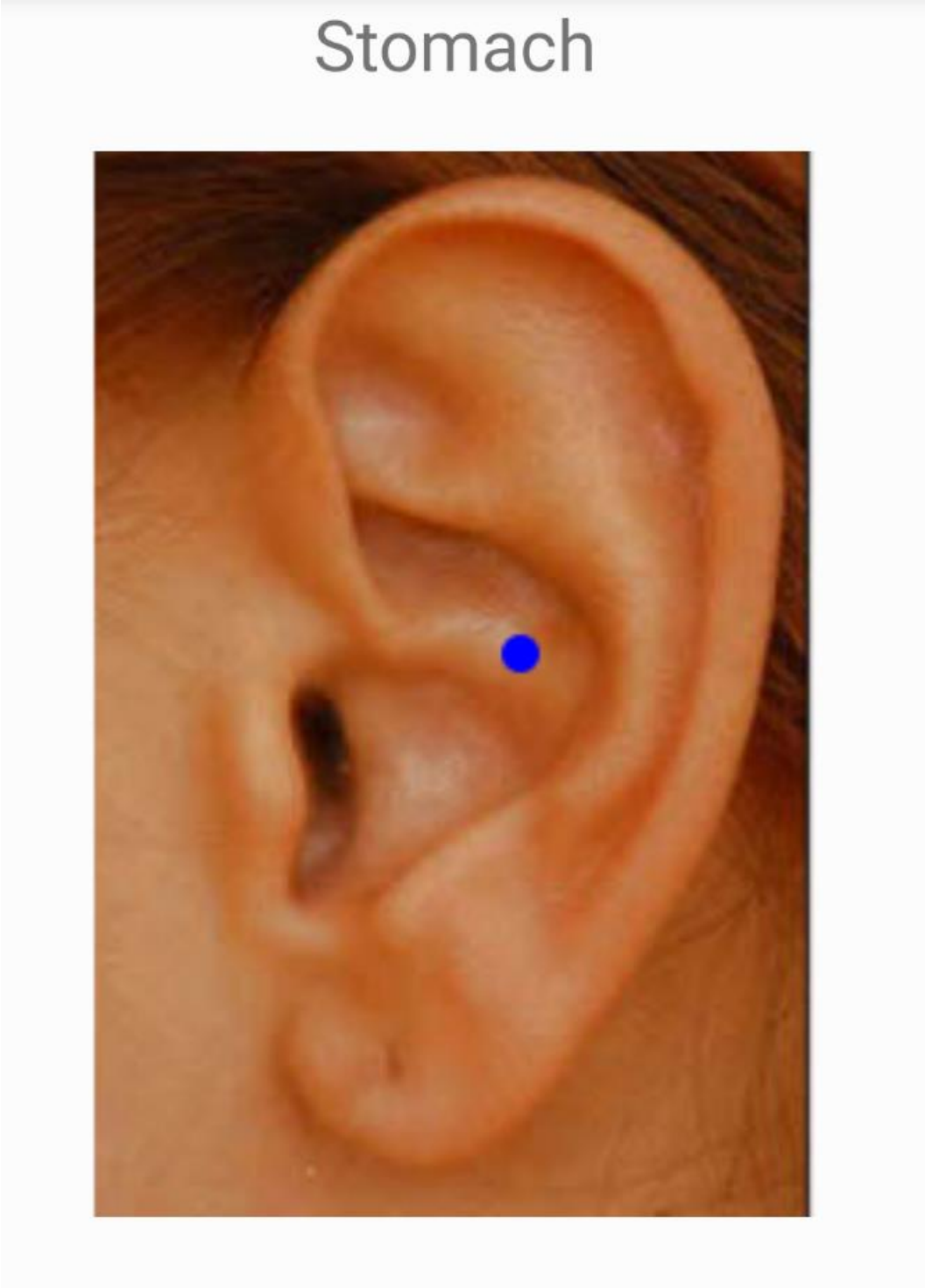


Location: At medial 1/3 of superior aspect of helix crus

Indications: Clearing up lower energizer, replenishing lung qi, diarrhea, constipation

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Stomach



Location: In the Cavum Conchae, where the helix crus disappears

Indications: Diseases of the Stomach including indigestion, acute and chronic gastritis, peptic ulcer, distension of Stomach, belching, insomnia

