Anna Venables, MFHT, gives us an introduction to auricular acupuncture

Following his first ear acupuncture treatment, my new client Simon* described his experience as ‘like having eaten a space cake without the cake’; a response perhaps measured by his experiences of misusing psychoactive substances for which he receives weekly ear acupuncture support treatments at a residential drug rehabilitation centre. A more clinical definition of ear acupuncture is provided by Gori and Firenzuoli (2007) as ‘a diagnostic and treatment system based on normalising the body’s dysfunction by stimulation of definite points on the ear’.1

**FORM AND ORIGINS**

Ear acupuncture is a form of microsystems acupuncture – a microsystem being ‘the projection of the whole body in its function and structure on specific parts of the body’ (Round, 2013).2 This might include the hand, foot, scalp and the ear (auricle). In 1990, the World Health Organisation recognised auricular acupuncture as ‘the most developed and best documented, scientifically, of all the microsystems of acupuncture[...] the most practical and widely used’.3

Ear acupuncture is not a new addition to body acupuncture. It originates from principles steeped in traditional oriental medicine. Yellow Emperors Classic of Internal Medicine (500 BC) mentions six yang meridians attached to the ear and records in Persia, Egypt and Greece show a reflex relationship between the outer ear and individual body parts, over 2,000 years ago.

**‘FATHER OF AURICULAR ACUPUNCTURE’ DISCOVERS A MICROSYSTEM**

It was the presentation of Dr Paul Nogier’s novel concept of an ear map, a 3D hologram and reflexive microsystem in the pattern of an inverted foetus, that propelled ear acupuncture into a divergence devoid of traditional Chinese medicine (TCM) perspective. In 1956/7, Nogier presented the concept of homunculus, meaning ‘the man in the ear’ having somatotopic representation (soma meaning ‘body’ and topic meaning topographical ‘map’) and anatomical correlation to that of an inverted foetus projected onto the ear (see Figure. 1).4

Nogier’s insight and continued discoveries (such as vascular autonomic signal) have been the genesis for much efficacy of ear acupuncture/auriculotherapy.

**EAST MEETS WEST: AN INTEGRATED MODEL**

By 1990, variations in traditional Chinese and western auricular acupuncture point names and human anatomy terms were internationally standardised following a series of World Health Organisation meetings. Retaining both Pinyin (the Romanisation system of standard Chinese) and English point names, there are more than 200 recognised acupuncture points on the front and back of the external ear. A practitioner may fuse traditional energetically stimulating practices to accurately find active, neurovascular or tender ashi acupoints (such as scanning with a long needle, palpating points and qi gong) with modern technological advancements (such as electrical detection devices [point finders] and more recently

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*Simon is a fictional name used to protect the client’s identity.

1 Gori and Firenzuoli (2007).

2 Round (2013).


4 Nogier (1956/7).
lasers – both the scope of auricular therapy and its extension, auricular medicine) and celebrate the rich contributions of the two systems.

HOW DOES IT WORK?
There are still limits to our understanding as to how ear acupuncture works, whether rooted in 2,500-year-old TCM energetic principles or 60-year-old bioneurophysiological perspectives, with many explanations varying in validity. Space does not permit a detailed hypothesis of each theory, so additional reading is recommended.

NEUROPHYSIOLOGICAL MECHANISMS
FMRI scans of the human brain show strong neural changes that are related to acupuncture stimulation, particularly counteracting the effects of pain in the limbic systems of the brain. Growth control model (gold standard) encompass neurological and cellular theories discussing embryogenesis relating to tissue layer formations of the ear and nerve innervations which supply the external ear. Such theories appear to support Nogier’s somatotopic homunculus map and are the mechanisms by which we are able to access and strongly influence the autonomic nervous system.

Notably, using ear acupuncture we can stimulate the vagus nerve and activate the parasympathetic nervous system via the 75% share of parasympathetic nerve fibres carried by the vagus nerve.

MERIDIAN THEORY
Based on Chinese auricular therapy Jing Luo system, vital energy or qi flows along a system of pathways of energy channels, or 12 meridian lines. Six yang meridians have connections to the ear and therefore indirectly six yin meridians. Where there is disease, blockages in the flow of qi occur and these can be influenced by ear acupuncture.

In 2002, scientists at Seoul National University in Korea believed that they had confirmed the existence of meridians by way of a third circulatory system, known as ‘primo-vascular system’, which re-discovered the largely ignored work of Kim Bong-Han 50 years earlier (ReShel, 2016).³

28.8 MINUTES OF TREATMENT – WHAT’S INVOLVED?
Ear acupuncture involves inserting hair breadth, sterile, single use acupuncture needles into the pinna or auricle to stimulate reactive points, providing a protocol driven treatment modality. A treatment is recommended to last a minimum of 30 minutes, as the cycle of qi is about 28 minutes and MRI studies show that the brain will respond well to needle retention for about 28.8 minutes (Whisnant and Bleecker, 2016).⁴

Both ears are usually needled during treatment. Sensations experienced during needle insertion and treatment are unique to the individual and often linked to their pathology. Mastering swift needle insertion techniques such as ‘Korean flying needle’ helps to promote the efficient application of needles as well as patient comfort.

HEALTH AND SAFETY, INFECTION CONTROL AND CONSENT
Ear acupuncture is generally considered a safe treatment and serious side effects are rare. Meticulous health and safety and infection control procedures are paramount to reduce the risk of needle stick injury and prevent infection to the ears – they are particularly susceptible due to their rich supply of lymphatic vessels.

It is essential to obtain signed client consent before providing treatment and that adequate information regarding procedure and possible side effects is provided. A consultation process should determine precautions, contraindications and red flags to treat and will indicate whether it’s necessary to liaise with other healthcare professionals responsible for the client’s care.

References

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