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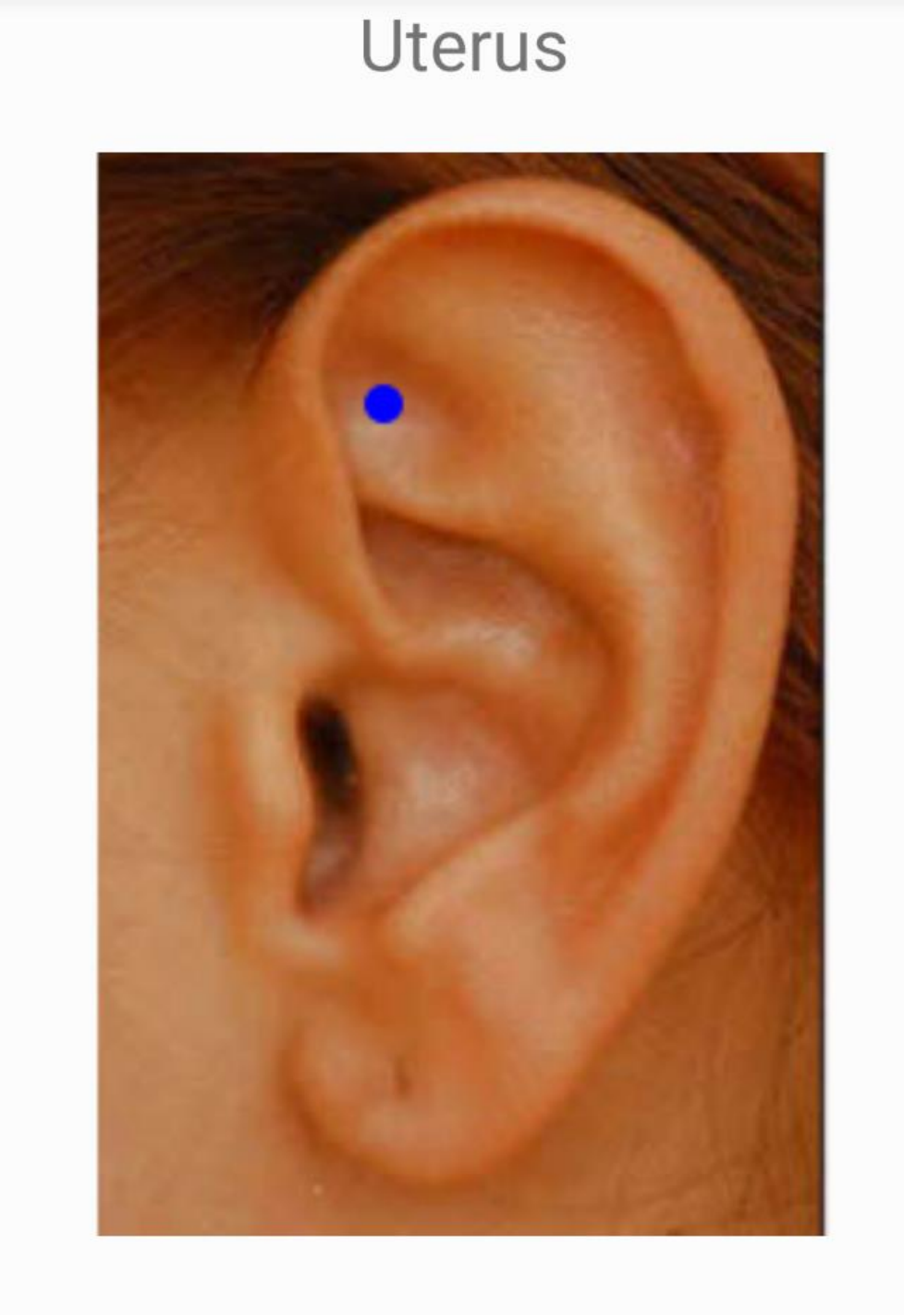
Dysmenorrhea

Points: Depression in Triangular fossa (Uterus), Intertragus (Endocrine), Root of Auricular Vagus Nerve

Method: Choose one or two pairs of points and treat once daily by strong stimulation with a filiform needle. Retain the needles until acute pain is resolved.

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Depression in Triangular Fossa (Uterus)

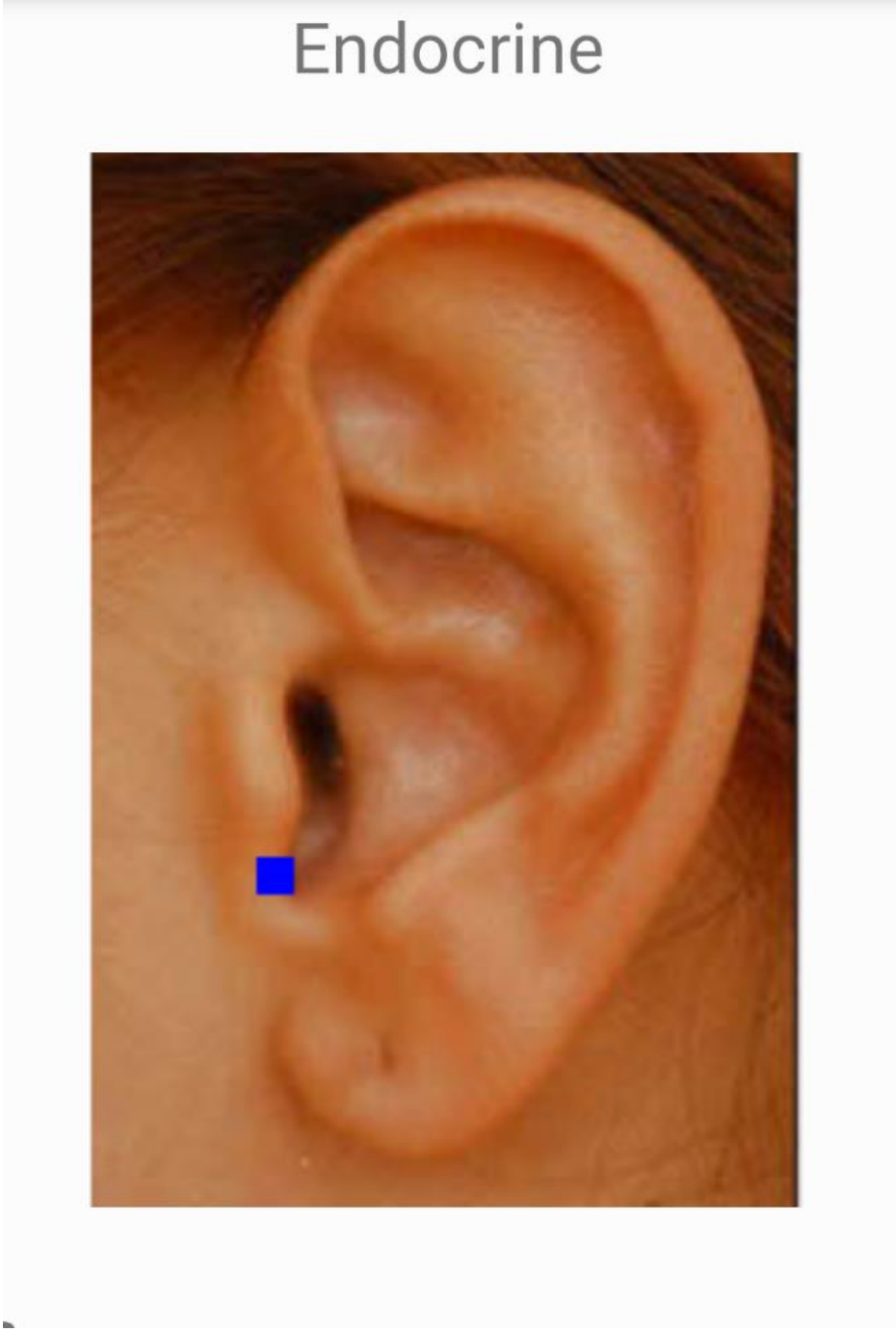


Location: In the triangular fossa, slightly above the parting of the two crura of the antihelix; in the triangular fossa and in the depression close to the midpoint of the helix

Indications: Supporting yang and nourishing essence, regulating menstruation and harmonizing blood, gynecological diseases and symptoms, impotence, prostate problems, etc.

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Intertragus (Endocrine)



Location: At the extreme anterior portion in the bottom of the intertragic notch; at the base of the cavum conchae in the itertragic notch

Indications: Removing Liver Qi Stagnation, regulating menstruation and activating blood circulation, expelling pathogenic wind, reinforcing lower energizer, skin diseases, impotence, irregular menstruation, climacteric syndrome, endocrine dysfunction, etc.

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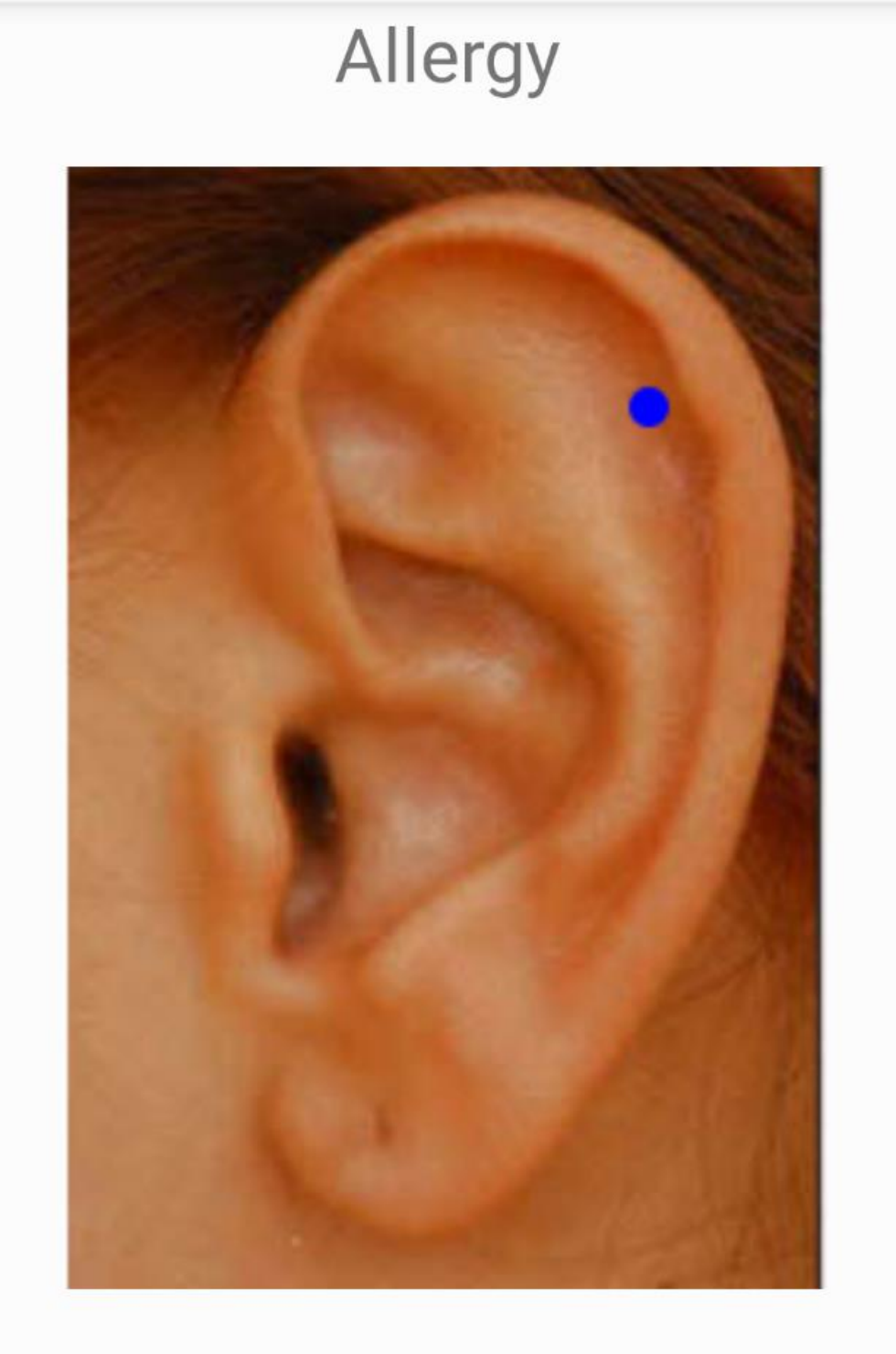
Urticaria (Hives)

Points: Interior Tubercule (Allergy), Infratragic Apex, Antitragic Apex, Liver

Method: Apply strong stimulation with filiform needles. Treat once daily or every other day. Ten treatment are considered one course. Severe itching may be treated twice or thrice per day. For chronic urticarial, patients should persist in a prolonged course of therapy.

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Interior Tubercule (Allergy)



Actions: On the scapha at the midpoint between finger and wrist

Indications: Expelling Wind and Stopping Itching, allergic diseases, reduces allergic inflammation

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References:

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